

Advisory Board on Physician Assistants

Virginia Board of Medicine

October 7, 2021

1:00 p.m.

Advisory Board on Physician Assistants

Board of Medicine

Thursday, October 7, 2021 @ 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

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Call to Order – Kathleen Scarbalis, PA-C, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – ShaRon Clanton	
Approval of Minutes of January 28, 2021	1 - 3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. 2021 Legislative Update and 2022 Proposals Elaine Yeatts	4 – 5
2. Report of Regulatory Actions..... Elaine Yeatts, PA-C	6 - 12
3. Update FSMB Initiative on Physician Assistant Licensure Compact Kathleen Scarbalis, PA-C	-- --
4. Update DMAS Medicaid Enrollment for Physician Assistants Kathleen Scarbalis, PA-C	-- --
5. Request to Consider Change to Ratio of PAs per patient care team physician Portia Tomlinson, PA-C	13 – 14
6. Review of Licensure Requirements and Application Michael Sobowale	15 – 38
7. Approval of 2022 Meeting Calendar Kathleen Scarbalis, PA-C	39
8. Election of Officers Kathleen Scarbalis, PA-C	

Announcements: Next Scheduled Meeting: February 3, 2021 @ 1:00 p.m.

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

Training Room 2

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

<<< DRAFT UNAPPROVED >>>
ADVISORY BOARD ON PHYSICIAN ASSISTANTS
Minutes
January 28, 2021
Electronic Meeting

The Advisory Board on Physician Assistants held a virtual meeting on Thursday, January 28, 2021 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kathleen Scarbalis, PA-C, Chair
James B. Carr, PA-C, Vice Chair
Portia Tomlinson, PA-C
Tracey Dunn, Citizen Member

MEMBERS ABSENT: Frazier W. Frantz, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
ShaRon Clanton, Licensing Specialist
Tearia Davis, Administrative Assistant

GUESTS PRESENT: Valentina Vega, Public
Tim Faerber, Public

Call to Order

Ms. Scarbalis called the meeting to order at 10:00 a.m.

Emergency Egress Procedures

Dr. Harp provided the emergency egress instructions for individuals who may be attending the virtual meeting in the Perimeter Center.

Roll Call

Roll was called, and a quorum was declared.

Approval of Minutes from October 8, 2020

Ms. Tomlinson moved to adopt the minutes. The motion was seconded by Mr. Carr. By roll call vote, the minutes were approved as presented.

Adoption of Agenda

Ms. Scarbalis moved to adopt the meeting agenda with the addition of an update on the physician assistant licensure compact under 'old business' on the agenda. The motion was seconded by Mr. Carr. By roll call vote, the revised agenda was approved unanimously.

Public Comment on Agenda Items (15 minutes)

None

Old Business

Ms. Scarbalis is part of a work group convened by the Federation of State Medical Boards (FSMB) to draft a physician assistant licensure compact. There was discussion of a mutual recognition model for license portability. Draft model legislation may be ready for presentation at the 2022 General Assembly session.

New Business

1. Report of the 2021 General Assembly

Ms. Yeatts provided an overview of bills of interest to the Advisory Board. She also mentioned that permanent regulations for collaborative practice for physician assistants with patient care team physicians/podiatrists will go into effect on March 16, 2021.

2. Physician Assistant Participation in the Virginia Newborn Screening Program

Kathleen Scarbalis led the discussion. A physician assistant had contacted expressing difficulty with accessing the data in the Virginia Newborn Screening Program. Dr. Harp said he researched the issue and that physician assistants will be added to the list of health care providers with access to the data in the Program.

Announcements

Ms. Clanton reported that there are 3,602 current active licensees as of today.

Next Scheduled Meeting: May 27, 2021 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 1:50 p.m.

Kathleen Scarbalis, PA-C, Chair

William L. Harp, M.D., Executive
Director

ShaRon Clanton, Licensing Specialist

**Department of Health Professions
Regulatory/Policy Actions – 2021 General Assembly
Board on Medicine/Advisory Boards**

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
SB1189	Occupational therapy compact	Medicine	8/6/21	By 12/23/21

EXEMPT REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB2039	Conform PA regs to Code	Medicine	6/24/21	9/15/21
HB2220	Change registration of surgical technologists to certification	Medicine	6/21/21	9/1/21
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	6/24/21	

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and	November 1, 2021

		regulations on practice and patient outcomes.	
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals.	November 1, 2021

Future Policy Actions:

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

VIRGINIA ACTS OF ASSEMBLY -- 2021 SPECIAL SESSION I

CHAPTER 210

An Act to amend and reenact §§ 54.1-2902, 54.1-2950.1, 54.1-2951.1, 54.1-2951.2, 54.1-2952, 54.1-2952.1, 54.1-2953, and 54.1-2972 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2951.4, relating to practice as a physician assistant.

[H 2039]

Approved March 18, 2021

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2902, 54.1-2950.1, 54.1-2951.1, 54.1-2951.2, 54.1-2952, 54.1-2952.1, 54.1-2953, and 54.1-2972 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-2951.4 as follows:

§ 54.1-2902. Unlawful to practice without license.

It shall be is unlawful for any person to practice medicine, osteopathic medicine, chiropractic, or podiatry; or as a ~~physician's or podiatrist's~~ *physician* assistant in the Commonwealth without a valid unrevoked license issued by the Board of Medicine.

§ 54.1-2950.1. Advisory Board on Physician Assistants; membership; qualifications.

The Advisory Board on Physician Assistants shall consist of five members to be appointed by the Governor as follows: three members shall be licensed physician assistants who have practiced their professions in Virginia for not less than three years prior to their appointments; one shall be a physician who ~~supervises~~ *collaborates with* at least one physician assistant; and one shall be a citizen member appointed from the Commonwealth ~~at large~~ *at large*. ~~Beginning July 1, 2011, the Governor's appointments shall be staggered as follows: two members for a term of one year, one member for a term of two years, and two members for a term of three years. Thereafter, appointments~~ *Appointments* shall be for four-year terms. Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

§ 54.1-2951.1. Requirements for licensure and practice as a physician assistant; licensure by endorsement.

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant that shall include the following:

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;
2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and
3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. The Board may issue a license by endorsement to an applicant for licensure as a physician assistant if the applicant (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

C. Every physician assistant shall practice as part of a patient care team and shall ~~enter into~~ *provide care in accordance with* a written or electronic practice agreement with ~~at least one or more~~ *at least one or more* patient care team ~~physician physicians~~ or patient care team ~~podiatrist podiatrists~~.

