

UPENDING PRIMARY CARE IN VIRGINIA

Radically Changing the Way Virginia's Providers Care for Patients



The Scenario: If these bills pass, a nurse practitioner (NP) with only 2 years of clinical experience could soon lead a team of NPs right out of nursing school with no requirement to have medical malpractice insurance. A new generation of NPs could soon be **independently caring for patients never having worked with a physician.**

Let's Break Down the Bills

- [House Bill 243](#) increases the duration of postgraduate training required before issuing a medical license to practice medicine (MD) or osteopathy (DO) from 12 months to 36 months while **decreasing the training required for NPs in HB 1245**. It also creates a requirement for physicians to carry medical malpractice insurance—**while simultaneously removing the same requirement for NPs in HB 896**.
- [House Bill 896](#) replaces the collaborative practice agreement's requirement for a physician to allow a nurse practitioner with only 2 years of practice experience to take ultimate responsibility for a patient in a team-based care model. This means a nurse practitioner could be responsible for the supervision, clinical guidance, and consultation for other nurse practitioners— **completely removing physicians from the patient care team**.
- [House Bill 1245](#) reduces the amount of clinical experience required for an NP to practice independently and unsupervised from 5 years to 2 years.

These Regulations are Contradictory, Inconsistent, and Unprecedented

Clinical training and experience make the best providers, regardless of title. Any clinician who is responsible for the care of patients needs to see an expansive scope of complex cases during their supervised training to be prepared for independently caring for patients.

HB 1245 creates a significant clinical education and training discrepancy between different types of healthcare providers.

Physician-Led Team Based Care is the proven method that protects patients. Virginia is already more progressive than nearly half the country in our evolution of the collaborative practice model.

HB 896 rushes major changes to the collaborative practice model without a precedent in other states that shows autonomous NPs can safely lead teams of their lesser-trained peers and increase access to care.

Virginians need access to physicians. With HB 896 removing physicians from the care team and HB 243 increasing post graduate training requirements before an MD and DO can be licensed, **patients will incur more barriers to access.**

The Deans of Virginia's Medical schools and the Virginia free clinics have great concerns with how this will impact residents' clinical education, moonlighting, and their service in free clinics and charity care.

Q: Is there enough information available to support the change to the collaborative practice agreement proposed by HB 896?

No. 27 states require an NP to have a relationship with a physician. **Virginia is more progressive than nearly half the country in our evolution of the collaborative practice model**—with less than half of the states allowing for full autonomy.¹ Virginia only established independent practice for autonomous nurse practitioners four years ago.

Without a precedent from other states that proves allowing autonomous NPs to lead teams of their peers safely increases access, no changes need to be made to the collaborative practice model.

Q: Will allowing autonomous NPs to supervise other NPs in collaborative practice increase access to a healthcare provider to Virginians who need it most?

No. The success of HB 896 relies heavily on an influx of NPs who choose to practice autonomously. As shown in the Department of Health Professions 2021 report, only 9% of all licensed NPs have pursued independent practice in Virginia since its creation in 2018.² **HB 896 has the potential to create a healthcare system in Virginia where patients are seeing NPs who have never worked with a physician.**

Further, DHP's geographic data does not indicate that creating independent practice of NPs in 2018 measurably expanded access to care in Virginia's rural communities or Health Professional Shortage Areas. **HPSA's in Virginia still account for less than 10% of the population of NPs.**

Rural communities in need of more healthcare providers such as Bath, Caroline, King William, Rockbridge, Dinwiddie, and Brunswick counties **have ZERO autonomously practicing NPs**³. There is no indication allowing independent NPs to lead collaborative practice agreements will incentivize more NPs to work in these areas just as allowing them to practice independently did not.

Q: Will allowing autonomous NPs to supervise other NPs (HB increase access to NP specialists)?

No. In the wake of COVID-19 where school year disruptions have taken a drastic toll on adolescent mental health, Virginia's children have become a top priority for both parents and legislators. Only approximately **4% of independent NPs work in pediatric primary care**⁴. Virginia's aging population was hit hardest among those who lost their lives during the COVID-19 pandemic. The Joint Commission on Health Care (JCHC) recently [presented](#) about the growing need for geriatric and acute adult care providers. **Only approximately 7% of independent NPs work in this specialty**⁵.

Q: How would a patient be informed they no longer had a physician on their team?

In a series of surveys conducted by the American Medical Association, they found that while patients strongly support a physician-led health care team, many are confused about the level of education and training of their health care provider⁶. Virginia's patients are protected by the current collaborative care model that incorporates a physician in their diagnosis, treatment, and management of their care. Changing this model stands to create more confusion for patients already struggling to navigate the complexities of the healthcare system.

Accordingly, MedicalMalpracticeLawyers.com has noted an increase in malpractice victims throughout the US regarding the care and treatment they received from NPs. **Some of these individuals alleged that they were unaware at the time they received medical treatment that their medical providers were NPs.**

¹ [American Medical Association, State law chart: Nurse Practitioner Practice Authority](#)

² [Virginia's Licensed Nurse Practitioner Workforce: 2020](#)

³ <https://public.tableau.com/app/profile/rajana.siva/viz/npspecialtycounts/Story1>

⁴ <https://public.tableau.com/app/profile/rajana.siva/viz/npspecialtycounts/Story1>

⁵ Ibid

⁶ [American Medical Association "Truth in Advertising" Campaign](#)