

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
AND ADVISORY COMMITTEE OF THE JOINT BOARDS**

Department of Health Professions  
Perimeter Center - 9960 Mayland Drive, Conference Center, Suite 201, Henrico, Virginia 23233

**BUSINESS MEETING AGENDA**  
October 21, 2020 at 9:00 A.M. in Board Room 2

**Call To Order** – Marie Gerardo, MS, RN, ANP-BC; Chair

**Establishment of Quorum**

**Announcement**

- Welcome to New Member of Advisory Committee to the Committee of the Joint Boards
  - ❖ Kathleen J. Bailey, RN, CNM, MA, MS
  
- Staff Update
  - ❖ Robin Hills, RN, DNP, WHNP, transferred to the Deputy Executive Director for Advanced Practice position effective June 1, 2020 (**replacing Terri Clinger**)

**A. Review of Minutes**

|                             |   |
|-----------------------------|---|
| <b>A1</b> February 12, 2020 | Business Meeting                                |
| <b>A2</b> February 12, 2020 | Informal Conference                             |
| <b>A3</b> July 21, 2020     | Agency Subordinate Recommendation Consideration |
| <b>A4</b> August 18, 2020   | Telephone Conference Call                       |

**Public Comment**

**Dialogue with Agency Director – Dr. Brown**

**B. Legislation/Regulations – Ms. Yeatts**

- B1** Regulatory Update
- B2** Legislation Passed by the 2020 General Assembly Report

**C. New Business**

- Board of Nursing Executive Director Report – **Ms. Douglas (verbal report)**
  - ❖ **C1** Committee of the Joint Boards Update sent to Nurse Practitioners in July 2020
  - ❖ E-Prescribing Waivers Update (**verbal report**)
  - ❖ Autonomous Practice Update (**verbal report**)
- **C2** 2021 Joint Boards Meeting Dates
- **C3** American Association of Nurse Anesthetists (AANA) Scope of Nurse Anesthesia Practice – Incorporated by references into 18VAC90-30 – **FOR INFORMATION ONLY**
- Incorporating nurse practitioners into online practitioners profile (report is due November 1, 2020) – **Ms. Douglas (verbal report)**

- Report of NCSBN Annual virtual Meeting on August 12, 2020 – **Ms. Gerardo and Ms. Hershkowitz (verbal report)**

**Environmental Scan** – Advisory Committee Members (**verbal report**)

**Agency Subordinate Recommendations Consideration** – **Joint Boards Member ONLY**

- Alison Christine Ahrens Maddox, LNP

**Consent Order Consideration** – **Joint Boards Member ONLY**

- Kimberly A. Whalen Josephson, LNP

**Next Meeting – Wednesday, December 9, 2020, at 9:00 A.M in Board Room 4**

**Adjourn**

**10:30 A.M.** Administrative Proceeding – **Joint Board Members ONLY**

*Our mission is to ensure safe and competent practice of nursing to protect the health, safety of the citizens of the Commonwealth*

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
February 12, 2020**

- TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:01 A.M., October 16, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Chair  
Louise Hershkowitz, CRNA, MSHA  
Ann Tucker Gleason, PhD  
Kenneth Walker, MD  
L. Blanton Marchese, Board of Medicine Citizen Member
- MEMBERS ABSENT:** Karen A. Ransone, MD  
Nathaniel Ray Tuck, Jr., DC
- ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, RN, NP  
Mark Coles, RN, BA, MSN, NP-C  
Wendy Dotson, CNM, MSN  
David Alan Ellington, MD  
Sarah E. Hobgood, MD  
Janet L. Setnor, CRNA
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing  
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice; Board of Nursing  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education; Board of Nursing  
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing  
Huong Vu, Executive Assistant; Board of Nursing
- OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel  
David E. Brown, DO; Department of Health Professions Director  
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy  
William L. Harp, MD, Executive Director; Board of Medicine
- IN THE AUDIENCE:** Kathy Martin, Hancock , Daniel & Johnson  
Marie Molner, Board of Nursing Staff  
Joseph Corley, Board of Nursing Staff
- INTRODUCTIONS:** Committee members, Advisory Committee members and staff members introduced themselves.

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Dr. Harp informed the Committee that Mr. Marchese has been appointed to the Committee of the Joint Boards of Nursing and Medicine for the day.

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum was present.

Ms. Gerardo noted that there is a potential new Advisory Committee Member consideration has been added to Agenda under New Business section.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda: New Committee of the Joint Boards Members – Karen A. Ransone, MD and Nathaniel Ray Tuck, Jr., MD.

NCSBN APRN Roundtable Meeting is scheduled for April 7, 2020 in Rosemont, IL – Ms. Douglas will attend as NCSBN Board of Directors for Area III. Ms. Douglas noted that the focus of the meeting will be education preparation of nurse practitioners.

REVIEW OF MINUTES:

The minutes of the October 16, 2019 Business Meeting were reviewed. Ms. Hershkowitz moved to accept the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

DIALOGUE WITH  
AGENCY DIRECTOR:

Dr. Brown reported the following:

**Changes at General Assembly (GA)** – longer lines to access buildings due to changes in security in place

**Medical Marijuana** – the bill is to remove THC cap on oil and to decriminalize possession of marijuana. The bill was not passed and will be presented again in 2021. The Secretary of Health Task Force is to review the use of marijuana and make recommendations.

