

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE

Department of Health Professions
Henrico, Virginia 23233

BUSINESS MEETING AGENDA

Wednesday, April 22, 2026, at 9:00 A.M.- **Board Room 2**

DHP Mission – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

Call To Order – Helen M. Parke, DNP, FNP; Board of Nursing; **Chair**

Establishment of Quorum

Helen Parke, DNP, FNP; Board of Nursing
Delia Acuna, FNP-C; Board of Nursing

Bo Vaughan, Jr., MD; Board Of Medicine
Blanton Marchese; Board of Medicine

Public Comment

Please note - Public Comment is not an opportunity to:

- Engage the Board in a discussion.
- Comment on regulatory actions for which the public comment period is closed.
- Address an investigation, a disciplinary proceeding or a closed case.

In order to allow ample time for the Board to conduct its business, the Board asked that the public limit your comment to 3-5 minutes.

A. Legislation/Regulations - Ms. Barrett

- Consideration of periodic review changes to 18VAC90-30 and 18VAC90-40.

B. New Business

Discipline Meeting today at 9:45 am – see Agenda Next Scheduled Meeting Date/Location:

Wednesday, June 17, 2026, at 9:00 A.M in Board Room 2

Adjourn

Agenda Item: Consideration of amendment to 18VAC90-30 and 18VAC90-40 following periodic review

Included in your agenda package:

- Redline of staff suggestions for changes to Chapter 30; and
- Redline of staff suggestions for changes to Chapter 40.

Staff Note: Changes to Chapter 40 related to opioid and buprenorphine prescribing mirror changes made by the Board of Medicine in 18VAC85-21 in 2025 pursuant to altered federal guidelines for opioid and buprenorphine prescribing.

Action needed:

- Discussion of presented changes and any additional changes noted by committee members;
- Vote to recommend changes to the Board of Medicine and the Board of Nursing.

Commonwealth of Virginia



REGULATIONS
GOVERNING THE LICENSURE OF
ADVANCED PRACTICE REGISTERED
NURSES

VIRGINIA BOARD OF NURSING
VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 90-30-10 et seq.

Statutory Authority: §§ 54.1-2400 and 54.1-2957
of the Code of Virginia

Revised Date: January 16, 2025

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TABLE OF CONTENTS

| | |
|---|----|
| TABLE OF CONTENTS | 2 |
| | |
| PART I. GENERAL PROVISIONS. | 4 |
| 18VAC90-30-10. Definitions. | 4 |
| 18VAC90-30-20. Delegation of authority. | 5 |
| 18VAC90-30-30. Committee of the Joint Boards of Nursing and Medicine. | 6 |
| 18VAC90-30-40. (Repealed.) | 6 |
| 18VAC90-30-50. Fees. | 6 |
| | |
| PART II. LICENSURE. | 7 |
| 18VAC90-30-60. Licensure, general. | 7 |
| 18VAC90-30-70. Categories of licensed advanced practice registered nurses. | 7 |
| 18VAC90-30-80. Qualifications for initial licensure. | 8 |
| 18VAC90-30-85. Qualifications for licensure by endorsement. | 9 |
| 18VAC90-30-86. Autonomous practice for advanced practice registered nurses other than nurse midwives, certified registered nurse anesthetists, or clinical nurse specialists. | 9 |
| 18VAC90-30-87. Autonomous practice for advanced practice registered nurses licensed as certified nurse midwives. | 11 |
| 18VAC90-30-90. Certifying agencies. | 11 |
| 18VAC90-30-100. Renewal of licensure. | 12 |
| 18VAC90-30-105. Continuing competency requirements. | 12 |
| 18VAC90-30-110. Reinstatement of license. | 13 |
| | |
| PART III. PRACTICE OF LICENSED ADVANCED PRACTICE REGISTERED NURSES. | 14 |
| 18VAC90-30-120. Practice of licensed advanced practice registered nurses other than certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists. | 14 |
| 18VAC90-30-121. Practice of advanced practice registered nurses licensed as certified registered nurse anesthetists. | 15 |
| 18VAC90-30-122. (Repealed.) | 15 |
| 18VAC90-30-123. Practice of advanced practice registered nurses licensed as certified nurse midwives. | 15 |
| 18VAC90-30-124. Direction and supervision of laser hair removal. | 16 |
| 18VAC90-30-125. Practice of advanced practice registered nurses licensed as clinical nurse specialists. | 17 |
| 18VAC90-30-130 through 18VAC90-30-150. (Repealed.) | 17 |
| 18VAC90-30-160. Prohibited practice. | 17 |

18VAC90-30-170 through 18VAC90-30-210. (Repealed.) 17

PART IV. DISCIPLINARY PROVISIONS. 18

 18VAC90-30-220. Grounds for disciplinary action against the license of a
 licensed advanced practice registered nurse. 18

 18VAC90-30-230. Administrative proceedings. 19

 18VAC90-30-240. Delegation of proceedings. 19

PART I. GENERAL PROVISIONS.

18VAC90-30-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Approved program" means an advanced practice registered nurse education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, [Accreditation Commission for Education in Nursing](#), or the National League for Nursing ~~Accrediting~~ Commission [for Nursing Education Accreditation](#) or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which an advanced practice registered nurse is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with [18VAC90-30-86](#).

"Boards" means the Virginia Board of Nursing and the Virginia 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 an advanced practice registered nurse pursuant to § [54.1-2957](#) of the Code of Virginia.

"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 an advanced practice registered nurse pursuant to § [54.1-2957](#) of the Code of Virginia, 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](#) of the Code of Virginia.

"Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of clinical nurse specialist and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § [54.1-2957](#) of the Code of Virginia.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the 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.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"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.

~~"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.~~

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II ([18VAC90-30-60](#) et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or advanced practice registered nurses, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team physician and the licensed advanced practice registered nurse that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed advanced practice registered nurse in the care and management of patients. The practice agreement also describes the prescriptive authority of the advanced practice registered nurse, if applicable. For an advanced practice registered nurse licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician or a certified nurse midwife with at least two years of clinical experience. For an advanced practice registered nurse licensed in the category of clinical nurse specialist, the practice agreement shall be between the advanced practice registered nurse and a consulting physician.