A practice agreement shall include acts pursuant to § 54.1-2952, provisions for the periodic review of patient charts or electronic health records, guidelines for collaboration and consultation among the parties to the agreement and the patient, periodic joint evaluation of the services delivered, and provisions for appropriate physician input in complex clinical cases, in patient emergencies, and for referrals.

A practice agreement may include provisions for periodic site visits by a patient care team physician or patient care team podiatrist who is part of the patient care team at a location other than where the licensee regularly practices. Such visits shall be in the manner and at the frequency as determined by a ~~the~~ *the* patient care team physician or patient care team podiatrist who is part of the patient care team.

D. Evidence of a practice agreement shall be maintained by the physician assistant and provided to the Board upon request. The practice agreement may be maintained in writing or electronically, and may be a part of credentialing documents, practice protocols, or procedures.

§ 54.1-2951.2. Issuance of a license.

The Board shall issue a license to the physician assistant to practice as ~~part of a patient care team~~ *in*

accordance with § 54.1-2951.1.

§ 54.1-2951.4. Exception to physician assistant license requirement; physician assistant student.

The provisions of § 54.1-2902 shall not be construed as prohibiting a physician assistant student who is enrolled in a physician assistant education program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor agency from engaging in acts that constitute practice as a physician assistant.

§ 54.1-2952. Role of patient care team physician or patient care team podiatrist on patient care teams; services that may be performed by physician assistants; responsibility of licensee; employment of physician assistants.

A. A patient care team physician or patient care team podiatrist licensed under this chapter may serve on a patient care team with physician assistants and shall provide collaboration and consultation to such physician assistants. No patient care team physician or patient care team podiatrist shall be allowed to collaborate or consult with more than six physician assistants on a patient care team at any one time.

Service as part of a patient care team by a patient care team physician or patient care team podiatrist shall not, by the existence of such service alone, establish or create vicarious liability for the actions or inactions of other team members.

B. Physician assistants may practice medicine to the extent and in the manner authorized by the Board. A patient care team physician or patient care team podiatrist shall be available at all times to collaborate and consult with physician assistants. Each patient care team shall identify the relevant physician assistant's scope of practice and an evaluation process for the physician assistant's performance.

C. Physician assistants appointed as medical examiners pursuant to § 32.1-282 shall only function as part of a patient care team that has a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.

D. Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees that are supervised by one or more physicians or podiatrists may employ one or more physician assistants in accordance with the provisions of this section.

Activities shall be performed in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice agreement between the physician assistant and the patient care team physician or patient care team podiatrist and may include health care services that are educational, diagnostic, therapeutic, or preventive, including establishing a diagnosis, providing treatment, and performing procedures. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a physician assistant may perform initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, in accordance with the practice agreement, including tasks performed, relating to the provision of medical care in an emergency department.

~~The patient care team physician who collaborates and consults with a physician assistant shall retain exclusive control of and responsibility for the physician assistant. The~~ A patient care team physician or the on-duty emergency department physician shall be available at all times for collaboration and consultation with both the physician assistant and the emergency department physician. No person shall have responsibility for any physician assistant who is not employed by the person or the person's business entity.

E. No physician assistant shall perform any acts beyond those set forth in the practice agreement or authorized as part of the patient care team. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient ~~has signed the practice agreement is available for collaboration or consultation~~, pursuant to regulations of the Board; ~~to act as a physician on a patient care team for that physician assistant. Every licensee, professional corporation or partnership of licensees, hospital, or commercial enterprise that employs a physician assistant shall be fully responsible for the acts of the physician assistant in the care and treatment of human beings.~~

F. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is working in the field of radiology as part of a patient care team, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures consistent with Board regulations, and (iii) has successfully completed the exam administered by the American Registry of Radiologic Technologists for physician assistants for the purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic and therapeutic procedures.

§ 54.1-2952.1. Prescription of certain controlled substances and devices by licensed physician assistants.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.); ~~and as provided that the physician assistant has entered into and is, at the time of writing a prescription, a party to in a practice agreement with a licensed patient care team physician or patient care team podiatrist that provides for collaboration and consultation regarding the prescriptive practices of the physician assistant.~~ Such

practice agreements shall include a statement of the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the patient care team physician or patient care team podiatrist.

B. It shall be unlawful for the physician assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the practice agreement and the requirements in this section.

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency, which may include continuing education, testing, and 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, and (ii) a requirement that the physician assistant disclose to his patients his name, address, and telephone number and that he is a physician assistant. If a patient or his representative requests to speak with the patient care team physician or patient care team podiatrist, the physician assistant shall arrange for communication between the parties or provide the necessary information.

D. This section shall not prohibit a licensed physician assistant 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.

§ 54.1-2953. Renewal, revocation, suspension, and refusal.

The Board may revoke, suspend, or refuse to renew a license to practice as a physician assistant for any of the following:

1. Any action by a physician assistant constituting unprofessional conduct pursuant to § 54.1-2915;
2. Practice by a physician assistant other than as part of a patient care team, including practice without entering into a practice agreement with at least one or more patient care team physician physicians or patient care team podiatrist podiatrists;
3. Failure of the physician assistant to practice in accordance with the requirements of his practice agreement;
4. Negligence or incompetence on the part of the physician assistant or other member of the patient care team under his supervision;
5. Violation of or cooperation in the violation of any provision of this chapter or the regulations of the Board; or
6. Failure to comply with any regulation of the Board required for licensure of a physician assistant.

§ 54.1-2972. When person deemed medically and legally dead; determination of death; nurses' or physician assistants' authority to pronounce death under certain circumstances.

A. A person shall be medically and legally dead if:

1. In the opinion of a physician duly authorized to practice medicine in the Commonwealth, based on the ordinary standards of medical practice, there is the absence of spontaneous respiratory and spontaneous cardiac functions and, because of the disease or condition that directly or indirectly caused these functions to cease, or because of the passage of time since these functions ceased, attempts at resuscitation would not, in the opinion of such physician, be successful in restoring spontaneous life-sustaining functions, and, in such event, death shall be deemed to have occurred at the time these functions ceased; or

2. In the opinion of a physician, who shall be duly licensed to practice medicine in the Commonwealth and board-eligible or board-certified in the field of neurology, neurosurgery, or critical care medicine, when based on the ordinary standards of medical practice, there is irreversible cessation of all functions of the entire brain, including the brain stem, and, in the opinion of such physician, based on the ordinary standards of medical practice and considering the irreversible cessation of all functions of the entire brain, including the brain stem, and the patient's medical record, further attempts at resuscitation or continued supportive maintenance would not be successful in restoring such functions, and, in such event, death shall be deemed to have occurred at the time when all such functions have ceased.