**Healthcare Workforce** – appears to be interested in allowing practitioners, such as nurse practitioners, to broaden the categories of clinical procedures they perform.

LEGISLATION/  
REGULATIONS:

**2020 General Assembly (GA) Report:**

Dr. Allison-Bryan reviewed the 2020 GA report handout noting that Crossover was on February 11, 2020 and Bills are now in opposite house. Dr. Allison-Bryan added once the bills are passed then the Boards will have regulatory work to begin.

Ms. Setnor stated that the CRNAs are happy with the result regarding HB1059, which allows CRNAs to have prescriptive authority. Ms. Setnor added that although this bill was not exactly what CRNA's wanted, it allowed them to continue to do what they do. Ms. Douglas complimented Virginia Association of Nurse Anesthetists (VANA) for working with the Medical Society and the Anesthetists in preparation for the bill.

**B1 Regulatory Update:**

Dr. Clinger reviewed the chart of regulatory actions as of February 11, 2020 on behalf of Ms. Yeatts noting that the Board of Nursing staff is working on the waiver form for the electronic prescribing.

**POLICY FORUM:**

Dr. Elizabeth Carter and Dr. Yetty Shobo presented on the Board of Nursing survey reports. Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC), who administer the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent.

Dr. Shobo provided a summary 2019 reports which will be posted on the DHP website upon approval:

- ❖ Virginia's Licensed Nurse Practitioner Workforce: 2019
- ❖ Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Dr. Ellington asked what is the outcome of these reports. Ms. Douglas said the educators and employers use them for planning purpose.

**NEW BUSINESS:**

**Appointment of Joint Boards Advisory Committee Member, Kathleen J. Bailey, RN, CNM, MA, MS:**

Ms. Gerardo stated that Ms. Bailey's CV is presented for the Committee consideration and action for the nurse midwife position on the Advisory Committee to replace Ms. Dotson.

Ms. Douglas noted that the recommendation for Kathleen Bailey was from Katie Page, CNM, FACNM, President of Virginia Affiliate of the ACNM. Ms. Douglas thanked Ms. Dotson for her service on the Advisory Committee.

Dr. Walker moved to accept the appointment of Ms. Bailey for the nurse midwife position on the Advisory Committee. The motion was seconded and passed.

**Board of Nursing Executive Director Report:**

- **Paperless Licensing** – the Board has implemented paperless licensing beginning with massage therapy, practical nurse and nurse practitioner licenses will be the next groups to be

implemented. Licensees will no longer receive hard copy paper licenses after renewal. License Lookup will be primary source of verification. All Boards at DHP have started this process incrementally which will decrease costs administrative burden and reduce the risk for fraud.

Dr. Brown left the meeting at 10:45 A.M.

- **Electronic Prescribing Notification** – Dr. Clinger reviewed under Legislation/Regulations.
- **Prescriptive Authority Licensure Regulatory Change Process** – Ms. Douglas said that Regulations for Elimination of Separate License for Prescriptive Authority (PA) will be effective on March 4, 2020. Nurse Practitioners (NPs), who currently have the PA, will receive the new NP licenses with the PA designation. Those, who do not have the PA, can apply with the \$35 fee. New applicants will have one application incorporating both eligibility criteria. Communication has been sent to practitioners already. Ms. Douglas added that this will reduce fees and the administrative burden for licensees. Ms. Douglas added that separate communication will be sent to CRNAs following General Assembly action.
- **NCSBN Board Directors February 10-11, 2020 meeting** – Ms. Douglas said the proposed revisions draft language of the APRN Compact was discussed and will be presented at the NCSBN Midyear Meeting in March 2020.

**HB793 – Workforce Data Collection Planning Discussion:**

Ms. Douglas said that HB793 requires DHP to submit a report to the General Assembly on the process by which nurse practitioners with autonomous practice licenses may be included in the online Practitioner Profile maintained by DHP by November 1, 2020.

Ms. Douglas added that among other things, the enactment clause of HB793 also requires the Boards of Medicine and Nursing to report the number of NPs who have autonomous practice licenses accompanied by the geographic and specialty areas in which these NPs are practicing to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

Ms. Douglas noted that the Committee of the Joint Boards will review the work plan at its April 15, 2020 meeting.

**Autonomous Practice Update:**

Ms. Willinger reported that as of yesterday, the Board received 744

applications and 704 licenses were issued.

Ms. Willinger noted that there have been no application denials to date. Ms. Douglas stated that a denial is considered by the Committee of the Joint Boards. Ms. Douglas introduced Joseph Corley as Board Staff who processes Autonomous Practice applications.

Ms. Douglas added that the majority of the categories are of NP's with the autonomous designate family and psychiatric NP's.

**C1 – Consider Revision of the Guidance Document (GD) 90-11:  
Continuing Competency Violations for Nurse Practitioners:**

Ms. Douglas stated the proposed revision of the GD 90-11 is presented for the Committee consideration.

Dr. Ellington suggested adding “*Licensure Renewal Requirements*” after the “**Continued Competency**” in the title.

Mr. Marchese moved to adopt the revised GD 90-11 as presented with additional amendment. The motion was seconded and carried unanimously.

