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SENATE BILL NO. 676

Offered January 20, 2022

A *BILL to amend the Code of Virginia by adding in Chapter 29 of Title 54.1 an article numbered 3.1, consisting of sections numbered 54.1-2941.1, 54.1-2941.2, and 54.1-2941.3, relating to licensure and practice of associate physicians.*

Patron—DeSteph

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 29 of Title 54.1 an article numbered 3.1, consisting of sections numbered 54.1-2941.1, 54.1-2941.2, and 54.1-2941.3, as follows:

*Article 3.1.**Licensure of Associate Physicians.***§ 54.1-2941.1. Licensure of associate physicians; requirements for licensure.**

A. *It shall be unlawful for any person to practice or hold himself out as practicing as an associate physician unless he holds a license as such issued by the Board.*

B. *The Board may issue a license to practice as an associate physician to any applicant for licensure who has provided evidence satisfactory to the Board that he:*

1. *Is 18 years of age or older;*

2. *Is of good moral character;*

3. *Has successfully graduated from an accredited medical school;*

4. *Has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination within the two-year period immediately preceding application for licensure, but in no event more than three years after completion of a course of study described in subdivision 3; and*

5. *Has not completed a postgraduate internship or residency training program approved by an accrediting agency recognized by the Board.*

C. *A license issued pursuant to this section shall be valid for a period not to exceed two years, and shall not be renewable.*

§ 54.1-2941.2. Practice of associate physicians; practice agreements.

A. *An associate physician shall only practice under the supervision of a physician licensed by the Board and in accordance with a written practice agreement entered into between the associate physician and the supervising physician. Such written practice agreement shall include (i) a description of the associate physician's scope of practice, including a description of the medical tasks delegated to the associate physician; (ii) a description of the associate physician's relationship with and access to the supervising physician, including provisions for ongoing consultation and collaboration between the associate physician and the supervising physician; (iii) provisions for the evaluation of services delivered by the associate physician, including provisions for the periodic review of patient charts or electronic health records by the supervising physician; and (iv) a description of the process by which the associate physician's performance shall be evaluated by the supervising physician. Delegation of medical tasks to the associate physician shall be consistent with the associate physician's level of competence and with sound medical practice and the protection of the health and safety of the patient and may include educational, diagnostic, therapeutic, preventive, or treatment activities. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2941.3.*

B. *Prior to initiating practice pursuant to a practice agreement, the associate physician shall notify the Board and shall:*

1. *Provide the name, address, and telephone number of every physician who will supervise the associate physician in the relevant practice setting; and*

2. *Provide a copy of the practice agreement entered into pursuant to subsection A.*

C. *An associate physician practicing pursuant to a practice agreement shall notify the Board within 30 days of any change to the practice agreement and shall provide a copy of the revised practice agreement to the Board together with such notice.*

D. *A physician licensed pursuant to Article 3 (§ 54.1-2929 et seq.) may apply to the Board to supervise one or more associate physicians and may delegate certain acts that constitute the practice of medicine to such associate physicians to the extent and in the manner authorized by the Board. The licensed physician shall provide continuous supervision as required by this section; however, the requirement of physical supervision of associate physicians shall not be construed as requiring the*

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59 physical presence of the supervising physician during all times and in all places of service delivery by
60 assistants. No licensed physician shall supervise more than six associate physicians at any one time.

61 E. The Board shall adopt regulations for the practice of associate physicians, including regulations
62 for (i) the types of medical tasks that may be delegated to an associate physician; (ii) requirements for
63 review of services provided pursuant to practice agreements, including delegated authority to prescribe
64 controlled substances; and (iii) requirements for supervision of associate physicians by licensed
65 physicians.

66 **§ 54.1-2941.3. Prescription of certain controlled substances and devices by associate physicians.**

67 A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33
68 (§ 54.1-3300 et seq.), a licensed associate physician shall have the authority to prescribe Schedules II
69 through VI controlled substances and devices set forth in Chapter 34 (§ 54.1-3400 et seq.). A licensed
70 associate physician shall have such prescriptive authority upon the provision to the Board of such
71 evidence as it may require that the assistant has entered into and is, at the time of writing a
72 prescription, a party to a written practice agreement with a licensed physician that provides for the
73 direction and supervision by such licensed physician of the prescriptive practices of the associate
74 physician. Such written agreements shall include the controlled substances the associate physician is or
75 is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the
76 supervising physician providing direction and supervision.

77 B. It shall be unlawful for an associate physician to prescribe controlled substances or devices
78 pursuant to this section unless such prescription is authorized by the written practice agreement between
79 the supervising physician and the associate physician.

80 C. The Board, in consultation with the Board of Pharmacy, shall adopt such regulations governing
81 the prescriptive authority of associate physicians as are deemed reasonable and necessary to ensure an
82 appropriate standard of care for patients.

83 Such regulations shall include (i) such requirements as may be necessary to ensure continued
84 associate physician competency, which may include continuing education, testing, or any other
85 requirement, and shall address the need to promote ethical practice, an appropriate standard of care,
86 patient safety, the use of new pharmaceuticals, and appropriate communication with patients; (ii)
87 requirements for periodic site visits by supervising physicians who supervise and direct associate
88 physicians who provide services at a location other than where the supervising physician regularly
89 practices; and (iii) a requirement that the associate physician disclose to his patients that he is an
90 associate physician and the name, address, and telephone number of the supervising physician.

91 D. This section shall not prohibit a licensed associate physician from administering controlled
92 substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and
93 dispensing manufacturers' professional samples of controlled substances in compliance with the
94 provisions of this section.

95 **2. That the Board of Medicine (the Board) shall promulgate regulations to implement the**
96 **provisions of this act to be effective no later than October 1, 2022. The Board's initial adoption of**
97 **regulations necessary to implement the provisions of this act shall be exempt from the**
98 **Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board shall**
99 **provide an opportunity for public comment on the regulations prior to adoption.**