18VAC90-30-20. Delegation of authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter, to grant authorization

for autonomous practice to those persons who have met the qualifications of 18VAC90-30-86, and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-30-105. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of ~~nurse-practitioners~~ advanced practice registered nurses shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-30-30. Committee of the Joint Boards of Nursing and Medicine.

~~A.~~ The presidents of the Boards of Nursing and Medicine respectively shall each appoint three members from their boards to the Committee of the Joint Boards of Nursing and Medicine; at least one of the appointees from the Board of Nursing shall be a licensed advanced practice registered nurse. The purpose of this committee shall be to administer this chapter.

~~B. The committee, in its discretion, may appoint an advisory committee. Such an advisory committee shall be comprised of four licensed physicians and four licensed advanced practice registered nurses, of whom one shall be a certified nurse midwife, one shall be a certified registered nurse anesthetist and two shall be advanced practice registered nurses from other categories. Appointment to the advisory committee shall be for four years; members may be appointed for one additional four-year period.~~

18VAC90-30-40. (Repealed.)

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of advanced practice registered nurses are:

| | |
|--|-------|
| 1. Application | \$125 |
| 2. Biennial licensure renewal | \$80 |
| 3. Late renewal | \$25 |
| 4. Reinstatement of licensure | \$150 |
| 5. Verification of licensure to another jurisdiction | \$35 |
| 6. Duplicate license | \$15 |
| 7. Duplicate wall certificate | \$25 |
| 8. Handling fee for returned check or dishonored credit card or debit card | \$50 |

| | |
|--|-------|
| 9. Reinstatement of suspended or revoked license | \$200 |
| 10. Autonomous practice attestation | \$100 |

~~B. For renewal of licensure from July 1, 2017, through June 30, 2019, the following fee shall be in effect:~~

| | |
|-----------------------------|-----------------|
| Biennial renewal | \$60 |
|-----------------------------|-----------------|

PART II. LICENSURE.

18VAC90-30-60. Licensure, general.

~~A.~~ No person shall perform services as ~~a nurse practitioner~~ an advanced practice registered nurse in the Commonwealth of Virginia except as prescribed in this chapter and when licensed by the Boards of Nursing and Medicine.

~~B. The boards shall license applicants who meet the qualifications for licensure as set forth in 18VAC90-30-80 or 18VAC90-30-85.~~

~~C. The boards may issue a restricted volunteer license for practice in accordance with provisions of § 54.1-2957.001 of the Code of Virginia.~~

18VAC90-30-70. Categories of licensed advanced practice registered nurses.

A. The boards shall license advanced practice registered nurses consistent with their specialty education and certification in the following categories ~~(a two-digit suffix appears on licenses to designate category):~~

1. Adult/geriatric acute care nurse practitioner ~~(01)~~;
2. Family nurse practitioner ~~(02)~~;
3. Pediatric/primary care nurse practitioner ~~(03)~~;
4. Adult/geriatric primary care nurse practitioner ~~(07)~~;
5. Certified registered nurse anesthetist ~~(08)~~;
6. Certified nurse midwife ~~(09)~~;
7. Neonatal nurse practitioner ~~(13)~~;
8. Women's health nurse practitioner ~~(14)~~;
9. Psychiatric nurse/mental health practitioner ~~(17)~~;

10. Pediatric/acute care nurse practitioner ~~(18)~~;

[11. Emergency nurse practitioner](#); and

~~11.~~ [12. Clinical nurse specialist \(19\)](#).

~~B. Other categories of licensed advanced practice registered nurses shall be licensed if the Committee of the Joint Boards of Nursing and Medicine determines that the category meets the requirements of this chapter.~~

~~C.~~ Advanced practice registered nurses licensed prior to January 15, 2016, may:

1. Retain the specialty category in which they were initially licensed; or
2. If the specialty category has been subsequently deleted and if qualified by certification, be issued a license in a specialty category listed in subsection A of this section that is consistent with such certification.

18VAC90-30-80. Qualifications for initial licensure.

A. An applicant for initial licensure as an advanced practice registered nurse shall:

1. Hold a current, active license as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;
2. Submit evidence of a graduate degree in nursing or in the appropriate advanced practice registered nurse specialty from an educational program designed to prepare advanced practice registered nurses that is an approved program as defined in [18VAC90-30-10](#). Evidence shall include a transcript that shows that the applicant has successfully completed core coursework that prepares the applicant for licensure in the appropriate specialty;
3. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in [18VAC90-30-90](#);
4. File the required application; and
5. Pay the application fee prescribed in [18VAC90-30-50](#).

B. Provisional licensure may be granted to an applicant who satisfies all requirements of this section with the exception of subdivision A 3 of this section, provided the board has received evidence of the applicant's eligibility to sit for the certifying examination directly from the national certifying body. An applicant may practice with a provisional license for either six months from the date of issuance or until issuance of a permanent license or until the applicant receives notice that the applicant has failed the certifying examination, whichever occurs first.

18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as an advanced practice registered nurse shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice registered nurse in another United States jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;
2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in [18VAC90-30-90](#); and
3. Submit the required application and fee as prescribed in [18VAC90-30-50](#).

~~B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.~~

~~C.~~ An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of [18VAC90-30-86](#).

18VAC90-30-86. Autonomous practice for advanced practice registered nurses other than nurse midwives, certified registered nurse anesthetists, or clinical nurse specialists.

A. An advanced practice registered nurse with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, may qualify for autonomous practice by completion of the equivalent of three years of full-time clinical experience to qualify for autonomous practice.