**C2 2020 Meeting Dates:**

Ms. Gerardo stated that this is provided for information only.

RECESS: The Committee recessed at 10:44 A.M.

The Member of the Advisory Committee, Dr. Gleason, and Dr. Allison-Bryan left the meeting at 10:44 A.M.

RECONVENTION: The Committee reconvened at 10:57 A.M.

**AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION**

|  |                    |
|--|--------------------|
| <b>David Valentine Strider, Jr., LNP</b> | <b>0024-090402</b> |
| <b>Prescriptive Authority</b>            | <b>0017-001538</b> |

Mr. Strider provided written response.

CLOSED MEETING: Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:57 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Willinger, Ms. Vu and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence

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will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:16 A.M.

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand David Valentine Strider, Jr. and to suspend his prescriptive authority in the Commonwealth of Virginia for a period of one year from the date of entry of the Order. The motion was seconded and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:17 A.M.

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Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director



VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
SPECIAL CONFERENCE COMMITTEE MINUTES  
February 12, 2020

- TIME AND PLACE:** The meeting of the Special Conference Committee of the Joint Boards of Nursing and Medicine was convened at 11:36 A.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC, Chairperson  
Louise Hershkowitz, CRNA, MSHA  
Kenneth Walker, MD
- STAFF PRESENT:** Jay Douglas, RN, MSM, CSAC, FRE, Executive Director, Board of Nursing  
Terri Clinger, DNP, RN, CPNP-PC, Deputy Executive Director for Advance Practice  
Stephanie Willinger, Deputy Executive Director for Licensing  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division
- CONFERENCES SCHEDULED:** **Rachel Marie Brown Barish, LNP Applicant for Autonomous Practice**
- Ms. Barish appeared.
- CLOSED MEETING:** Ms. Hershkowitz moved that the Special Conference Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:48 A.M. for the purpose of deliberation to reach a decision in the matter of Ms. Barish. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Clinger, Ms. Willinger and Mr. Kazzie attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.
- RECONVENTION:** The Committee reconvened in open session at 12:13 P.M.
- Ms. Hershkowitz moved that the Special Conference Committee of the Joint Boards of Nursing and Medicine certifies that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.
- ACTION:** Ms. Hershkowitz moved to approve the application of Rachel Marie Brown Barish for authorization to practice as an autonomous nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Ms. Barish, unless a written request to the Board for a formal hearing on the allegations made against her is received from Ms. Barish within such time. If service of the order is made by mail, three additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ADJOURNMENT:

The meeting was adjourned at 12:14 P.M.

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Terri Clinger, DNP, RN, CPNP-PC  
Deputy Executive Director for Advance Practice

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
AGENCY SUBORDINATE RECOMMENDATION  
MINUTES  
July 21, 2020**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 8:37 A.M., July 21, 2020 in Board Room 4, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Chair  
Louise Hershkowitz, CRNA, MSHA  
Ann Tucker Gleason, PhD  
Kenneth Walker, MD  
Nathaniel Ray Tuck, Jr., DC

**MEMBERS ABSENT:** Karen A. Ransone, MD

**STAFF PRESENT:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel

**ESTABLISHMENT OF A QUORUM:**  
With five members of the Committee present, a quorum was established.

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**Diane Lee Burns, LNP**

**0024-164359**

Ms. Burns appeared.

**CLOSED MEETING:** Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 8:43 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Ms. Hershkowitz moved that Dr. Hills, Ms. Graham, and Ms. Mitchell, Committee counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:** The Committee reconvened in open session at 8:54 A.M.

Ms. Hershkowitz moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified

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in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Herhkowitz moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to indefinitely suspend the license of Diane Lee Burns to practice as a nurse practitioner in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded and carried unanimously.

ADJOURNMENT: The Committee adjourned at 8:57 A.M.

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Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**THE COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
August 18, 2020**

A possible summary suspension telephone conference call of the Committee of the Joint Boards of Nursing and Medicine was held August 18, 2020 at 4:31 P.M.

**The Members of the Committee of the Joint Boards of Nursing and Medicine participating in the meeting were:**

Marie Gerardo, MS, RN, ANP-BC; Chair; Board of Nursing  
A Tucker Gleason, PhD; Board of Nursing  
Louise Hershkowitz, CRNA, MSHA; Board of Nursing  
Nathaniel Ray Tuck, Jr., DC; Board of Medicine

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Sean Murphy, Assistant Attorney General  
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division  
Julia Bennett, Deputy Director, Administrative Proceedings Division  
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director  
Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Huong Vu, Executive Assistant

The meeting was called to order by Ms. Gerardo. With 4 members of the Committee of the Joint Boards of Nursing and Medicine participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of nursing by **Harold E. Ramsey, LNP (0024-169909)** may present a substantial danger to the health and safety of the public.

Ms. Hershkowitz moved to summarily suspend the license of **Harold E. Ramsey** to practice as a nurse practitioner pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license for a period of not less than two years in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 4:46 P.M.

