

# Meeting of the Virginia Board of Medicine



February 19, 2026  
8:30 a.m.



**Board of Medicine**  
**Thursday, February 19, 2026 @ 8:30 a.m.**  
**Perimeter Center**  
**9960 Mayland Drive, Suite 201, Henrico, VA 23233**  
**Board Room 2**  
**AMENDED**

**Call to Order**

**Emergency Egress Procedures.....i**

**Roll Call**

**Consideration of Possible Administrative Proceedings under §54.1-2408.1**

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**Approval of Minutes from October 30, 2025 .....2**

**Adoption of Agenda**

**Public Comment on Agenda Items..... 10**

**Healthcare Workforce Data Center Presentation on:**

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

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**Board Room 2**

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**Agenda Item: Introduction of New DHP Director and 2 New Board Members**

**Staff Note:**

Governor Spanberger has appointed David Brown, DC as Director of the Department of Health Professions. Dr Brown previously served as the Director from 2014 to 2022 in the McAuliffe and Northam administrations. In January of this year, Governor Youngkin appointed 2 new Board of Medicine members – Dee Gilmore & David Christian.

**Action:**

Dr. Brown, Ms. Gilmore, and Mr. Christian will introduce themselves to the Board and the public.

**Agenda Item: Approval of Minutes of the October 30, 2025**

**Staff Note:** Draft minutes that have been posted on Regulatory Townhall and the Board's website are presented. Review and revise if necessary.

**Action:** Review and approve with or without corrections.

**VIRGINIA BOARD OF MEDICINE  
FULL BOARD MINUTES**

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October 30, 2025

Department of Health Professions

Henrico, VA 23233

- CALL TO ORDER:** Dr. Apel called the meeting to order at 8:35 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** Peter J. Apel, MD – President & Chair  
 Leroy Brown Vaughan, Jr., MD– Vice-President  
 Ken McDowell, DO – Secretary-Treasurer  
 John R. Clements, DPM  
 Kamlesh Dave, MD  
 Hazem Elariny, MD  
 William Hutchens, MD  
 Oliver Kim, JD, LLM  
 Elliott Lucas, MD  
 Krishna P. Madiraju, MD  
 L. Blanton Marchese  
 Patrick McManus, MD  
 Michele Nedelka, MD  
 Jennifer Rathmann, DC  
 Gertude Shahady, MD  
 Mark Simcox, MD
- MEMBERS ABSENT:** Deborah DeMoss Fonseca
- COUNSEL PRESENT:** M. Brent Saunders, JD – Senior Assistant Attorney General
- STAFF PRESENT:** William L. Harp, MD - Executive Director  
 Jennifer Deschenes, JD - Deputy Exec. Director for Discipline  
 Michael Sobowale, LLM - Deputy Exec. Director for Allied Professions Licensure  
 Colanthia Opher - Deputy Exec. Director for Medical Licensure and Administration  
 Barbara Matusiak, MD - Medical Review Coordinator  
 Erin Barrett, JD - Director of DHP Legislative and Regulatory Affairs  
 Matt Novak - DHP Senior Policy and Economic Analyst  
 Deirdre Brown - Executive Assistant  
 Mandy Addison – Team Lead for Medicine Customer Service
- OTHERS PRESENT:** Brandi Kilmer – Refugee Physician Advocacy Coalition  
 Lily Cameron, MD - Refugee Physician Advocacy Coalition

Ben Traynham, JD – Hancock, Daniel  
Sultana Salam, MD – RPAC and AACVA  
Rebecca R. Banks, CPM, LM – Advisory Board on Midwifery  
Iryna Myronchuk – Upwardly Global  
Marinda Shirdler, CPM, LM – Virginia Midwives Alliance  
Laule Faisi Sohail  
Tamika Hines – Discipline and Compliance Case Manager  
Roslyn Nickens – Licensing Supervisor  
Jasmine Jones – Licensing Specialist  
Coralyn Kirby - Discipline Case Specialist  
Allison Still – Senior Administrative Assistant

## **EMERGENCY EGRESS INSTRUCTIONS**

Dr. Apel provided the emergency egress instructions for Board Room 2.