B. A registered nurse or a physician assistant who practices under the supervision of a physician may pronounce death if the following criteria are satisfied: (i) the nurse is employed by or the physician assistant works at (a) a home care organization as defined in § 32.1-162.7, (b) a hospice as defined in § 32.1-162.1, (c) a hospital or nursing home as defined in § 32.1-123, including state-operated hospitals for the purposes of this section, (d) the Department of Corrections, or (e) a continuing care retirement community registered with the State Corporation Commission pursuant to Chapter 49 (§ 38.2-4900 et seq.) of Title 38.2; (ii) the nurse or physician assistant is directly involved in the care of the patient; (iii) the patient's death has occurred; (iv) the patient is under the care of a physician when his death occurs; (v) the patient's death has been anticipated; (vi) the physician is unable to be present within a reasonable

period of time to determine death; and (vii) there is a valid Do Not Resuscitate Order pursuant to § 54.1-2987.1 for the patient who has died. The nurse or physician assistant shall inform the patient's attending and consulting physicians of ~~his~~ *the patient's* death as soon as practicable.

The nurse or physician assistant shall have the authority to pronounce death in accordance with such procedural regulations, if any, as may be promulgated by the Board of Medicine; however, if the circumstances of the death are not anticipated or the death requires an investigation by the Office of the Chief Medical Examiner, the nurse or physician assistant shall notify the Office of the Chief Medical Examiner of the death and the body shall not be released to the funeral director.

This subsection shall not authorize a nurse or physician assistant to determine the cause of death. Determination of cause of death shall continue to be the responsibility of the attending physician, except as provided in § 32.1-263. Further, this subsection shall not be construed to impose any obligation to carry out the functions of this subsection.

This subsection shall not relieve any registered nurse or physician assistant from any civil or criminal liability that might otherwise be incurred for failure to follow statutes or Board of Nursing or Board of Medicine regulations.

C. The alternative definitions of death provided in subdivisions A 1 and A 2 may be utilized for all purposes in the Commonwealth, including the trial of civil and criminal cases.

**Final Text**[highlight](#)**Action:** Conforming regulations to 2021 legislation - patient care team ...**Stage:** Final

8/10/21 9:43 AM [latest] ▼

18VAC85-50-10 Definitions

A. The following words and terms shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

"Board."

"Collaboration."

"Consultation."

"Patient care team physician."

"Patient care team podiatrist."

"Physician assistant."

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

"NCCPA" means the National Commission on Certification of Physician Assistants.

"Practice agreement" means a written or electronic agreement developed by the one or more patient care team physician physicians or podiatrist podiatrists and the physician assistant that defines the relationship between the physician assistant and the physician physicians or podiatrist podiatrists, the prescriptive authority of the physician assistant, and the circumstances under which ~~the~~ a physician or podiatrist will see and evaluate the patient.

18VAC85-50-40 General requirements

A. No person shall practice as a physician assistant in the Commonwealth of Virginia except as provided in this chapter.

B. All services rendered by a physician assistant shall be performed only in accordance with a practice agreement with ~~a doctor~~ one or more doctors of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

18VAC85-50-101 Requirements for a practice agreement

A. Prior to initiation of practice, a physician assistant and ~~his~~ one or more patient care team physician physicians or podiatrist podiatrists shall enter into a written or

electronic practice agreement that spells out the roles and functions of the assistant and is consistent with provisions of § 54.1-2952 of the Code of Virginia.

~~1. The patient care team physician or podiatrist shall be a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth who has accepted responsibility for the service that a physician assistant renders.~~

2. Any such practice agreement shall take into account such factors as the physician assistant's level of competence, the number of patients, the types of illness treated by the ~~physician~~ physicians or ~~podiatrist~~ podiatrists, the nature of the treatment, special procedures, and the nature of the ~~physician~~ physicians' or ~~podiatrist~~ podiatrists' availability in ensuring direct physician or podiatrist involvement at an early stage and regularly thereafter.

~~3.~~ 2. The practice agreement shall also provide an evaluation process for the physician assistant's performance, including a requirement specifying the time period, proportionate to the acuity of care and practice setting, within which the ~~physician~~ physicians or ~~podiatrist~~ podiatrists shall review the record of services rendered by the physician assistant.

~~4.~~ 3. The practice agreement may include requirements for periodic site visits by licensees who supervise and direct the patient care team ~~physician~~ physicians or ~~podiatrist~~ podiatrists to collaborate and consult with physician assistants who provide services at a location other than where the ~~physician~~ physicians or ~~podiatrist~~ podiatrists regularly practices practice.

B. The board may require information regarding the degree of collaboration and consultation by the patient care team ~~physician~~ physicians or ~~podiatrist~~ podiatrists. The board may also require ~~the~~ a patient care team physician or podiatrist to document the physician assistant's competence in performing such tasks.

C. If the role of the physician assistant includes prescribing drugs and devices, the written practice agreement shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the patient care team ~~physician~~ physicians or ~~podiatrist~~ podiatrists.

D. If the initial practice agreement did not include prescriptive authority, there shall be an addendum to the practice agreement for prescriptive authority.

E. If there are any changes in consultation and collaboration, authorization, or scope of practice, a revised practice agreement shall be entered into at the time of the change.

18VAC85-50-110 Responsibilities of the patient care team physician or podiatrist

The A patient care team physician or podiatrist shall:

1. Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected. ~~The~~ A physician or podiatrist shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process.