1. Full-time clinical experience shall be defined as 1,800 hours per year.
2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in [18VAC90-30-50](#) and an attestation acceptable to the boards. The attestation shall be signed by the advanced practice registered nurse and the advanced practice registered nurse's patient care team physician ~~stating that:~~ [in accordance with §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia.](#)

~~1. The patient care team physician served as a patient care team physician on a patient care team with the advanced practice registered nurse pursuant to a practice agreement meeting the requirements of this chapter and §§ [54.1-2957](#) and [54.1-2957.01](#) of the Code of Virginia;~~

~~2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in [18VAC90-30-70](#), for which the advanced practice registered nurse was certified and licensed; and~~

~~3. The period of time and hours of practice during which the patient care team physician practiced with the advanced practice registered nurse under such a practice agreement.~~

C. The advanced practice registered nurse may submit attestations from more than one patient care team physician with whom the advanced practice registered nurse practiced during the equivalent of three years of practice, but all attestations shall be submitted to the boards at the same time.

D. If an advanced practice registered nurse is licensed and certified in more than one category as specified in [18VAC90-30-70](#), a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or in the event of any other circumstance that inhibits the ability of the advanced practice registered nurse from obtaining an attestation as specified in subsection B of this section, the advanced practice registered nurse may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the advanced practice registered nurse. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of an advanced practice registered nurse in the category for which the advanced practice registered nurse is licensed and certified. The burden shall be on the advanced practice registered nurse to provide sufficient evidence to support the advanced practice registered nurse's inability to obtain an attestation from a patient care team physician.

F. An advanced practice registered nurse to whom a license is issued by endorsement may engage in autonomous practice ~~if such application includes an attestation acceptable to the boards that the advanced practice registered nurse has completed the equivalent of five years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the advanced practice registered nurse was previously licensed~~ [pursuant to § 54.1-2957 of the Code of Virginia](#).

G. An advanced practice registered nurse authorized to practice autonomously shall:

1. Only practice within the scope of the advanced practice registered nurse's clinical and professional training and limits of the advanced practice registered nurse's knowledge and experience and consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and
3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-87. ~~Autonomous practice for advanced practice registered nurses licensed as certified nurse midwives. (Repeal.)~~

~~A. A certified nurse midwife who has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice agreement upon receipt by the certified nurse midwife of an attestation from a certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or the licensed physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that such certified nurse midwife or licensed physician has provided consultation to the certified nurse midwife pursuant to a practice agreement meeting the requirements of § 54.1-2957 H of the Code of Virginia, and (ii) the period of time for which such certified nurse midwife or licensed physician practiced in collaboration and consultation with the certified nurse midwife pursuant to the practice agreement.~~

~~B. A certified nurse midwife authorized to practice without a practice agreement shall consult and collaborate with and refer patients to such other health care providers as may be appropriate for the care of the patient.~~

18VAC90-30-90. Certifying agencies.

A. The boards shall accept the professional certification by examination of the following:

1. American Midwifery Certification Board;
2. American Nurses Credentialing Center;
3. National Board of Certification and Recertification for Nurse Anesthetists;
4. Pediatric Nursing Certification Board;
5. National Certification Corporation;
6. American Academy of Nurse Practitioners; and
7. American Association of Critical-Care Nurses Certification Corporation.

B. The boards may accept professional certification from other certifying agencies on recommendation of the Committee of the Joint Boards of Nursing and Medicine provided the agency meets the definition of a national certifying body set forth in 18VAC90-30-10 and that the professional certification is awarded on the basis of:

1. Completion of an approved program as defined in 18VAC90-30-10; and
2. Achievement of a passing score on an examination.

18VAC90-30-100. Renewal of licensure.

A. Licensure of an advanced practice registered nurse shall be renewed:

1. Biennially at the same time the license to practice as a registered nurse in Virginia is renewed; or
2. If licensed as an advanced practice registered nurse with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in even-numbered years shall renew his license by the last day of the birth month in even-numbered years and a licensee born in odd-numbered years shall renew his license by the last day of the birth month in odd-numbered years.

B. The renewal notice of the license shall be sent to the last known address of record of each advanced practice registered nurse. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

C. The licensed advanced practice registered nurse shall attest to compliance with continuing competency requirements of current professional certification or continuing education as prescribed in [18VAC90-30-105](#) and the license renewal fee prescribed in [18VAC90-30-50](#).

D. The license shall automatically lapse if the licensee fails to renew by the expiration date. Any person practicing as an advanced practice registered nurse during the time a license has lapsed shall be subject to disciplinary actions by the boards.

18VAC90-30-105. Continuing competency requirements.

A. In order to renew a license biennially, an advanced practice registered nurse initially licensed on or after May 8, 2002, shall hold current professional certification in the area of specialty practice from one of the certifying agencies designated in [18VAC90-30-90](#), except for those renewing their licenses in accordance with subsection B of this section.

B. In order to renew a license biennially, advanced practice registered nurses licensed prior to May 8, 2002, or clinical nurse specialists who were registered by the Board of Nursing with a retired certification, shall meet one of the following requirements:

1. Hold current professional certification in the area of specialty practice from one of the certifying agencies designated in [18VAC90-30-90](#); or
2. Complete at least 40 hours of continuing education in the area of specialty practice approved by one of the certifying agencies designated in [18VAC90-30-90](#) or approved by Accreditation Council for Continuing Medical Education (ACCME) of the American Medical Association as a Category I Continuing Medical Education (CME) course.

C. The advanced practice registered nurse shall retain evidence of compliance and all supporting documentation for a period of four years following the renewal period for which the records apply.

~~D. The boards shall periodically conduct a random audit of their licensees to determine compliance. The advanced practice registered nurses selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.~~

~~E.~~ The boards may ~~delegate the authority to~~ grant an extension or exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-30-110. Reinstatement of license.

A. A licensed advanced practice registered nurse whose license has lapsed may be ~~reinstated~~ renewed within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;
2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and
3. Provide evidence of current professional competency consisting of:
 - a. Current professional certification by the appropriate certifying agency identified in [18VAC90-30-90](#);
 - b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or
 - c. If applicable, current, unrestricted licensure or certification in another jurisdiction.
4. If qualified for autonomous practice, provide the required fee and attestation in accordance with [18VAC90-30-86](#).