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Robin Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of October 6, 2020**

|                                  |  |   |
|----------------------------------|--|---|
| <a href="#">[18 VAC 90 - 30]</a> | Regulations Governing the Licensure of Nurse Practitioners     | <u>Unprofessional conduct/conversion therapy</u> [Action 5441]<br><br><b>NOIRA</b> - Register Date: 8/31/20<br>Comment closed: 9/30/20<br>Board of Nursing to adopt proposed: 10/14/20<br>Board of Medicine to adopt proposed: 10/22/20 |
| <a href="#">[18 VAC 90 - 40]</a> | Regulations for Prescriptive Authority for Nurse Practitioners | <u>Waiver for electronic prescribing</u> [Action 5413]<br><br><b>Proposed</b> - DPB Review in progress [Stage 9038]   |

**Legislation Passed by the 2020 General Assembly**

**(with exception of HB1040 and HB1689 that were continued to 2021 for the purpose of a Study Report from the Board of Health Professions)**

**HB 42 Prenatal and postnatal depression, etc.; importance of screening patients.**

*Chief patron:* Samirah

*Summary as passed:*

**Health care providers; screening of patients for prenatal and postpartum depression; training.** Directs the Board of Medicine to annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression and encouraging practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate. The bill requires the Board to include in such communication information about the factors that may increase susceptibility of certain patients to prenatal or postnatal depression or other depression, including racial and economic disparities, and to encourage providers to remain cognizant of the increased risk of depression for such patients.

**HB 115 Health care providers, certain; program to address career fatigue and wellness, civil immunity.**

*Chief patron:* Hope

*Summary as enacted with Governor's Recommendations:*

**Programs to address career fatigue and wellness in certain health care providers; civil immunity.** Expands civil immunity for health care professionals serving as members of or consultants to entities that function primarily to review, evaluate, or make recommendations related to health care services to include health care professionals serving as members of or consultants to entities that function primarily to address issues related to career fatigue and wellness in health care professionals licensed to practice medicine or osteopathic medicine or licensed as a physician assistant. The bill also clarifies that, absent evidence indicating a reasonable probability that a health care professional who is a participant in a professional program to address issues related to career fatigue or wellness is not competent to continue in practice or is a danger

to himself, his patients, or the public, participation in such a professional program does not trigger the requirement that the health care professional be reported to the Department of Health Professions. The bill contains an emergency clause.

## EMERGENCY

### **HB 299 Fluoride varnish; possession and administration**

*Chief patron:* Sickles

*Summary as passed House:*

**Administration of fluoride varnish.** Allows an authorized agent of a doctor of medicine, osteopathic medicine, or dentistry to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry. This bill is identical to SB 239.

### **HB 362 Physician assistant; capacity determinations.**

*Chief patron:* Rasoul

*Summary as passed House:*

**Capacity determinations; physician assistant.** Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant. This bill is identical to SB 544.

### **HB 386 Conversion therapy; prohibited by certain health care providers.**

*Chief patron:* Hope

*Summary as passed House:*

**Department of Health Professions; conversion therapy prohibited.** Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy with a person under



18 years of age, referring a person under 18 years of age for conversion therapy, or extending health benefits coverage for conversion therapy with a person under 18 years of age. This bill is identical to SB 245.

**HB 517 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.**

*Chief patron:* Bulova

*Summary as passed House:*

**Collaborative practice agreements; nurse practitioners; physician assistants.** Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. As introduced, this bill is a recommendation of the Joint Commission on Healthcare. This bill is identical to SB 565.

**HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Information.**

*Chief patron:* Hurst

*Summary as passed:*

**Prescription Monitoring Program; information disclosed to the Emergency Department Care Coordination Program; redisclosure.** Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Care Coordination Program and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Care Coordination Program to a prescriber in an electronic report generated by the Emergency Department Care Coordination Program so long as the electronic report complies with relevant federal law and regulations governing privacy of health information. This bill is identical to SB 575.

**HB 860 Inhaled asthma medications; school nurse, etc., may administer to a student.**

*Chief patron:* Bell

*Summary as passed:*

**Professional use by practitioners; administration of albuterol inhalers or nebulized albuterol.** Provides that, pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, employee of a local health department, employee of a school for students with disabilities, or employee of an accredited private school who is authorized by a prescriber and trained in the administration of albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis. The bill also provides that a school nurse, employee of a school board, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of albuterol inhalers or nebulized albuterol who provides, administers, or assists in the administration of an albuterol inhaler or nebulized albuterol for a student believed in good faith to be in need of such medication, or is the prescriber of such medication, is not liable for civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. This bill is identical to HB 1174.

**HB 908 Naloxone; possession and administration, employee or person acting on behalf of a public place.**

*Chief patron:* Hayes

*Summary as passed House:*

**Naloxone; possession and administration; employee or person acting on behalf of a public place.** Authorizes an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a

life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465, and HB 1466.

**HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.**

*Chief patron:* Willett

*Summary as passed House:*

**Professions and occupations; expediting the issuance of credentials to spouses of military service members.** Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active duty service within one year of the submission of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver. This bill incorporates HB 930 and is identical to SB 981.