~~2. Be responsible for all invasive procedures.~~

a. ~~Under supervision, a physician assistant may insert a nasogastric tube, bladder catheter, needle, or peripheral intravenous catheter, but not a flow directed catheter, and may perform minor suturing, venipuncture, and subcutaneous intramuscular or intravenous injection.~~

b. ~~All other invasive procedures not listed in subdivision 2 a of this section must be performed under supervision with the physician in the room unless, after directly~~

~~observing the performance of a specific invasive procedure three times or more, the patient care team physician or podiatrist attests on the practice agreement to the competence of the physician assistant to perform the specific procedure without direct observation and supervision.~~

~~3. Be responsible for all prescriptions issued by the physician assistant and attest to the competence of the assistant to prescribe drugs and devices.~~

4. Be available at all times to collaborate and consult with the physician assistant.

18VAC85-50-115 Responsibilities of the physician assistant

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the patient care team ~~physician~~ physicians or ~~podiatrist~~ podiatrists as prescribed in the physician assistant's practice agreement. When a physician assistant is working outside the scope of specialty of the patient care team ~~physician~~ physicians or ~~podiatrist~~ podiatrists, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate practice agreement has been executed for ~~that~~ an alternate patient care team physician or podiatrist.

2. Prescribe only those drugs and devices as allowed in Part V (18VAC85-50-130 et seq.) of this chapter.

3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

~~B. An alternate patient care team physician or podiatrist shall be a member of the same group, professional corporation, or partnership of any licensee who is the patient care team physician or podiatrist for a physician assistant or shall be a member of the same hospital or commercial enterprise with the patient care team physician or podiatrist. Such alternating physician or podiatrist shall be a physician or podiatrist licensed in the Commonwealth who has accepted responsibility for the service that a physician assistant renders.~~

~~C. If, due to illness, vacation, or unexpected absence, the a patient care team physician or podiatrist or alternate physician or podiatrist is unable to supervise the activities of his physician assistant, such patient care team physician or podiatrist may temporarily delegate the responsibility to another doctor of medicine, osteopathic medicine, or podiatry.~~

Temporary coverage may not exceed four weeks unless special permission is granted by the board.

~~D. C.~~ With respect to physician assistants employed by institutions, the following additional regulations shall apply:

1. No physician assistant may render care to a patient unless the physician or podiatrist responsible for that patient ~~has signed the practice agreement to act as patient care team physician or podiatrist for~~ is available for collaboration and consultation with that physician assistant.

2. Any such practice agreement as described in subdivision 1 of this subsection shall delineate the duties which said patient care team physician or podiatrist authorizes the physician assistant to perform.

~~E. D.~~ Practice by a physician assistant in a hospital, including an emergency department, shall be in accordance with § 54.1-2952 of the Code of Virginia.

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 29. Medicine and Other Healing Arts

Article 4. Licensure and Certification of Other Practitioners of the Healing Arts

§ 54.1-2952. Role of patient care team physician or patient care team podiatrist on patient care teams; services that may be performed by physician assistants; responsibility of licensee; employment of physician assistants

A. A patient care team physician or patient care team podiatrist licensed under this chapter may serve on a patient care team with physician assistants and shall provide collaboration and consultation to such physician assistants. No patient care team physician or patient care team podiatrist shall be allowed to collaborate or consult with more than six physician assistants on a patient care team at any one time.

Service as part of a patient care team by a patient care team physician or patient care team podiatrist shall not, by the existence of such service alone, establish or create vicarious liability for the actions or inactions of other team members.

B. Physician assistants may practice medicine to the extent and in the manner authorized by the Board. A patient care team physician or patient care team podiatrist shall be available at all times to collaborate and consult with physician assistants. Each patient care team shall identify the relevant physician assistant's scope of practice and an evaluation process for the physician assistant's performance.

C. Physician assistants appointed as medical examiners pursuant to § 32.1-282 shall only function as part of a patient care team that has a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.

D. Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees that are supervised by one or more physicians or podiatrists may employ one or more physician assistants in accordance with the provisions of this section.

Activities shall be performed in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice agreement and may include health care services that are educational, diagnostic, therapeutic, or preventive, including establishing a diagnosis, providing treatment, and performing procedures. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a physician assistant may perform initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, in accordance with the practice agreement, including tasks performed, relating to the provision of medical care in an emergency department.

A patient care team physician or the on-duty emergency department physician shall be available at all times for collaboration and consultation with both the physician assistant and the emergency department physician. No person shall have responsibility for any physician assistant who is not employed by the person or the person's business entity.

E. No physician assistant shall perform any acts beyond those set forth in the practice agreement or authorized as part of the patient care team. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient is available for collaboration or consultation, pursuant to regulations of the Board.

F. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is working in the field of radiology as part of a patient care team, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures consistent with Board regulations, and (iii) has successfully completed the exam administered by the American Registry of Radiologic Technologists for physician assistants for the purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic and therapeutic procedures.

1973, c. 529, §§ 54-281.4, 54-281.5; 1975, cc. 508, 565; 1985, c. 316; 1988, c. 765; 1992, c. 793; 1996, c. 779; 2000, cc. 467, 497; 2002, c. 387; 2005, c. 662; 2008, c. 281; 2012, c. 81; 2014, c. 89; 2015, c. 107; 2016, c. 450; 2019, cc. 92, 137; 2021, Sp. Sess. I, c. 210.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

--- DRAFT UNAPPROVED ---

VIRGINIA BOARD OF MEDICINE

CREDENTIALS COMMITTEE BUSINESS MEETING

Monday, September 20, 2021

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Miller called the meeting to order at 9:00 a.m.

MEMBERS PRESENT: Jacob Miller, DO - Chair
Joel Silverman, MD
Janet Hickey, JD
Blanton Marchese
Alvin Edwards, PhD

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director, Licensing
Colanthia M Opher - Deputy Executive Director, Administration
Elaine Yeatts - DHP Senior Policy Analyst

GUESTS PRESENT: W. Scott Johnson, Esq. – Medical Society of Virginia
Clark Barrineau – Medical Society of Virginia
Christy Evanko - Virginia Association for Behavior Analysis

Dr. Miller read the emergency egress instructions.

Mr. Sobowale called the roll; a quorum was declared.

Approval of the Agenda

Dr. Silverman moved approval of the agenda as presented with Dr. Edwards seconding. The agenda was approved unanimously.

Public Comment

The Committee received public comment from Christ Evanko, Administrative Director for the Virginia Association for Behavior Analysis (VABA). VABA would like to request that the Committee recommend that Board staff run National Practitioner Data Bank (NPDB) queries on behalf of license applicants. Other issues pertaining to the licensing of Behavior Analysts and Assistant Behavior Analysts will be presented to the Advisory Board on Behavior Analysis at its October 4th meeting.