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee;
2. ~~Present~~ Provide evidence that ~~he~~ the applicant is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Present evidence that ~~he~~ [the applicant](#) is competent to resume practice as a licensed advanced practice registered nurse in Virginia to include:

- a. Current professional certification by the appropriate certifying agency identified in [18VAC90-30-90](#); or
- b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

~~The committee shall act on the petition pursuant to the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).~~

PART III. PRACTICE OF LICENSED ADVANCED PRACTICE REGISTERED NURSES.

18VAC90-30-120. Practice of licensed advanced practice registered nurses other than certified registered nurse anesthetists, certified nurse midwives, or clinical nurse specialists.

A. An advanced practice registered nurse licensed in a category other than certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with [18VAC90-30-86](#), authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in [18VAC90-30-90](#).

C. All advanced practice registered nurses licensed in any category other than certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist shall practice in accordance with a written or electronic practice agreement as defined in [18VAC90-30-10](#) or in accordance with [18VAC90-30-86](#).

D. The written or electronic practice agreement shall include provisions for:

1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and
3. The advanced practice registered nurse's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:
 - a. In accordance with the specialty license of the advanced practice registered nurse and within the scope of practice of the patient care team physician;

- b. Permitted by § [54.1-2957.02](#) or applicable sections of the Code of Virginia; and
- c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the 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 nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the advanced practice registered nurse shall be responsible for providing a copy to the boards upon request.

18VAC90-30-121. ~~Practice of advanced practice registered nurses licensed as certified registered nurse anesthetists.~~ [\(Repealed.\)](#)

~~A. An advanced practice registered nurse licensed in a category of certified registered nurse anesthetist shall be authorized to render care under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.~~

~~B. The practice of a certified registered nurse anesthetist shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization and with the functions and standards defined by the American Association of Nurse Anesthetists (Standards for Nurse Anesthesia Practice, Revised 2013).~~

18VAC90-30-122. (Repealed).

18VAC90-30-123. Practice of advanced practice registered nurses licensed as certified nurse midwives.

A. An advanced practice registered nurse licensed in the category of certified nurse midwife who has practiced fewer than 1,000 hours shall practice in consultation with a licensed physician [or with an independent practice midwife who has practiced for at least two years prior to entering the practice agreement](#) in accordance with a practice agreement between the advanced practice registered nurse and the physician or with ~~a certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement~~ [an independent practice midwife](#). Such practice agreement shall address the availability of the physician or the certified nurse midwife for routine and urgent consultation on patient care.

B. The practice agreement shall be maintained by the nurse midwife and provided to the boards upon request. For nurse midwives providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse midwife's clinical privileges or the electronic or written delineation

of duties and responsibilities; however, the nurse midwife shall be responsible for providing a copy to the boards upon request.

C. An advanced practice registered nurse licensed in the category of a certified nurse midwife shall practice in accordance with the Standards for the Practice of Midwifery (~~Revised 2011~~) defined by the American College of Nurse-Midwives.

18VAC90-30-124. Direction and supervision of laser hair removal.

A. An advanced practice registered nurse, ~~as authorized pursuant to § 54.1-2957 of the Code of Virginia,~~ may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;
2. Skin type and appropriate patient selection;
3. Laser safety;
4. Operation of laser device to be used;
5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and
6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Advanced practice registered nurses who have been performing laser hair removal prior to August 7, 2019, are not required to complete the training specified in subsection A of this section.

C. An advanced practice registered nurse who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A of this section.

D. An advanced practice registered nurse who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques and laser devices. The advanced practice registered nurse shall ensure that persons the advanced practice registered nurse supervises also receive ongoing training to maintain competency.

E. An advanced practice registered nurse may delegate laser hair removal to a properly trained person under the advanced practice registered nurse's direction and supervision. Direction and supervision shall mean that the advanced practice registered nurse is readily available at the time laser hair removal is being performed. The supervising advanced practice registered nurse is not required to be physically present but is required

to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § [54.1-3303](#) of the Code of Virginia.

18VAC90-30-125. ~~Practice of advanced practice registered nurses licensed as clinical nurse specialists.~~ (Repeal.)

~~A. Advanced practice registered nurses licensed in the category of clinical nurse specialist who prescribe controlled substances or devices shall practice in consultation with a licensed physician in accordance with a practice agreement between the advanced practice registered nurse and the licensed physician.~~

~~B. 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 an advanced practice registered nurse and provided to the boards upon request.~~

~~C. Advanced practice registered nurses licensed in the category of clinical nurse specialist who do not prescribe controlled substances or devices may practice in the category in which the advanced practice registered nurse is certified without a written or electronic practice agreement. Such advanced practice registered nurse shall:~~

- ~~1. Only practice within the scope of the advanced practice registered nurse's clinical and professional training and limits of the advanced practice registered nurse's knowledge and experience and consistent with the applicable standards of care;~~
- ~~2. Consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided; and~~
- ~~3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.~~

~~D. The practice of clinical nurse specialists shall be consistent with the standards of care for the profession and with applicable laws and regulations.~~

18VAC90-30-130 through 18VAC90-30-150. (Repealed.)

18VAC90-30-160. ~~Prohibited practice.~~ (Repealed.)

~~Practice as an advanced practice registered nurse shall be prohibited if the license as an advanced practice registered nurse or a registered nurse is lapsed, inactive, revoked, or suspended.~~

18VAC90-30-170 through 18VAC90-30-210. (Repealed.)

PART IV. DISCIPLINARY PROVISIONS.

18VAC90-30-220. Grounds for disciplinary action against the license of a licensed advanced practice registered nurse.

The boards may deny licensure or ~~relicensure~~ [reinstatement](#), revoke or suspend the license, or take other disciplinary action upon proof that the advanced practice registered nurse:

1. Has had a license or multistate privilege to practice nursing in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;
2. Has directly or indirectly represented to the public that the advanced practice registered nurse is a physician, or is able to, or will practice independently of a physician;
3. Has exceeded the authority as a licensed advanced practice registered nurse;
4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing or advanced practice registered nurses;
5. Has become unable to practice with reasonable skill and safety to patients as the result of a physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals, or any other type of material;
6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration, or distribution of drugs;
7. Has failed to comply with continuing competency requirements as set forth in [18VAC90-30-105](#);
8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful;
9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program, the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances; or
10. ~~Has engaged in conversion therapy with a person younger than 18 years of age~~ [Fails to comply with requirements for continuing competency as set forth in 18VAC90-40-55.](#)

18VAC90-30-230. Administrative proceedings.