**HB 1000 Prescription drugs; expedited partner therapy, labels.**

*Chief patron:* Hope

*Summary as introduced:*

**Prescription drugs; expedited partner therapy; labels.** Eliminates the requirement that a bona fide practitioner-patient relationship exist with a contact patient for a practitioner to prescribe expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention. A pharmacist dispensing a Schedule III through VI drug to a contact patient whose name and address are unavailable shall affix "Expedited Partner Therapy" or "EPT" to the written prescription and the label. The bill repeals the July 1, 2020, sunset on the provision that allows practitioners employed by the Department of Health to prescribe antibiotic therapy to the sexual partner of a patient diagnosed with a sexually transmitted disease without the physical examination normally required.

**HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.**

*Chief patron:* Rasoul

*Summary* *as* *introduced:*  
**Naturopathic doctors; license required.** Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

**HB 1059 Certified registered nurse anesthetists; prescriptive authority.**

*Chief patron:* Adams, D.M.

*Summary as passed House:*

**Certified registered nurse anesthetists; prescriptive authority.** Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. This bill is identical to SB 264.

**HB 1084 Surgical assistants; definition, licensure.**

*Chief patron:* Hayes

*Summary as enacted with Governor's Recommendations:*

**Surgical assistants; licensure.** Defines "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. Currently, the Board may issue a registration as a surgical assistant to eligible individuals. The bill clarifies that requiring the licensure of surgical assistants shall not be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his practice. The bill also establishes the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

**HB 1147 Epinephrine; every public place may make available for administration.**

*Chief patron:* Keam

*Summary as passed:*

**Epinephrine permitted in certain public places.** Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. The bill directs the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in public places. Such policies and guidelines shall be provided to the Commissioner of Health no later than July 1, 2021.

**HB 1328 Offender medical & mental health information & records; exchange of information to facility, liability.**

*Chief patron:* Watts

*Summary as passed:*

**Exchange of offender medical and mental health information and records.** Provides that a health care provider who has been notified that a person to whom he has provided services within the last two years is committed to a local or regional correctional facility shall, upon request by the local or regional correctional facility, disclose to the local or regional correctional facility where the person is committed any information necessary to ensure the continuity of care of the person committed. The bill also provides protection from civil liability for such health care provider, absent bad faith or malicious intent. This bill is identical to SB 656.

**HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.**

*Chief patron:* Sickles

*Summary as passed:*

**Pharmacists; prescribing, dispensing, and administration of controlled substances.** Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, to promulgate emergency regulations to implement the provisions of the bill, and to convene a work group to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

**HB 1654 Schedule VI controlled substances and hypodermic syringes and needles; limited-use license.**

*Chief patron:* Helmer

*Summary as passed:*

**Schedule VI controlled substances; hypodermic syringes and needles; limited-use license.** Allows the Board of Pharmacy to issue a limited-use license for the purpose of dispensing Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances to a doctor of medicine, osteopathic medicine, or podiatry, a nurse practitioner, or a physician assistant, provided that such limited-use licensee is practicing at a nonprofit facility. The bill requires such nonprofit facilities to obtain a limited-use permit from the Board and comply with regulations for such a permit. This bill directs the Board of Pharmacy to adopt emergency regulations to implement the provisions of the bill. This bill is identical to SB 1074.

**HB 1683 Diagnostic medical sonography; definition, certification.**

*Chief patron:* Hope

*Summary* *as* *introduced:*

**Diagnostic medical sonography; certification.** Defines the practice of "diagnostic medical

sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

**HB 1701 Medical Excellence Zone Program; VDH to determine feasibility of establishment.**

*Chief patron:* Tran

*Summary as passed House:*

**Department of Health; Department of Health Professions Medical Excellence Zone Program; telemedicine; reciprocal agreements.** Directs the Department of Health to determine the feasibility of establishing a Medical Excellence Zone Program to allow citizens of the Commonwealth living in rural underserved areas to receive medical treatment via telemedicine services from providers licensed or registered in a state that is contiguous with the Commonwealth and directs the Department of Health Professions to pursue reciprocal agreements with such states for licensure for certain primary care practitioners licensed by the Board of Medicine. The bill requires the Department of Health to set out the criteria that would be required for a locality or group of localities in the Commonwealth to be eligible for the designation as a medical excellence zone and report its findings to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.

The bill states that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the acts of unprofessional conduct. The Department of Health Professions is required to report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill requires the Board of Medicine to prioritize applications for licensure by endorsement as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application. This bill is identical to SB 757.

## **SB 264 Certified registered nurse anesthetists; prescriptive authority.**

*Chief patron:* Bell

*Summary as passed Senate:*

**Certified registered nurse anesthetists; prescriptive authority.** Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia, as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. This bill is identical to HB 1059.

## **SB 540 Health professionals; unprofessional conduct, reporting.**

*Chief patron:* Vogel

*Summary as passed Senate:*

**Health professionals; unprofessional conduct; reporting.** Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public, or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. This bill is identical to HB 471.



**SB 565 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.**

*Chief patron:* Edwards

*Summary as passed Senate:*

**Collaborative practice agreements; nurse practitioners; physician assistants.** Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. As introduced, this bill is a recommendation of the Joint Commission on Healthcare. This bill is identical to HB 517.