NEW BUSINESS

Overview

Dr. Harp provided brief comments on the purpose of the meeting. He said that during the pandemic, the Board made accommodations in the licensing processes of 5 professions considered essential to combatting COVID-19. Governor Northam declared the pandemic over June 30th. Given the success of expedited licensing during the pandemic, discussion has occurred about simplifying the process for applicants while still protecting the public. Part of the Committee's task will be to review and recommend which documents required in the licensing process must be primary-source verified, or submitted as copies, and those that may no longer be useful in the licensing process. He reminded the Committee that the Board voted to cease requiring FORM B's (employment verifications) as part of the licensing process. If an applicant has been licensed in multiple states and jurisdictions, the applicant is currently required to ensure a primary-source license verification from each state. It can be challenging for licensing boards to respond in a timely fashion to an applicant's request, producing significant delays in the licensing process. Also, during the pandemic, transcripts were not required to be primary-sourced. So if time permits, the Committee is tasked to review the documents required for licensing applicants in the 22 professions at the Board of Medicine and make recommendations on how the licensing process can be further streamlined.

New Business:

1. Review of Licensure Requirements and Documents required for Submission

The Committee began by reviewing the licensure requirements and documents required of applicants prior to the waivers and accommodations implemented in concert with the Governor's Executive Order 57 on March 12, 2020. The waivers and accommodations enabled the Board to waive verification of certain primary-sourced documents and make certain accommodations in the licensing processes for five (5) expedited professions in order to streamline the licensure of health care providers during COVID-19. The 5 expedited professions were Medical Doctor (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Physician Assistant (PA), and Respiratory Therapy (RT).

MD, DO, DPM

After review and extensive discussion of the licensure requirements for MDs, DOs, and DPMs, and upon a motion by Mr. Marchese, seconded by Dr. Edwards, the Committee unanimously approved that the following recommendation to be made to the Board: that, for MDs, DOs, and DPMs, the Board should continue to require that an applicant submit primary-source verification transcripts, national board examination scores, evidence of completion of postgraduate training, the National Practitioner Data Bank (NPDB) self-query report, and one state license verification. The Committee agreed that a digitally-certified electronic copy of the NPDB report provided by an applicant is acceptable.

For verification of completion of postgraduate training, the Board can accept a copy of the completion certificate issued by the training program or a program director's letter of completion, or other verification submitted by an applicant as proof of completion of postgraduate training when the applicant has finished postgraduate training at least 5 years prior to submitting an application to the Board. An applicant who is within 5 years of completing postgraduate training when an application is submitted to the Board would have to provide primary source verification

of proof of completion directly from the training program.

PA

After review and discussion, and upon a motion by Mr. Marchese, seconded by Dr. Edwards, the Committee voted unanimously to recommend to the full Board to continue to request that applicants submit primary-source verification of passage of the National Commission on Certification of Physician Assistants (NCCPA) certifying examination, proof of completion of education, the NPDB self-query report, and one current state license verification. The Board can accept a digitally-certified electronic copy of the NPDB report provided by an applicant, in lieu of a mailed report. In addition, the Committee recommended that the Board dispense with using "Form L" and place the question about successful completion of 35 hours of pharmacology in the application form.

RT

After review and discussion, and upon a motion by Mr. Marchese, seconded by Dr. Edwards, the Committee voted unanimously to recommend to the full Board for the Board to continue to request that applicants submit primary-source verification of passage of the National Board for Respiratory Care (NBRC) certifying examination, proof of completion of education, NPDB self-query report, and one current state license verification. The Board can accept a digitally-certified electronic copy of the NPDB report provided by an applicant, in lieu of a mailed report.

The Committee decided to defer review and discussion of the licensure requirements for other allied professions, and asked that the various advisory boards for each profession review their licensing requirements and application questions to determine if they are in line with current practice. The Committee asked that the findings be reported back to the Committee at its next meeting.

2. Guidance Document 85-9 on USMLE Attempts Limit

The Committee reviewed guidance document 85-9 and discussed whether a recommendation needed to be made to change the number of attempts written in the Board's guidance document for applicants taking the USMLE in light of the recent change made by FSMB to its policy regarding the total number of attempts that will be allowed a candidate on each Step of the exam. Effective July 1, 2021, FSMB reduced the total number of attempts a candidate may take per Step from six (6) to four (4). Upon a motion by Dr. Silverman, seconded by Dr. Edwards, the Committee voted unanimous approval of recommendation to change the total number of USMLE attempts limit listed in the Board's guidance document to bring it in line with the current FSMB's USMLE attempts limit.

3. Award of Continuing Education Credit for Board Members' Service

Dr. Miller led the discussion. Dr. Miller stated that Board members should be able to claim continuing education (CE) credit for their service on the Board, including attendance at meetings and case review. Mr. Marchese stated that he is aware that other states' licensing board members are able to receive CE credit for their service on the Board, but he is not sure how many credit hours should be claimed and in what category. Ms. Yeatts advised that currently, Board members should be able to claim credit for those types of activities, but they would be Type 2 CE.

Upon a motion by Dr. Edwards, seconded by Dr. Silverman, the Committee voted to recommend to the full Board that Board members be allowed to claim up to thirty (30) hours of Type 2 CE per biennium for time spent on licensing, discipline and policy issues. Two members abstained from the vote. The motion passed.

With no additional business, the meeting adjourned 12:35 p.m.

Jacob Miller, DO
Chair

William L. Harp, MD
Executive Director

Michael Sobowale, LL.M.
Deputy Executive Director, Licensing

Profession	Board Requirements Pre-COVID	COVID Process per Executive Order 57 Effective March 12, 2020	Credentials Committee Recommendations – 9/20/21
<p>* Expedited Profession</p>	<ul style="list-style-type: none"> Professional Education (School Transcripts)/Form L- (not applicable if using FCVS) – primary source Form B / Employment Verification Verification of Credentials from NCCPA – primary source verified Other state license verification(s) – primary source only NPDB Self-Query Report – primary-sourced document mailed in an unopened, sealed envelope Non-routine questions 5-18 answered on application require supporting documentation from the applicant. Required documents received at the Board must be primary source verified, and may be electronically transmitted from the source to the licensing specialist 	<p>WAIVED</p> <ul style="list-style-type: none"> Form B / Employment Verification Form L / Professional Education State Verifications NPDB Self-Query accepted electronically 	<p>NCCPA credential verification is primary source verified</p> <p>Professional Education (school transcripts) is primary source verified</p> <p>Place the verification of completion of 35 hours of pharmacology course on license application</p> <p>1 state license verification plus NPDB report needed – primary source verified.</p> <p>Digitally-certified copy of NPDB self-query report can be accepted from applicants.</p>
<p>*Physician Assistant</p>			

Commonwealth of Virginia



REGULATIONS

**GOVERNING THE PRACTICE OF
PHYSICIAN ASSISTANTS**

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-50-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Revised Date: September 15, 2021

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Part I. General Provisions.

