

Practice Agreement Requirements for Licensed Nurse Practitioners

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In the *Regulations Governing the Licensure of Nurse Practitioners, 18VAC 90-30-10 et seq.*, “Practice agreement” is defined as:

“a written or electronic statement, jointly developed by the collaborating patient care team physician(s) and the licensed nurse practitioner(s), that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse practitioner(s) in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For nurse practitioners licensed in the category of certified nurse midwives, the practice agreement is a statement jointly developed with the consulting physician(s).”

A practice agreement is not required for nurse practitioners licensed in the category of certified registered nurse anesthetists.

The practice agreement for a licensed nurse practitioner (LNP) other than a certified nurse midwife (CNM) should include:

- A description of the procedures that the licensed nurse practitioner (LNP) will perform in accordance with his or her specialty training;
- Provisions for 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;
- Provisions for appropriate physician input in complex clinical cases and patient emergencies and for referrals;
- Categories of drugs and devices that may be prescribed;
- Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient that address, at a minimum, the availability of the collaborating physician proportionate to such factors as practice setting, acuity, and geography;
- Provisions for periodic joint evaluation of services provided and review of patient care outcome;
- Provisions for periodic review and revision of the practice agreement; and
- Written or electronic signature of the LNP(s) and the physician(s) or the name of the patient care team physician who has entered into the agreement with the licensed nurse practitioner.

The practice agreement may also include, but not be limited to:

- Authorization for the LNP’s for signatures, certifications, stamps, verifications, affidavits and endorsements consistent with 18VAC90-30-122;
- Authorization to refer patients for physical therapy in accordance with § 54.1-3482; and
- Authorization to write DNR orders.

The LNP should consider identifying a back-up collaborating physician in the event of the unexpected departure of the patient care team physician. The practice agreement should either state the name or include the signature of the physician who will serve in the role of an alternative team physician in the event the primary team physician is no longer available for collaboration and consultation.

The practice agreement for an LNP in the category of CNM should include:

- Categories of drugs and devices that may be prescribed, if prescribing Schedule II through V drugs;
- Guidelines for availability and ongoing communications that provide for and define consultation and the availability of the physician for routine and urgent consultation on patient care;
- Provisions for periodic review and revision of the practice agreement; and
- Written or electronic signature of the CNM(s) and the physician(s) who has entered into the agreement.

The practice agreement may also include, but not be limited to:

- Authorization for the CNM's for signatures, certifications, stamps, verifications, affidavits and endorsements consistent with 18VAC90-30-122; and
- Authorization to refer patients for physical therapy in accordance with § 54.1-3482;

The CNM should consider identifying a back-up physician in the event of the unexpected departure of the consulting physician. The practice agreement should either state the name or include the signature of the physician who will serve in the role of an alternative consulting physician in the event the primary physician is no longer available for consultation.

The LNP is required to:

- Maintain the practice agreement.
- Make the practice agreement available for review by the Board of Nursing.
- Have a practice agreement with a patient care team physician (or for certified nurse midwives, a consulting physician) that includes the setting or settings in which the nurse practitioner is actively practicing.

It is not a requirement that a copy of the practice agreement be submitted to the Board of Nursing to obtain or renew the professional license.