## CHAPTER 100

*An Act to amend and reenact § 54.1-2957.01 of the Code of Virginia, relating to certified registered nurse anesthetists; prescriptive authority.*

[H 1059]

Approved March 3, 2020

Be it enacted by the General Assembly of Virginia:

1. That § **54.1-2957.01** of the Code of Virginia is amended and reenacted as follows:

§ **54.1-2957.01**. Prescription of certain controlled substances and devices by licensed nurse practitioners.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ **54.1-3300** et seq.), a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices as set forth in Chapter 34 (§ **54.1-3400** et seq.).

B. A nurse practitioner who does not meet the requirements for practice without a written or electronic practice agreement set forth in subsection I of § **54.1-2957** shall prescribe controlled substances or devices only if such prescribing is authorized by a written or electronic practice agreement entered into by the nurse practitioner and a patient care team physician. Such nurse practitioner shall provide to the Boards of Medicine and Nursing such evidence as the Boards may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a patient care team physician that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as described in the practice agreement. Evidence of a practice agreement shall be maintained by a nurse practitioner pursuant to § **54.1-2957**. Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section either shall be signed by the patient care team physician or shall clearly state the name of the patient care team physician who has entered into the practice agreement with the nurse practitioner.

It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless (i) such prescription is authorized by the written or electronic practice agreement or (ii) the nurse practitioner is authorized to practice without a written or electronic practice agreement pursuant to subsection I of § **54.1-2957**.

C. The Boards of Medicine and Nursing shall promulgate regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients. Such regulations shall include requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education,

testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed nurse practitioner. Any party to a practice agreement shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

2. Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe (i) Schedules II through V controlled substances in accordance with any prescriptive authority included in a practice agreement with a licensed physician pursuant to subsection H of § 54.1-2957 and (ii) Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

*H. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Medicine and Nursing as a certified registered nurse anesthetist shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices in accordance with the requirements for practice set forth in subsection C of § 54.1-2957 to a patient requiring anesthesia, as part of the periprocedural care of such patient. As used in this subsection, "periprocedural" means the period beginning prior to a procedure and ending at the time the patient is discharged.*

## Committee of Joint Boards of Nursing and Medicine Updates

From: Jay P Douglas Executive Director, Virginia Board of Nursing

### Certified Registered Nurse Anesthetists

Effective July 1, 2020 Certified Registered Nurse Anesthetists (CRNAs) have the authority to prescribe. Essentially, by operation of law, CRNAs will be granted prescriptive authority **automatically**. Unlike other categories of nurse practitioners, CRNAs will not have to apply for nor will they receive a separate *Rx Authority* designation. Therefore, after July 1, 2020, when obtaining license verifications through the Department of Health Professions License Lookup system, a separate '*Rx Authority*' designation for those nurse practitioners licensed in the category of CRNA will not be listed. Verification of an NP license number that begins with 0024 combined with the CRNA specialty category indicates that the CRNA is eligible to apply for a DEA number.

Prescriptive Authority includes Schedule II through VI  
CRNAs are **not** required to have a practice agreement

In order to monitor and promote safe prescribing practices, Virginia established the Prescription Monitoring Program (PMP) that tracks prescriptions for controlled substances.

The law requires prescribers of Schedule II-V medications to register with the PMP  
<http://www.dhp.virginia.gov/PractitionerResources/PrescriptionMonitoringProgram/>

Prescribers must consult the PMP for other Schedule II-V controlled substances currently prescribed to a patient when initiating a new course of treatment that includes prescribing of opioids for more than seven days. Prescribers are not required to request information from the PMP when an opioid is prescribed to a patient during an inpatient hospital admission or discharge.

For your convenience, here is the new law below, please note changes to various sections of the code and specifically the addition of section H:

Bill Tracking - 2020 session > Legislation - SB1059/SB264

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ [54.1-3300](#) et seq.), a licensed nurse practitioner, ~~other than a certified registered nurse anesthetist~~, shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices as set forth in Chapter 34 (§ [54.1-3400](#) et seq.).

B. A nurse practitioner who does not meet the requirements for practice without a written or electronic practice agreement set forth in subsection I of § [54.1-2957](#) shall prescribe controlled substances or devices only if such prescribing is authorized by a written or electronic practice agreement entered into by the nurse practitioner and a patient care team physician. Such nurse practitioner shall provide to the Boards of Medicine and Nursing such evidence as the Boards

may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a patient care team physician that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as described in the practice agreement. Evidence of a practice agreement shall be maintained by a nurse practitioner pursuant to § [54.1-2957](#). Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section either shall be signed by the patient care team physician or shall clearly state the name of the patient care team physician who has entered into the practice agreement with the nurse practitioner.

It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless (i) such prescription is authorized by the written or electronic practice agreement or (ii) the nurse practitioner is authorized to practice without a written or electronic practice agreement pursuant to subsection I of § [54.1-2957](#).

C. The Boards of Medicine and Nursing shall promulgate regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients. Such regulations shall include requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners, which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed nurse practitioner. Any party to a practice agreement shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

2. Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § [54.1-3401](#) or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe (i) Schedules II through V controlled

substances in accordance with any prescriptive authority included in a practice agreement with a licensed physician pursuant to subsection H of § [54.1-2957](#) and (ii) Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

*H. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the **Boards of Medicine and Nursing as a certified registered nurse anesthetist** shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices in accordance with the requirements for practice set forth in subsection C of § [54.1-2957](#) to a patient requiring anesthesia, as part of the periprocedural care of such patient. As used in this subsection, “periprocedural” means the period beginning prior to a procedure and ending at the time the patient is discharged.*

18VAC90-40-20. Authority and Administration of Regulations.