~~A. The provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) shall govern proceedings on questions of violation of 18VAC90-30-220.~~

~~B. Except as provided in 18VAC90-30-240, the Committee of the Joint Boards of Nursing and Medicine shall conduct all proceedings prescribed herein and shall take action on behalf of the boards.~~

~~C. When a person's license to practice nursing has been suspended or revoked by the Board of Nursing, the advanced practice registered nurse license shall be suspended pending a hearing simultaneously with the institution of proceedings for a hearing.~~

~~D. Sanctions or other terms and conditions imposed by consent orders entered by the Board of Nursing on the license to practice nursing may apply to the advanced practice registered nurse license, provided the consent order has been accepted by the Committee of the Joint Boards of Nursing and Medicine.~~

18VAC90-30-240. Delegation of proceedings.

~~A. Decision to delegate. In accordance with §54.1-2400 (10) of the Code of Virginia, the Committee of the Joint Boards of Nursing and Medicine (committee) may delegate an informal fact-finding proceeding to an agency subordinate.~~

~~B. Criteria for delegation. Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the chair of the committee.~~

~~C. B. Criteria for an agency subordinate.~~

1. An agency subordinate authorized by the committee to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The Executive Director of the Board of Nursing shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The committee may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

DOCUMENTS INCORPORATED BY REFERENCE (18VAC90-30)

~~Standards for Nurse Anesthesia Practice, revised 2013, American Association of Nurse Anesthetists~~

~~Standards for the Practice of Midwifery, revised 2011, American College of Nurse-Midwives~~

Commonwealth of Virginia



**REGULATIONS
FOR
PRESCRIPTIVE AUTHORITY FOR
ADVANCED PRACTICE REGISTERED
NURSES**

**VIRGINIA BOARD OF NURSING
VIRGINIA BOARD OF MEDICINE**

Title of Regulations: 18 VAC 90-40-10 et seq.

**Statutory Authority: §§ 54.1-2400 and 54.1-2957.01
of the *Code of Virginia***

Revised Date: November 6, 2024

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TABLE OF CONTENTS

Table of Contents

| | |
|--|----|
| TABLE OF CONTENTS..... | 2 |
| Part I. General Provisions..... | 4 |
| 18VAC90-40-10. Definitions..... | 4 |
| 18VAC90-40-20. Authority and administration of regulations. | 5 |
| 18VAC90-40-21. Patient counseling for opioids..... | 5 |
| Part II. Approval for Prescriptive Authority..... | 6 |
| 18VAC90-40-30. Authority to prescribe, general..... | 7 |
| 18VAC90-40-40. Qualifications for initial approval of prescriptive authority..... | 7 |
| 18VAC90-40-50. (Repealed.)..... | 8 |
| 18VAC90-40-55. Continuing competency requirements..... | 8 |
| 18VAC90-40-60. (Repealed.)..... | 8 |
| 18VAC90-40-70. Fees for prescriptive authority. | 8 |
| Part III. Practice Requirements..... | 9 |
| 18VAC90-40-80. (Repealed.)..... | 9 |
| 18VAC90-40-90. Practice agreement..... | 9 |
| 18VAC90-40-100. (Repealed.)..... | 10 |
| 18VAC90-40-110. Disclosure. | 10 |
| 18VAC90-40-120. Dispensing. | 10 |
| 18VAC90-40-121. Prescribing for self or family. | 10 |
| 18VAC90-40-122. Waiver for electronic prescribing..... | 11 |
| Part IV. Discipline..... | 11 |
| 18VAC90-40-130. Grounds for disciplinary action..... | 11 |
| 18VAC90-40-140. Administrative proceedings. | 11 |
| Part V. Management of Acute Pain..... | 12 |
| 18VAC90-40-150. Evaluation of the patient for acute pain. | 12 |
| 18VAC90-40-160. Treatment of acute pain with opioids..... | 12 |
| 18VAC90-40-170. Medical records for acute pain..... | 13 |
| Part VI. Management of Chronic Pain..... | 13 |
| 18VAC90-40-180. Evaluation of the chronic pain patient. | 13 |
| 18VAC90-40-190. Treatment of chronic pain with opioids. | 14 |
| 18VAC90-40-200. Treatment plan for chronic pain..... | 15 |
| 18VAC90-40-210. Informed consent and agreement for treatment of chronic pain. | 15 |
| 18VAC90-40-220. Opioid therapy for chronic pain..... | 15 |

| | |
|--|----|
| 18VAC90-40-230. Additional consultation. | 16 |
| 18VAC90-40-240. Medical records. | 16 |
| | |
| Part VII. Prescribing of Buprenorphine | 17 |
| 18VAC90-40-250. General provisions. | 17 |
| 18VAC90-40-260. Patient assessment and treatment planning. | 17 |
| 18VAC90-40-270. Treatment with buprenorphine. | 17 |
| 18VAC90-40-280. Special populations. | 19 |
| 18VAC90-40-290. Medical records for opioid addiction treatment. | 19 |

Part I. General Provisions.

18VAC90-40-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Acute pain" means ~~pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances containing an opioid may be prescribed for no more than three months~~ pain of any origin that has existed less than one month.

"Advanced practice registered nurse" means an advanced practice registered nurse who has met the requirements for licensure as an advanced practice registered nurse as stated in 18VAC90-30.

"Boards" means the Virginia Board of Medicine and the Virginia Board of Nursing.

"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 an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances ~~containing an opioid~~ may be prescribed for a period greater than three months.

"Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of clinical nurse specialist and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Controlled substance" means drugs listed in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia) in Schedules II through VI.

"DMAS" means the Virginia Department of Medical Assistance Services.

"FDA" means the U.S. Food and Drug Administration.

