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Virginia Radiological Society Crossover Report

13 February, 2024

Today marks “crossover” when all bills, other than the budget, must be voted out of their chamber of origin and be communicated to the other chamber. Bills lucky enough to survive their chamber of origin will soon begin the legislative process anew in the opposite chamber. Crossover also marks the push to finish amending the Governor’s budget in each chamber. February 17th will be “budget Sunday” when each chamber’s amendments to the Governor’s budget will be voted on. This process essentially replaces the introduced budget with two new budgets; a House version and a Senate version. Below are bills of interest to the Society and where they stand in the legislative process.

[HB 353](#) - [Hope](#) - Hospitals; emergency departments to have at least one licensed physician on duty at all times.

- Requires any hospital with an emergency department to have at least one licensed physician on duty and physically present at all times.
- Current law requires such hospitals to have a licensed physician on call, though not necessarily physically present on the premises, at all times.
- The bill has a delayed effective date of July 1, 2025.
- The bill has passed the House and has been communicated to the Senate.

[HB 964](#) - [Willett](#) - Medicine, Board of; attorneys allowed to serve as executive director for the Board.

- Allows attorneys to serve as the executive director for the Board of Medicine.
- Under current law, the executive director for the Board of Medicine must be a physician.
- The bill has passed the House and has been communicated to the Senate.

[HB 971](#) - [Tran](#) - Nurse practitioners; patient care team provider, autonomous practice.

- Lowers the number of years required for a nurse practitioner to gain autonomous practice from five years to three years.
- Also, allows a nurse practitioner to act as a patient care team provider for the purposes of supervising another nurse practitioner if that nurse practitioner can prove that they were unable to secure a patient care team physician in two consecutive 60 day periods.
- The changes in this bill were a compromise which increased the proposed number of years before autonomous practice from two years to three and also removed efforts to abolish the Joint Board of Medicine and Nursing and attempts to establish an interstate nursing compact.
- The bill has passed the House and has been communicated to the Senate.

[HB 1130](#) - [Hayes](#) - Unconscious bias and cultural competency; Bd. of Medicine shall require continuing education, etc.

- Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education requirements for renewal of licensure.
- The bill specifies requirements for the training and requires the Board of Medicine to report on the training to the Department of Health and the Virginia Neonatal Perinatal Collaborative.
- This bill is identical to SB 35 which has passed the Senate.
- The bill has passed the House and has been communicated to the Senate.

[HB 1134](#) - [Willett](#) - Health insurance; prior authorization.

- Requires that if a prior authorization request is approved for prescription drugs and such prescription drugs have been scheduled, provided, or delivered to the patient consistent with the authorization, the carrier shall not revoke, limit, condition, modify, or restrict that authorization.
- The bill has passed the House and has been communicated to the Senate.

[HB 1188](#) - [Scott, P.A.](#) - Certificate of public need program; phased elimination.

- Creates a three-phase process to eliminate the certificate of public need requirements for many categories of medical care facilities and projects, with elimination of the requirement for a certificate of public need for all medical care facilities with exceptions.
- This bill failed to pass sub-committee and is dead for the year.

[HB 1322](#) - [Sickles](#) - Certified registered nurse anesthetist; elimination of supervision requirement.

- Removes the word supervision and replaces it with consultation.
- "Consultation" means communicating data and information, exchanging clinical observations and assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.
- The bill has passed the House and has been communicated to the Senate.

SB 33 - [Locke](#) - Certified registered nurse anesthetists; supervision during an operation or procedure.

- Clarifies that supervision of a certified registered nurse anesthetist requires that a licensed doctor of medicine, osteopathy, podiatry, or dentistry is present during an operation or procedure or is immediately available to respond and provide patient care as needed.
- The bill directs the Secretary of Health and Human Resources, in collaboration with the Board of Medicine, Board of Nursing, and Department of Health Professions, to convene a work group of relevant stakeholders to evaluate and make recommendations to increase the anesthesia provider workforce in the Commonwealth.
- The bill has passed the Senate and has been communicated to the House.

SB 98 - [Favola](#) - Health insurance; prior authorization.

- Requires that if a prior authorization request is approved and services or supplies have been scheduled, provided, or delivered to the patient consistent with the authorization, the carrier shall not revoke, limit, condition, modify, or restrict that authorization
- The bill has passed the Senate and has been communicated to the House.

SB 133 - [Head](#) - Physician assistants; practice agreement exemption.

- Allows physician assistants employed by a hospital or employed in certain facilities operated by the Department of Behavioral Health and Developmental Services or in federally qualified health centers designated by the Centers for Medicare and Medicaid Services to practice without a separate practice agreement if the credentialing and privileging requirements of the applicable facility include a practice arrangement.
- The bill has passed the Senate and has been communicated to the House.

SB 277 - [Hashmi](#) - Certificate of public need; expedited review process, etc.

- Directs the Board of Health shall convene the State Health Services Plan Task Force to develop recommendations on expedited review of project types subject to certificate of public need requirements that are generally noncontested and present limited health planning impacts.
- The bill has passed the Senate and has been communicated to the House.

SB 351 - [Boysko](#) - Advanced practice registered nurses and licensed certified midwives; joint licensing.

- Moves the professions of advanced practice registered nurses and licensed certified midwives from being licensed jointly by the Board of Medicine and the Board of Nursing to being licensed by the Board of Nursing only.
- This bill failed to pass committee and is dead for the year.

SB 360 - [VanValkenburg](#) - Employment; definitions, covenants not to compete prohibited, limitations, civil penalty.

- Originally, this bill only applied to healthcare professionals but was amended in committee to ban all non-competes.
- The bill failed to pass the Senate and is dead for the year.

SB 493 - [Stanley](#) - Medical malpractice; limitations on recovery, certain actions

- Eliminates the cap on the recovery in actions against health care providers for medical malpractice where the act or acts of malpractice occurred on or after July 1, 2024, and occurred against a patient age 10 or younger.
- The bill reported from committee but was referred the Finance and Appropriations where it failed to report. It is dead for the year but a workgroup will be established to address the issues surrounding the cap.