- 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.

### **Prescriptive Authority for Nurse Practitioners (categories other than CRNAs)**

**Effective 3/4/2020** Nurse Practitioners do not have separate NP and Prescriptive Authority licenses

The Committee of the Joint Boards of Nursing and Medicine promulgated regulation changes that resulted in the elimination of the requirement for nurse practitioners to obtain/maintain a separate prescriptive authority license (#0017). These changes went into effect on **March 4, 2020** so no renewal notices will be sent and renewal of prescriptive authority licenses (#0017) is unnecessary after March 4, 2020. Regulation changes are posted at [www.dhp.virginia.gov](http://www.dhp.virginia.gov).

#### **Key points:**

- You are required to renew your current Nurse Practitioner license (#0024) and your prerequisite Registered Nurse (RN) license (\*Note: you must renew your RN license first before proceeding with renewing your Nurse Practitioner license).
- Your license is clearly designated with *Rx Authority* which may be viewable through [License Lookup](#).
- You are still required to comply with the **continued competency requirements** if you have prescriptive authority as indicated in 18 VAC 90-40-55.
- If you do not currently have a prescriptive authority license (#0017), a paper application (\$35 application fee) will be posted on the [Board of Nursing webpage](#) to add this to your existing Nurse Practitioner license.

**Paperless Licensing:**

The Department of Health Professions has moved to a 'paperless' licensing system. Licensees were advised of this process change prior to implementation. All new and renewed licenses will contain only the license type and the license number. Upon renewal, the licensee will receive a final hard copy. All details for a license type (i.e. any 'specializations' such as Autonomous Practice, Rx Authority, etc.) may be viewed on [License Lookup](#).

**COVID -19 Waivers:**

Due to COVID -19 temporary regulatory waivers are in place and can be found at <http://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/News/COVIDI19/Content-330940-en.html>

See the [Board of Nursing staff listing](#) for information on where to go for licensure application or other assistance

7/1/2020 JPD



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# COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

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[www.dhp.virginia.gov/Boards/nursing](http://www.dhp.virginia.gov/Boards/nursing)

To: Committee of the Joint Boards of Nursing and Medicine  
Advisory Committee

From: Jay P. Douglas, Executive Director, Board of Nursing

Date: October 21, 2020

Subject: 2021 Meeting Dates

|                              |         |              |
|------------------------------|---------|--------------|
| Wednesday, February 17, 2021 | 9:00 AM | Board room 2 |
| Wednesday, April 21, 2021    | 9:00 AM | Board room 2 |
| Wednesday, June 16, 2021     | 9:00 AM | Board room 2 |
| Wednesday, October 13, 2021  | 9:00 AM | Board room 2 |
| Wednesday, December 8, 2021  | 9:00 AM | Board room 2 |

Please note business meetings will be scheduled from 9:00 AM to 12:00 P.M. Disciplinary proceedings will be scheduled following the meeting if there are cases to schedule.

cc: Charis Mitchell  
Erin Barrett  
William Harp  
Elaine Yeatts  
Jim Banning  
Julia Bennett  
Anne Joseph





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## Scope of Nurse Anesthesia Practice

### Professional Role

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) licensed as independent practitioners who plan and deliver anesthesia, pain management, and related care to patients of all health complexities across the lifespan. As autonomous healthcare professionals, CRNAs collaborate with the patient and a variety of healthcare professionals in order to provide patient-centered high-quality, holistic, evidence-based and cost-effective care.

CRNAs practice in hospitals, nonoperating room anesthetizing areas, ambulatory surgical centers, and office-based settings. They provide all types of anesthesia-related care for surgical, diagnostic, and therapeutic procedures. CRNAs provide anesthesia for all specialties including, but not limited to, general, obstetric, trauma, cardiac, orthopedic, gastrointestinal, dental, and plastic surgery. CRNAs administer anesthesia care to patients in urban, suburban, and rural locations in the U.S., and are often the sole anesthesia professionals delivering care to the military, rural, and medically underserved populations. CRNAs serve as leaders, clinicians, researchers, educators, mentors, advocates, and administrators.

### Education, Licensure, Certification, and Accountability

Before receiving graduate education in anesthesia, CRNAs must be licensed registered nurses with critical care nursing experience. Building on this critical care foundation, CRNAs successfully complete a comprehensive didactic and clinical practice curriculum at a nurse anesthesia program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. Graduates are certified as CRNAs following successful completion of the National Certification Examination. CRNAs are accountable to the public for professional excellence through lifelong learning and practice, continued certification, continuous engagement in quality improvement and professional development, and compliance with the [Standards for Nurse Anesthesia Practice](#) and [Code of Ethics for the Certified Registered Nurse Anesthetist](#).

CRNAs exercise independent, professional judgment within their scope of practice. They are accountable for their services and actions and for maintaining individual clinical competence. The scope of an individual CRNA's practice is determined by education, experience, local, state and federal law, and organization policy.