"Induction phase" means the initial seven to 14 days of treatment with buprenorphine.

"MME" means morphine milligram equivalent.

"Nonprofit health care clinics or programs" means a clinic organized in whole or in part for the delivery of health care services without charge or when a reasonable minimum fee is charged only to cover administrative costs.

"Practice agreement" means a written or electronic agreement jointly developed by the patient care team physician and the advanced practice registered nurse for the practice of the advanced practice registered nurse that also describes the prescriptive authority of the advanced practice registered nurse, if applicable. For an advanced practice registered nurse licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician or a certified nurse midwife with at least two years of clinical experience. For an advanced practice registered nurse licensed in the category of clinical nurse specialist, the practice agreement shall be between the advanced practice registered nurse and a consulting physician.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

"Subacute pain" means pain that has existed for one to three months.

~~"SAMHSA" means the federal Substance Abuse and Mental Health Services Administration.~~

18VAC90-40-20. Authority and administration of regulations. (Repeal.)

~~A. The statutory authority for this chapter is found in §§ 54.1-2957.01, 54.1-3303, 54.1-3401, and 54.1-3408 of the Code of Virginia.~~

~~B. Joint boards of nursing and medicine.~~

~~1. The Committee of the Joint Boards of Nursing and Medicine shall be appointed to administer this chapter governing prescriptive authority.~~

~~2. The boards hereby delegate to the Executive Director of the Virginia Board of Nursing the authority to issue the initial authorization to those persons who meet the requirements set forth in this chapter and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-40-55. Questions of eligibility shall be referred to the committee.~~

~~3. All records and files related to prescriptive authority for advanced practice registered nurses shall be maintained in the office of the Board of Nursing.~~

18VAC90-40-21. Patient counseling for opioids.

A. Prior to issuing a prescription for an opioid to treat acute or chronic pain, practitioners must provide patient counseling on the following:

1. The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants;
2. The reasons why the prescription is necessary;

3. Alternative treatments that may be available; and
4. Risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed or mixing sedatives, benzodiazepines, or alcohol with opioids can result in fatal respiratory depression.

Such patient counseling shall be documented in the patient's medical record.

B. Patient counseling as described in subsection A of this section shall not be a requirement for patients who are (i) in active treatment for cancer, (ii) receiving hospice care from a licensed hospice or palliative care, (iii) residents of a long-term care facility, (iv) being prescribed an opioid in the course of treatment for substance abuse or opioid dependence, or (v) receiving treatment for sickle cell disease.

18VAC90-40-22. Prohibition on payment from DMAS members.

A. No practitioner shall request payment from a DMAS member for services involving the prescription of an opioid for pain management of opioid use disorder. The prohibition on payment shall not apply to the member's cost-sharing amounts set by DMAS.

B. All practitioners shall provide written notice to DMAS members that the services described in subsection A of this section will be covered by DMAS if medical necessity criteria are met.

18VAC90-40-23. Applicability of Parts V, VI, and VII of this Chapter.

Parts V, VI, and VII of this Chapter shall not apply to:

1. The treatment of acute or chronic pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;
2. The treatment of acute or chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or
3. A patient enrolled in a clinical trial as authorized by state or federal law.

Part II. ~~Approval for~~ Continuing Competency for Prescriptive Authority.

18VAC90-40-30. Authority to prescribe, general. (Repeal.)

~~A. No licensed advanced practice registered nurse shall have authority to prescribe certain controlled substances and devices in the Commonwealth of Virginia except in accordance with this chapter and as authorized by the boards.~~

~~B. The boards shall approve prescriptive authority for applicants who meet the qualifications set forth in 18VAC90-40-40.~~

18VAC90-40-40. Qualifications for initial approval of prescriptive authority. (Repeal.)

~~An applicant for prescriptive authority shall meet the following requirements:~~

~~1. Hold a current, unrestricted license as an advanced practice registered nurse in the Commonwealth of Virginia;~~

~~2. Provide evidence of one of the following:~~

~~a. Continued professional certification as required for initial licensure as an advanced practice registered nurse;~~

~~b. Satisfactory completion of a graduate level course in pharmacology or pharmacotherapeutics obtained as part of the advanced practice registered nurse education program within the five years prior to submission of the application;~~

~~c. Practice as an advanced practice registered nurse for no less than 1,000 hours and 15 continuing education units related to the area of practice for each of the two years immediately prior to submission of the application; or~~

~~d. Thirty contact hours of education in pharmacology or pharmacotherapeutics acceptable to the boards taken within five years prior to submission of the application. The 30 contact hours may be obtained in a formal academic setting as a discrete offering or as noncredit continuing education offerings and shall include the following course content:~~

~~(1) Applicable federal and state laws;~~

~~(2) Prescription writing;~~

~~(3) Drug selection, dosage, and route;~~

~~(4) Drug interactions;~~

~~(5) Information resources; and~~

~~(6) Clinical application of pharmacology related to specific scope of practice;~~

~~3. Develop a practice agreement between the advanced practice registered nurse and the patient care team physician as required in 18VAC90-40-90; and~~

~~4. File a completed application and pay the fees as required in 18VAC90-40-70.~~

18VAC90-40-50. (Repealed.)

18VAC90-40-55. Continuing competency requirements.

~~A. A licensee with prescriptive authority shall meet continuing competency requirements for biennial renewal as a licensed advanced practice registered nurse. Such requirements shall address issues such as ethical practice, an appropriate standard of care, patient safety, and appropriate communication with patients.~~

~~B.~~ An advanced practice registered nurse with who exercises prescriptive authority in practice shall obtain a total of eight hours of continuing education in pharmacology or pharmacotherapeutics for each biennium in addition to the minimal requirements for compliance with subsection B of 18VAC90-30-105.

~~C.~~ B. The advanced practice registered nurse with exercising prescriptive authority shall retain evidence of compliance and all supporting documentation for a period of four years following the renewal period for which the records apply.

~~D. The boards shall periodically conduct a random audit of their licensees to determine compliance. The advanced practice registered nurses selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.~~

~~E.~~ C. The boards may delegate to the committee the authority to grant an extension or an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-40-60. (Repealed.)