18VAC85-50-10. Definitions.

A. The following words and terms shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

"Board."

"Collaboration."

"Consultation."

"Patient care team physician."

"Patient care team podiatrist."

"Physician assistant."

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

"NCCPA" means the National Commission on Certification of Physician Assistants.

"Practice agreement" means a written or electronic agreement developed by one or more patient care team physicians or podiatrists and the physician assistant that defines the relationship between the physician assistant and the physicians or podiatrists, the prescriptive authority of the physician assistant, and the circumstances under which a physician or podiatrist will see and evaluate the patient.

18VAC85-50-20. (Repealed.)

18VAC85-50-21. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-50-30. Public participation guidelines.

A separate board regulation, 18VAC85-11, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-50-35. Fees.

Unless otherwise provided, the following fees shall not be refundable:

1. The initial application fee for a license, payable at the time application is filed, shall be \$130.
2. The biennial fee for renewal of an active license shall be \$135 and for renewal of an inactive license shall be \$70, payable in each odd-numbered year in the birth month of the licensee. For 2021, the fee for renewal of an active license shall be \$108, and the fee for renewal of an inactive license shall be \$54.
3. The additional fee for late renewal of licensure within one renewal cycle shall be \$50.
4. A restricted volunteer license shall expire 12 months from the date of issuance and may be renewed without charge by receipt of a renewal application that verifies that the physician assistant continues to comply with provisions of § 54.1-2951.3 of the Code of Virginia.
5. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
6. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.
7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
8. The fee for a letter of good standing or verification to another jurisdiction shall be \$10.
9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be \$35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$15 for each renewal cycle.

Part II. Requirements for Practice As a Physician's Assistant.

18VAC85-50-40. General requirements.

- A. No person shall practice as a physician assistant in the Commonwealth of Virginia except as provided in this chapter.
- B. All services rendered by a physician assistant shall be performed only in accordance with a practice agreement with one or more doctors of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

18VAC85-50-50. Licensure: entry requirements and application.

- A. The applicant seeking licensure as a physician assistant shall submit:

1. A completed application and fee as prescribed by the board.
2. Documentation of successful completion of an educational program as prescribed in § 54.1-2951.1 of the Code of Virginia.
3. Documentation of passage of the certifying examination administered by the National Commission on Certification of Physician Assistants.
4. Documentation that the applicant has not had a license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. The board may issue a license by endorsement to an applicant for licensure if the applicant (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

18VAC85-50-55. Provisional licensure.

Pending the outcome of the next examination administered by the NCCPA, an applicant who has met all other requirements of 18VAC85-50-50 at the time his initial application is submitted may be granted provisional licensure by the board. The provisional licensure shall be valid until the applicant takes the next subsequent NCCPA examination and its results are reported, but this period of validity shall not exceed 30 days following the reporting of the examination scores, after which the provisional license shall be invalid.

18VAC85-50-56. Renewal of license.

A. Every licensed physician assistant intending to continue to practice shall biennially renew the license in each odd numbered year in the licensee's birth month by:

1. Returning the renewal form and fee as prescribed by the board; and
2. Verifying compliance with continuing medical education standards established by the NCCPA.

B. Any physician assistant who allows his NCCPA certification to lapse shall be considered not licensed by the board. Any such assistant who proposes to resume his practice shall make a new application for licensure.

18VAC85-50-57. Discontinuation of employment.

If for any reason the physician assistant discontinues working with a patient care team physician or podiatrist, a new practice agreement shall be entered into in order for the physician assistant either to be reemployed by the same practitioner or to accept new employment with another patient care team physician or podiatrist.

18VAC85-50-58. Inactive licensure.

A. A physician assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to maintain certification by the NCCPA.
2. An inactive licensee shall not be entitled to practice as a physician assistant in Virginia.

B. An inactive licensee may reactivate his license upon submission of:

1. The required application;
2. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and
3. Documentation of having maintained certification or having been recertified by the NCCPA.

C. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-50-59. Registration for voluntary practice by out-of-state licensees.

Any physician assistant who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of § 54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of § 54.1-2901 of the Code of Virginia.

18VAC85-50-60. (Repealed.)

18VAC85-50-61. Restricted volunteer license.

A. A physician assistant who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or

became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with § 54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, a physician assistant shall submit an application to the board that documents compliance with requirements of § 54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-50-35.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-50-35.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to obtaining 50 hours of continuing education during the biennial renewal period with at least 25 hours in Type 1 and no more than 25 hours in Type 2 as acceptable to the NCCPA.

Part III. Examination [Repealed]

18VAC85-50-70. (Repealed.)

Part IV. Practice Requirements

18VAC85-50-101. Requirements for a practice agreement.

A. Prior to initiation of practice, a physician assistant and one or more patient care team physicians or podiatrists shall enter into a written or electronic practice agreement that spells out the roles and functions of the assistant and is consistent with provisions of § 54.1-2952 of the Code of Virginia.

1. Any such practice agreement shall take into account such factors as the physician assistant's level of competence, the number of patients, the types of illness treated by the physicians or podiatrists, the nature of the treatment, special procedures, and the nature of the physicians' or podiatrists' availability in ensuring direct physician or podiatrist involvement at an early stage and regularly thereafter.

2. The practice agreement shall also provide an evaluation process for the physician assistant's performance, including a requirement specifying the time period, proportionate to the acuity of care and practice setting, within which the physicians or podiatrists shall review the record of services rendered by the physician assistant.

3. The practice agreement may include requirements for periodic site visits by licensees who supervise and direct the patient care team physicians or podiatrists to collaborate and consult with physician assistants who provide services at a location other than where the physicians or podiatrists regularly practice.

