



## NEWS RELEASE

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### **Virginia Moves Toward Nurse Practitioner Reform** *Bill Would Allow Virginia NPs To Practice To The Full Extent Of Their Education and Training*

**RICHMOND, Va. – January 12, 2018** – Virginia is one of only 12 states remaining in the country with outdated practice statutes for Nurse Practitioners, classifying the state as having one of the most restrictive practice statutes in the country. However, that could soon be changing after the House of Delegates introduced a bill that would remove the requirement of NPs to work under a “collaborative agreement.”

**HB 793** – introduced by Del. Roxann Robinson (R-Chesterfield) – would remove restrictions on board certified nurse practitioners (NPs) as recommended by the Institute of Medicine and the Federal Trade Commission, moving Virginia closer to Full Practice Authority. Nearly two dozen other states, as well as the District of Columbia and the entire Veterans Health Administration, have already passed similar legislation. The bill will first be reviewed by the House Health, Welfare and Institutions Committee and, if approved, would go for a vote on the House floor.

“Nurse practitioners are an instrumental part of health care in Virginia,” Robinson said. “The bill will modernize the way they are allowed to practice, a way that almost half of the country has already seen as valuable.”

“This is also about patient access to healthcare,” she added. “It’s about high-quality, cost-effective care options for the vulnerable and sick populations, and it’s about patient choice. It will allow highly-qualified nurse practitioners to do exactly what they’ve already been educated and trained to do.”

The legislation is drafted in a way that would permanently end, after a designated period of post licensure practice hours, the current requirement for a NP to have a “practice agreement” with a designated physician, which has been shown to adversely impact patient access to care and eliminate NP jobs, in some cases. This practice agreement is now required for the duration of the NPs career, which is one of the reasons why Virginia is considered as having one of the most restrictive practice statutes in the country, needing to be modernized.

Virginia NPs and patient advocates argue that requiring a practice agreement is a barrier to care and must be removed for several reasons, including the following:

- Nurse practitioners lose their ability to see current patients when a collaborating physician retires or becomes ill. In these cases, this results in closing their practice, which is a significant problem in rural or underserved areas where NPs outnumber physicians.
- Key safety net practices, such as free clinics, are unduly burdened with the need for a collaborating physician in order to see patients. Many have experienced a delay in care due to the loss of a collaborating physician.
- There is also the risk of an NP not being able to find a collaborative physician. Many barriers keep trained physicians from partnering with NPs, leaving them stuck and unable to move forward with practice.
- Employed physicians are often prevented from collaborating because of employer non-compete clauses.
- In some cases, the physician's malpractice insurance carrier may prevent collaboration with an outside provider.
- The collaborating fee charged by the physician may be too expensive to allow for a sustainable business model. This is an unnecessary expense, driving up the cost of healthcare.
- Research also shows that NPs in states with less restricted practice environments are more likely to work in rural and underserved areas, which increases access to healthcare.

Under **HB 793**, board certified NPs would perform advanced practice nursing under a practice agreement with a collaborating provider (physician or nurse practitioner) for 1,040 hours, at which time the practice agreement requirement would then be removed. The specified number of hours is considered a "Transition to Practice" and an approach to bring NPs closer to the right to practice without being regulated by an outside authority. This also allows them to practice to the full extent of their education and training as an advanced practice nurse, as each has received their Master's of Science and, in some cases, Doctoral degrees.

The transition to practice concept evolved from more than eight months of workshop meetings, facilitated by Robinson, that included representatives from the Medical Society of Virginia (MSV) and its various specialty groups, the Virginia Hospital and Healthcare Association (VHHA), and several of its hospital members, the Virginia Nurses Association (VNA) and the Virginia Council of Nurse Practitioners (VCNP). Although the group could not come to a consensus on the set number of transition to practice hours required, VCNP determined that 1,040 hours should be the foundation based on what other states have done to modernize their statutes.

VCNP notes that the safety and quality of NP competency-based education has consistently been demonstrated throughout more than 40 years of patient care research. There is no basis to prove the NPs are not safe, or are safer after having practiced collaboratively with a physician for 1,040 hours. Numerous studies demonstrate that NPs consistently provide high-quality and safe care, but the transition to practice was a model that needed to be included in the current legislative initiative.

Although it was a compromise that VCNP was willing to make in order to increase access to care for patients.

“On behalf of all nurse practitioners in Virginia, we commend Del. Robinson for her attention to this important topic and for helping to facilitate a workgroup during 2017 that led to the current legislation,” said Christine Daley, president of the Virginia Council of Nurse Practitioners, an organization that represents about 8,000 nurse practitioners licensed in Virginia who practice in ambulatory, outpatient, acute care and long-term care settings as primary and/or specialty care providers.

If passed, **HB 793** will remove the requirement for a physician to sign a written document identifying what NPs “may do” as licensed professionals, rather than what their credentials certify they “can do” by virtue of their education. If passed, the bill will be an incremental step toward “Full Practice Authority.” Currently, both the Board of Nursing and Board of Medicine license NPs in Virginia. Until licensure is designated to just the Board of Nursing, Full Practice Authority is not completely granted.

“This legislation brings us very close to full practice authority and is a step in the right direction,” said Cindy Fagan, FNP-BC, government relations chair for the Virginia Council of Nurse Practitioners. “We realize that Virginia often works in incremental steps when it comes to legislative actions, and the transition to practice with the removal of the collaborative agreement is an extremely important step to align Virginia with what has already happened in the rest of the country.”

Those interested in finding out more information can visit [www.CareForVA.com](http://www.CareForVA.com), which was set up by the Virginia Council of Nurse Practitioners to help educate health professionals, legislators, patients and others to why this legislation is needed in Virginia. VCNP is urging individuals to take action by reaching out to their local legislators and ask them to support HB 793.

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### **About VCNP**

The Virginia Council of Nurse Practitioners (VCNP), the statewide professional association for all nurse practitioners (NPs) licensed in Virginia, is a council of the [Virginia Nurses Association](#) (VNA) Commission on Professional Practice. The organization of NPs in Virginia began nearly four decades ago in the regional or local areas of the state. With the growth in the number of NPs throughout the state, Virginia NPs initially organized to become a Professional Practice Group of the VNA. In 1984, the VCNP became a council of the VNA and as such, has continued to grow in membership and in the services provided to its members. Membership now exceeds 1,600.