18VAC90-40-70. Fees for prescriptive authority. (Repealed.)

~~A. The following fees have been established by the boards:~~

- | | |
|---|-----------------|
| 1. Initial issuance of prescriptive authority | \$35 |
| 2. Handling fee for returned check or dishonored credit card or debit card | \$50 |

Part III. Practice Requirements.

18VAC90-40-80. (Repealed.)

18VAC90-40-90. Practice agreement.

A. With the exceptions listed in ~~subsection E of this section~~ [§ 54.1-2957 of the Code of Virginia](#), an advanced practice registered nurse ~~with~~ [exercising](#) prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. ~~At~~ [The advanced practice registered nurse shall revise the practice agreement](#) any time ~~there are~~ changes [occur](#) in the patient care team physician, ~~authorization to prescribe,~~ or scope of practice, ~~the advanced practice registered nurse shall revise the practice agreement and maintain the revised agreement.~~

C. The practice agreement [for an advanced practice registered nurse exercising prescriptive authority](#) shall contain the following:

1. A description of the prescriptive authority of the advanced practice registered nurse within the scope allowed by law and the practice of the advanced practice registered nurse.
2. An authorization for categories of drugs and devices within the requirements of [§ 54.1-2957.01](#) of the Code of Virginia.
3. The signature of the patient care team physician who is practicing with the advanced practice registered nurse or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

~~D. In accordance with [§ 54.1-2957.01](#) of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six advanced practice registered nurses with prescriptive authority at any one time.~~

~~E. Exceptions.~~

- ~~1. An advanced practice registered nurse licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or with a certified nurse midwife who has practiced for at least two years prior to entering into a practice agreement. An advanced practice registered nurse in the category of certified nurse midwife who has qualified for autonomous practice as set forth in [18VAC90-30-87](#) may prescribe without a practice agreement.~~
- ~~2. An advanced practice registered nurse licensed in the category of a clinical nurse specialist and holding authorization for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe~~

~~Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.~~

~~3. An advanced practice registered nurse who is licensed in a category other than certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.~~

18VAC90-40-100. (Repealed.)

18VAC90-40-110. Disclosure.

A. ~~The advanced practice registered nurse shall include on each~~ Each prescription issued or dispensed ~~his~~ by an advanced practice registered nurse shall include the practitioner's signature and ~~the~~ Drug Enforcement Administration (DEA) number, when applicable. ~~If the advanced practice registered nurse's practice agreement authorizes prescribing of only Schedule VI drugs and the advanced practice registered nurse does not have a DEA number, he shall include the prescriptive authority number as issued by the boards.~~

B. The advanced practice registered nurse shall disclose to patients at the initial encounter that ~~he~~ the practitioner is a licensed advanced practice registered nurse. Such disclosure may be included on a prescription pad or may be given in writing to the patient.

C. The advanced practice registered nurse shall disclose, upon request of a patient or a patient's legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

18VAC90-40-120. Dispensing.

An advanced practice registered nurse may dispense only those manufacturers' samples of drugs that are included in the written or electronic practice agreement.

18VAC90-40-121. Prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. An advanced practice registered nurse shall not prescribe a controlled substance to ~~himself~~ the practitioner or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the advanced practice registered nurse shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18VAC90-40-122. Waiver for electronic prescribing.

A. Beginning July 1, 2020, a prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia, unless the prescription qualifies for an exemption as set forth in subsection C of § 54.1-3408.02.

B. Upon written request, the boards may grant a one-time waiver of the requirement of subsection A of this section for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Part IV. Discipline.

18VAC90-40-130. ~~Grounds for disciplinary action.~~ [\(Repealed.\)](#)

~~A. The boards may deny approval of prescriptive authority, revoke or suspend authorization, or take other disciplinary actions against an advanced practice registered nurse who:~~

- ~~1. Exceeds the advanced practice registered nurse's authority to prescribe or prescribes outside of the written or electronic practice agreement with the patient care team physician or, for certified nurse midwives, the practice agreement with the consulting physician;~~
- ~~2. Has had his license as r an advanced practice registered nurse suspended, revoked, or otherwise disciplined by the boards pursuant to [18VAC90-30-220](#); or~~
- ~~3. Fails to comply with requirements for continuing competency as set forth in [18VAC90-40-55](#).~~

~~B. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program shall be grounds for disciplinary action.~~

18VAC90-40-140. ~~Administrative proceedings.~~ [\(Repealed.\)](#)

~~A. Except as provided for delegation of proceedings to an agency subordinate in [18VAC90-30-240](#), the Committee of the Joint Boards of Nursing and Medicine shall conduct all hearings prescribed herein and shall take action on behalf of the boards.~~

~~B. The advanced practice registered nurse with prescriptive authority shall be subjective to the grounds for disciplinary action set forth in [18VAC90-30-220](#).~~

~~C. When the license of an advanced practice registered nurse has been suspended or revoked by the joint boards, prescriptive authority shall be suspended pending a hearing simultaneously with the institution of proceedings for a hearing.~~

~~D. Any violation of law or of this chapter may result in disciplinary action including the revocation or suspension of prescriptive authority and may also result in additional sanctions imposed on the license of the advanced practice registered nurse by the joint boards or upon the license of the registered nurse by the Board of Nursing.~~

Part V. Management of Acute Pain and Subacute Pain

18VAC90-40-150. Evaluation of the ~~patient for~~ acute pain or subacute pain patient.

~~A. The requirements of this part shall not apply to:~~

~~1. The treatment of acute pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;~~

~~2. The treatment of acute pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or~~

~~3. A patient enrolled in a clinical trial as authorized by state or federal law.~~

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain or subacute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

B. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain or subacute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance misuse ~~as a part of the initial evaluation~~.

18VAC90-40-160. Treatment of acute pain and subacute pain with opioids.