B. The board may require information regarding the degree of collaboration and consultation by the patient care team physicians or podiatrists. The board may also require a patient care team physician or podiatrist to document the physician assistant's competence in performing such tasks.

C. If the role of the physician assistant includes prescribing drugs and devices, the written practice agreement shall include those schedules and categories of drugs and devices that are within the scope of practice and proficiency of the patient care team physicians or podiatrists.

D. If the initial practice agreement did not include prescriptive authority, there shall be an addendum to the practice agreement for prescriptive authority.

E. If there are any changes in consultation and collaboration, authorization, or scope of practice, a revised practice agreement shall be entered into at the time of the change.

18VAC85-50-110. Responsibilities of the patient care team physician or podiatrist.

A patient care team physician or podiatrist shall:

1. Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected. A physician or podiatrist shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process.
2. Be available at all times to collaborate and consult with the physician assistant.

18VAC85-50-115. Responsibilities of the physician assistant.

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the patient care team physicians or podiatrists as prescribed in the physician assistant's practice agreement. When a physician assistant is working outside the scope of specialty of the patient care team physicians or podiatrists, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate practice agreement has been executed for an alternate patient care team physician or podiatrist.
2. Prescribe only those drugs and devices as allowed in Part V (18VAC85-50-130 et seq.) of this chapter.
3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

B. If, due to illness, vacation, or unexpected absence, a patient care team physician or podiatrist or alternate physician or podiatrist is unable to supervise the activities of his physician assistant, such patient care team physician or podiatrist may temporarily delegate the responsibility to another doctor of medicine, osteopathic medicine, or podiatry.

Temporary coverage may not exceed four weeks unless special permission is granted by the board.

C. With respect to physician assistants employed by institutions, the following additional regulations shall apply:

1. No physician assistant may render care to a patient unless the physician or podiatrist responsible for that patient is available for collaboration and consultation with that physician assistant.
2. Any such practice agreement as described in subdivision 1 of this subsection shall delineate the duties which said patient care team physician or podiatrist authorizes the physician assistant to perform.

D. Practice by a physician assistant in a hospital, including an emergency department, shall be in accordance with § 54.1-2952 of the Code of Virginia.

18VAC85-50-116. Volunteer restricted license for certain physician assistants.

The issuance of a volunteer restricted license and the practice of a physician assistant under such a license shall be in accordance with the provisions of § 54.1-2951.3 of the Code of Virginia.

18VAC85-50-117. Authorization to use fluoroscopy.

A physician assistant working under a practice agreement with a licensed doctor of medicine or osteopathy specializing in the field of radiology is authorized to use fluoroscopy for guidance of diagnostic and therapeutic procedures provided such activity is specified in his protocol and he has met the following qualifications:

1. Completion of at least 40 hours of structured didactic educational instruction and at least 40 hours of supervised clinical experience as set forth in the Fluoroscopy Educational Framework for the Physician Assistant created by the American Academy of Physician Assistants (AAPA) and the American Society of Radiologic Technologists (ASRT); and
2. Successful passage of the American Registry of Radiologic Technologists (ARRT) Fluoroscopy Examination.

18VAC85-50-120. (Repealed.)

Part V. Prescriptive Authority.

18VAC85-50-130. Qualifications for approval of prescriptive authority.

An applicant for prescriptive authority shall meet the following requirements:

1. Hold a current, unrestricted license as a physician assistant in the Commonwealth;

2. Maintain a practice agreement acceptable to the board as prescribed in 18VAC85-50-101 and § 54.1-2952.1 of the Code of Virginia; and
3. Submit evidence of successful completion of a minimum of 35 hours of acceptable training to the board in pharmacology.

18VAC85-50-140. Approved drugs and devices.

A. The approved drugs and devices which the physician assistant with prescriptive authority may prescribe, administer, or dispense manufacturer's professional samples shall be in accordance with provisions of § 54.1-2952.1 of the Code of Virginia:

B. The physician assistant may prescribe only those categories of drugs and devices included in the practice agreement. The patient care team physician or podiatrist retains the authority to restrict certain drugs within these approved categories.

C. The physician assistant, pursuant to § 54.1-2952.1 of the Code of Virginia, shall only dispense manufacturer's professional samples or administer controlled substances in good faith for medical or therapeutic purposes within the course of his professional practice.

18VAC85-50-150. (Repealed.)

18VAC85-50-160. Disclosure.

A. Each prescription for a Schedule II through V drug shall bear the name of the patient care team physician or podiatrist and of the physician assistant.

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the patient care team physician or podiatrist. Such disclosure shall either be included on the prescription or be given in writing to the patient.

18VAC85-50-170. (Repealed.)

Part VI Standards of Professional Conduct.

18VAC85-50-175. Confidentiality.

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program shall be grounds for disciplinary action.

18VAC85-50-176. Treating and prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. A practitioner shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18VAC85-50-177. Patient records.

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible and complete records.

C. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner and in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

18VAC85-50-178. Practitioner-patient communication.

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately inform a patient or his legally authorized representative of his medical diagnoses, prognosis and prescribed treatments or plans of care. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure prescribed or directed by the practitioner in the treatment of any disease or condition.

B. A practitioner shall present information relating to the patient's care to a patient or his legally authorized representative in understandable terms and encourage participation in the decisions regarding the patient's care and shall refer to or consult with other health care professionals if so indicated.

C. Before surgery or any invasive procedure is performed, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended surgery or invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient.

1. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder,

the legally authorized person available to give consent shall be informed and the consent documented.

2. An exception to the requirement for consent prior to performance of surgery or an invasive procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

3. For the purposes of this provision, "invasive procedure" means any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decision maker prior to proceeding.

18VAC85-50-179. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

18VAC85-50-180. Vitamins, minerals and food supplements.

A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable patient outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.

B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual patient's overall medical condition and medications.

C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.

18VAC85-50-181. Pharmacotherapy for weight loss.