### Clinical Anesthesia Practice

The practice of anesthesiology is a recognized nursing and medical specialty unified by the same standards of care. Nurse anesthesia practice may include, but is not limited to, the services in Table 1.

**Table 1. Nurse Anesthesia Scope of Practice\***

| Preoperative / Preprocedure   | Intraoperative / Intraprocedure   | Postoperative / Postprocedure  | Pain Management   | Other Services  |
|---|---|--|---|---|
| <ul style="list-style-type: none"> <li>• Provide patient education and counseling</li> <li>• Perform a comprehensive history and physical examination, assessment and evaluation</li> <li>• Conduct a preanesthesia assessment and evaluation</li> <li>• Develop a comprehensive patient-specific plan for anesthesia, analgesia, multimodal pain management, and recovery</li> <li>• Obtain informed consent for anesthesia and pain management</li> <li>• Select, order, prescribe and administer preanesthetic medications, including controlled substances</li> </ul> | <ul style="list-style-type: none"> <li>• Implement a patient-specific plan of care, which may involve anesthetic techniques, such as general, regional and local anesthesia, sedation, and multimodal pain management</li> <li>• Select, order, prescribe and administer anesthetic medications, including controlled substances, adjuvant drugs, accessory drugs, fluids, and blood products</li> <li>• Select and insert invasive and noninvasive monitoring modalities (e.g., central venous access, arterial lines, cerebral oximetry, bispectral index monitor, transesophageal echocardiogram (TEE))</li> </ul> | <ul style="list-style-type: none"> <li>• Facilitate emergence and recovery from anesthesia</li> <li>• Select, order, prescribe and administer postanesthetic medications, including controlled substances</li> <li>• Conduct postanesthesia evaluation</li> <li>• Educate the patient related to recovery, regional analgesia and continued multimodal pain management</li> <li>• Discharge from the postanesthesia care area or facility</li> </ul> | <ul style="list-style-type: none"> <li>• Provide comprehensive patient-centered pain management to optimize recovery.</li> <li>• Provide acute pain services, including multimodal pain management and opioid-sparing techniques</li> <li>• Provide anesthesia and analgesia using regional techniques for obstetric and other acute pain management</li> <li>• Provide advanced pain management, including acute, chronic, and interventional pain management</li> </ul> | <ul style="list-style-type: none"> <li>• Prescribe medications, including controlled substances (e.g., pain management, medication-assisted treatment, adjuvants to psychotherapy)</li> <li>• Provide emergency, critical care, and resuscitation services</li> <li>• Perform advanced airway management</li> <li>• Perform point-of-care testing</li> <li>• Order, evaluate, and interpret diagnostic laboratory and radiological studies (e.g., chest x-ray, 12-lead EKG, TEE)</li> <li>• Use and supervise the use of ultrasound, fluoroscopy, and other technologies for diagnosis and care delivery</li> <li>• Provide sedation and pain management for palliative care</li> <li>• Order consults, treatments or services related to the patient's care (e.g., physical and occupational therapy)</li> </ul> |

***\*These services are listed in table format for ease of reference. The table is not intended to be all inclusive or limit the services to specified phases of patient care. CRNA scope of practice is dynamic and evolving. CRNA clinical privileges should reflect the full scope of CRNA practice evidenced by individual credentials and performance.***

## Leadership, Advocacy, and Policymaking

CRNAs provide pivotal healthcare leadership in roles such as chief executive officer, administrator, manager, anesthesia services director, board member, anesthesia practice owner, national and international researcher, educator, mentor, and advocate. Nurse anesthetists are innovative leaders in the delivery of cost-effective, evidence-based anesthesia and pain management, integrating critical thinking, ethical judgment, quality data, scientific research, and emerging technologies to optimize patient outcomes.

As demand for expert healthcare and anesthesia services accelerates, advocacy activities continue to target supporting the full scope of nurse anesthesia practice. CRNAs engage in healthcare advocacy and policymaking at the facility, local, state, national, and international level. They also participate in professional associations focusing on patient access to quality and affordable care.

## The Future of Nurse Anesthesia Practice

The CRNA scope of practice evolves to meet the demands of the ever changing healthcare environment and increasing patient and procedure complexity. As their record of safe, high-quality, cost-effective care demonstrates, CRNAs will continue to lead in the delivery of patient-centered compassionate anesthesia and pain management care.

For additional information and supporting documents, see [Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists](#), [Professional Practice Documents](#), and [Publications and Research](#).

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In 1980, the "Scope of Practice" statement was first published as part of the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. In 1983, the "Standards for Nurse Anesthesia Practice" and the "Scope of Practice" statement were included together in the *American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist*. That document subsequently had the following name changes: *Guidelines for Nurse Anesthesia Practice* (1989); *Guidelines and Standards for Nurse Anesthesia Practice* (1992); and *Scope and Standards for Nurse Anesthesia Practice* (1996). The *Scope and Standards for Nurse Anesthesia Practice* was revised in January 2013. In February 2013, the AANA Board of Directors approved separating the *Scope and Standards for Nurse Anesthesia Practice* into two documents: the *Scope of Nurse Anesthesia Practice* and the *Standards for Nurse Anesthesia Practice*. The AANA Board of Directors approved revisions to the *Scope of Nurse Anesthesia Practice* in June 2013 and February 2020.