A. Initiation of opioid treatment for patients with acute pain and subacute pain shall be with short-acting opioids.

1. A prescriber providing treatment for ~~a patient with~~ acute or subacute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a ~~seven~~ 14-day supply ~~as determined by the manufacturer's directions for use~~, unless extenuating circumstances are clearly documented in the medical record. ~~This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.~~

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days ~~in accordance with manufacturer's direction~~ and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME per day.

2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. ~~Naloxone~~ An FDA-approved opioid reversal agent shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present.

C. Due to a higher risk of fatal overdose when opioids are used with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

~~D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.~~

18VAC90-40-170. Medical records for acute pain and subacute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part VI. Management of Chronic Pain

18VAC90-40-180. Evaluation of the chronic pain patient.

~~A. The requirements of this part shall not apply to:~~

~~1. The treatment of chronic pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;~~

~~2. The treatment of chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or~~

~~3. A patient enrolled in a clinical trial as authorized by state or federal law.~~

A. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;
2. Current and past treatments for pain;
3. Underlying or coexisting diseases or conditions;
4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;
5. Psychiatric, addiction, and substance misuse histories of the patient and any family history of addiction or substance misuse;
6. A urine drug screen or serum medication level;
7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;
8. An assessment of the patient's history and risk of substance misuse; and
9. A request for prior applicable records.

B. Prior to initiating opioid analgesia for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC90-40-190. Treatment of chronic pain with opioids.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating opioid treatment for all patients, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME per day;
2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist;
3. Prescribe **naloxone** [an FDA-approved opioid reversal agent](#) for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present; and
4. Document the rationale to continue opioid therapy every three months.

C. Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an

atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. The practitioner shall regularly evaluate [the patient](#) for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-40-200. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall ~~record~~ [document](#) in the medical ~~records~~ [record](#) the presence or absence of any indicators for medication misuse or diversion ~~and take appropriate action.~~

18VAC90-40-210. Informed consent and agreement for treatment of chronic pain.

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement, signed by the patient, in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screen or serum medication levels, when requested; and
2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC90-40-220. Opioid therapy for chronic pain.

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the

practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and thereafter randomly at the discretion of the practitioner but at least once a year.

E. The practitioner shall regularly evaluate [the patient](#) for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-40-230. Additional consultation.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a practitioner makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC90-40-240. Medical records [for chronic pain](#).

The prescriber shall keep current, accurate, and complete records in an accessible manner and readily available for review to include:

1. The medical history and physical examination;
2. Past medical history;
3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;
4. Diagnostic, therapeutic, and laboratory results;
5. Evaluations and consultations;
6. Treatment goals;
7. Discussion of risks and benefits;
8. Informed consent and agreement for treatment;
9. Treatments;
10. Medications, including date, type, dosage and quantity prescribed, and refills;
11. Patient instructions; and
12. Periodic reviews.

Part VII. Prescribing of Buprenorphine for Opioid Use Disorder

18VAC90-40-250. General provisions.

- A. ~~Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a waiver from SAMHSA and the appropriate U.S. Drug Enforcement Administration registration.~~
- B. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.
- C. ~~B.~~ Advanced practice registered nurses ~~who have obtained a SAMHSA waiver~~ shall ~~only~~ prescribe buprenorphine for opioid addiction pursuant to a practice agreement ~~with a SAMHSA-waivered~~ a patient care team doctor of medicine or doctor of osteopathic medicine unless the advanced practice registered nurse has been authorized by the boards for autonomous practice.
- ~~D.~~ ~~C.~~ Practitioners engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling. The practitioner shall document provision of counseling or referral in the medical record.

18VAC90-40-260. Patient assessment and treatment planning for opioid use disorder.

- A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance misuse history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for human immunodeficiency virus, hepatitis B, hepatitis C, ~~and~~ tuberculosis, and liver function tests.
- B. The treatment plan shall include the practitioner's rationale for selecting ~~medication-assisted-treatment~~ medications for opioid use disorder, patient education, written informed consent, ~~how counseling will be accomplished~~ referral for counseling, and a signed treatment agreement that outlines the responsibilities of the patient and the practitioner.

18VAC90-40-270. Treatment with buprenorphine for opioid use disorder.

- A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:
1. When a patient is pregnant;

2. When converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days;
3. In formulations other than tablet form for indications approved by the FDA; or
4. For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono- product shall not exceed 3.0% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient's medical record.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opioid treatment programs. With the exception of those conditions listed in subsection A of this section, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

D. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. Prior to starting ~~medication-assisted treatment~~ medications for opioid use disorder, the practitioner shall perform a check of the Prescription Monitoring Program.

F. During the induction phase, ~~except for medically indicated circumstances as documented in the medical record, patients should be started on no more than eight milligrams of buprenorphine per day~~ dosage shall be based on the patient's history and current usage, including exposure to high-potency opioids. The patient shall be seen by the prescriber at least once a week.

G. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

H. Practitioners shall take steps to reduce the chances of buprenorphine diversion and misuse by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least every six months thereafter.

I. Documentation of the rationale for prescribed doses exceeding ~~16~~ 24 milligrams of buprenorphine per day shall be placed in the medical record. ~~Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.~~

J. The practitioner shall incorporate relapse prevention strategies into counseling or ~~assure that they are addressed by~~ document referral to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, ~~who has the education and experience to provide~~

~~substance misuse counseling.~~

18VAC90-40-280. Special populations in treatment for opioid use disorder.

~~A. Pregnant women may be treated with the buprenorphine mono-product, usually 16 milligrams per day or less.~~

A. Patients younger than ~~the age of~~ 16 years of age shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

B. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives that can be identified, quantified, and independently verified.

C. Practitioners shall (i) evaluate patients with medical comorbidities by history, physical exam, and appropriate laboratory studies and (ii) be aware of interactions of buprenorphine with other prescribed medications.

~~B. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and is not stable. A patient who is determined by the practitioner to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.~~

18VAC90-40-290. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete, and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR Part 2 shall be followed.

D. Compliance with 18VAC90-30-220, which prohibits willful or negligent breach of confidentiality or unauthorized disclosure of confidential Prescription Monitoring Program information, shall be maintained.