A. A practitioner shall not prescribe amphetamine, Schedule II, for the purpose of weight reduction or control.

B. A practitioner shall not prescribe controlled substances, Schedules III through VI, for the purpose of weight reduction or control in the treatment of obesity, unless the following conditions are met:

1. An appropriate history and physical examination are performed and recorded at the time of initiation of pharmacotherapy for obesity by the prescribing physician, and the physician reviews the results of laboratory work, as indicated, including testing for thyroid function;
2. If the drug to be prescribed could adversely affect cardiac function, the physician shall review the results of an electrocardiogram performed and interpreted within 90 days of initial prescribing for treatment of obesity;
3. A diet and exercise program for weight loss is prescribed and recorded;
4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy; and
5. The treating physician shall direct the follow-up care, including the intervals for patient visits and the continuation of or any subsequent changes in pharmacotherapy. Continuation of prescribing for treatment of obesity shall occur only if the patient has continued progress toward achieving or maintaining a target weight and has no significant adverse effects from the prescribed program.

C. If specifically authorized in his practice agreement with a patient care team physician, a physician assistant may perform the physical examination, review tests, and prescribe Schedules III through VI controlled substances for treatment of obesity as specified in subsection B of this section.

18VAC85-50-182. Anabolic steroids.

A physician assistant shall not prescribe or administer anabolic steroids to any patient for other than accepted therapeutic purposes.

18VAC85-50-183. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient means spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-50-184. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

18VAC85-50-191. Practice and supervision of laser hair removal.

A. A physician assistant, as authorized pursuant to § 54.1-2952 of the Code of Virginia, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;
2. Skin type and appropriate patient selection;
3. Laser safety;
4. Operation of laser device to be used;
5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and
6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Physician assistants who have been performing laser hair removal prior to August 7, 2019, are not required to complete training specified in subsection A of this section.

C. A physician assistant who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A of this section.

D. A physician assistant who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques and laser devices. The physician assistant shall ensure that persons the physician assistant supervises also receive ongoing training to maintain competency.

E. A physician assistant may delegate laser hair removal to a properly trained person under the physician assistant's direction and supervision. Direction and supervision shall mean that the physician assistant is readily available at the time laser hair removal is being performed. The supervising physician assistant is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

DOCUMENTS INCORPORATED BY REFERENCE

Fluoroscopy Educational Framework for the Physician Assistant, December 2009, American Academy of Physician Assistants, 950 North Washington Street, Alexandria, VA 22314 and the American Society of Radiologic Technologists, 15000 Central Avenue, SE, Albuquerque, NM 87123



Application for License to Practice as a Physician Assistant

To the Board of Medicine of Virginia:

I hereby make application for a license to practice as physician assistant in the Commonwealth of Virginia and submit the following statements:

1. Name in Full (Please Print or Type)

Last	First	Middle
Date of Birth ____ _ MO DAY YEAR	Social Security No. or VA Control No.*	Maiden Name if applicable
Public Address: This address will be public information:	House No. Street or PO Box	City State and Zip
Board Address: This address will be used for Board Correspondence and may be the same or different from the public address.	House No. Street or PO Box	City State and Zip
Work Phone Number	Home/Cell Phone Number	Email Address

Please submit address changes in writing immediately to medbd@dhp.virginia.gov

Please attach check or money order payable to the Treasurer of Virginia for \$130.00 for a physician assistant license. Applications will not be processed without the fee. Do not submit fee without an application. **IT WILL BE RETURNED.**

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY

Date

LICENSE NUMBER	PROCESSING NUMBER	FEE
0110-		\$130.00

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number** issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. **NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.**

**In order to obtain a Virginia driver's license control number, it is necessary to appear in person at an office of the Department of Motor Vehicles in Virginia. A fee and disclosure to DMV of your Social Security Number will be required to obtain this number.

3. Do you intend to engage in the active practice of a physician assistant in the Commonwealth of Virginia? Yes No

If Yes, give location _____

4. List all jurisdictions in which you have been issued a license to practice occupational therapy: include all active, inactive, expired, suspended or revoked licenses. Indicate number and date issued.

Jurisdiction	Number Issued	Active/Inactive/Expired

Yes No

QUESTIONS MUST BE ANSWERED. If any of the following questions (5-17) is answered Yes, explain and substantiate with documentation.

- 5. Have you ever been denied a license or the privilege of taking a licensure/competency examination by any testing entity or licensing authority? Yes No

- 6. Have you ever been convicted of a violation of or pled Nolo Contendere to any federal, state, or local statute, or regulation or ordinance, or entered into an plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana not have to be disclosed.** Yes No

- 7. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason? Yes No

- 8. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or Requested to withdraw from any professional school, training program, hospital, etc? Yes No

- 9. Have you ever been terminated from employment or resigned in lieu of termination from any training program, hospital, healthcare facility, healthcare provider, provider network or malpractice insurance carrier? Yes No

- 10. Do you have any pending disciplinary actions against your professional license/certification/permit/registration related to your practice as a physician assistant? Yes No

- 11. Have you voluntarily withdrawn from any professional society while under investigation? Yes No

- 12. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Yes No

- 13. Within the past five years, have you been disciplined by any entity? Yes No

- 14. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the Obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician assistant. Yes No

- 15. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician assistant. Yes No

- 16. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing physician assistant.
- 17. Within the past 5 years, have you any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?
- 18. Have you had any malpractice suits brought against you in the past ten (10) years? If so, please provide a narrative for each closed or pending case during this time period.

Military Service:

- 19. Are you a spouse of someone who is on a federal active duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?
- 20. Are you active duty military?

21. AFFIDAVIT OF APPLICANT

I, _____, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice as a Physician Assistant in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at www.dhp.virginia.gov and I understand that fees submitted as part of the application process shall not be refunded.

Signature of Applicant

Advisory Board on:

Behavioral Analysts			10:00 a.m.
Mon - January 31	May 23	September 19	
Genetic Counseling			1:00 p.m.
Mon - January 31	May 23	September 19	
Occupational Therapy			10:00 a.m.
Tues - February 1	May 24	September 20	
Respiratory Care			1:00 p.m.
Tues - February 1	May 24	September 20	
Acupuncture			10:00 a.m.
Wed - February 2	May 25	September 21	
Radiological Technology			1:00 p.m.
Wed - February 2	May 25	September 21	
Athletic Training			10:00 a.m.
Thurs - February 3	May 26	September 22	
Physician Assistants			1:00 p.m.
Thurs - February 3	May 26	September 22	
Midwifery			10:00 a.m.
Fri - February 4	May 27	September 23	
Polysomnographic Technology			1:00 p.m.
Fri - February 4	May 27	September 23	
Surgical Assisting			10:00 a.m.
Mon - February 7	Tues - May 31	September 26	