## **SUMMARY SUSPENSION PRESENTATION**

Valerie Cheatham, Adjudication Specialist, presented information to the Board regarding Dr. Matthew Sungwoon Cho, License #0104001813, to determine if his continued practice of chiropractic constituted a substantial danger to public health and safety. Ms. Cheatham provided details of the case for the Board's consideration.

On a motion by Mr. Marchese and duly seconded by Dr. Rathmann, the Board determined that Dr. Matthew Sungwoon Cho's continued practice constituted a substantial danger to public health and safety and voted to summarily suspend his license simultaneously with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous, 16-0.

## **APPROVAL OF MINUTES OF JUNE 26, 2025**

Dr. Nedelka moved to approve the minutes of June 26, 2025. The motion was properly seconded by Dr. Vaughan and carried unanimously.

## **ADOPTION OF AGENDA**

Mr. Marchese moved to approve the agenda as amended by Dr. Apel, moving agenda items 3 and 4 for discussion with agenda item 7. The motion was properly seconded by Dr. Vaughan and carried unanimously.

## **PUBLIC COMMENT**

Dr. Salam stated that she is a foreign medical graduate from Afghanistan. She said that refugee physicians will experience delays in getting documents from their home countries to allow them

to begin preparation for a provisional license. She stated that she was in favor of increasing the allowable time out of practice to 12 years.

Ms. Iryna Myronchuk from Upwardly Global urged the Board to consider a 12-year standard that included 60 months of active practice.

Brandi Kilmer of the Refugee Physician Advocacy Coalition spoke in favor of increasing the proposed 4 years out of practice to 12 years with 60 months of practice within the 12 years, after the Minnesota model.

Dr. Laule Faisi Sohail shared that she previously practiced as a physician in Turkey and is not currently practicing in the United States. Dr. Sohail encouraged the Board to consider extending the allowable period for out of practice to 12 years.

### **DHP DIRECTOR'S REPORT**

Mr. Owens expressed his appreciation to the Board of Medicine and staff for their accomplishments during his three-year tenure with DHP. He noted that more than 9,000 MDs, DOs, and PAs have been added to the Commonwealth's healthcare workforce during this period.

Mr. Owens also reminded the Board that the gubernatorial election will take place on Tuesday, November 4th, and said that the mission of DHP will remain unchanged.

He further reported that DHP continues to focus on internal operations, efficiency of process, and good fiscal management. DHP is committed to identifying savings where possible to ensure it remains a responsible steward for the fees submitted by licensees.

Looking ahead, Mr. Owens noted that the General Assembly will convene in January 2026, at which time the biennial budget will be submitted. He reminded the Board that although DHP does not receive general funds, it is still required to submit a budget to demonstrate how its funds are being utilized.

### **REPORTS OF OFFICERS AND EXECUTIVE DIRECTOR**

#### **PRESIDENT**

No report.

#### **VICE-PRESIDENT**

No report.

#### **SECRETARY-TREASURER**

No report.

## **EXECUTIVE DIRECTOR**

### Cash Balance

Dr. Harp commended the Finance team for its efficiency and accuracy with the FY2026 budget, which has been approved. Medicine's cash balance on hand June 30, 2025, was \$15,132,293.00.

### Summer Meetings

July 9<sup>th</sup> and August 15<sup>th</sup> – Senate Bill 752 (Senator Favola) Work Group Meetings

- The Board of Psychology, the Board of Medicine, experts and stakeholders met to consider under what circumstances and with what training clinical psychologists could be made safe and competent to prescribe psychotropic medication. Submission of a report to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health is due November 1, 2025. Dr. Madiraju and Dr. Lucas served on the work group.

August 20<sup>th</sup> – Boards of Medicine and Nursing Work Group on Prescribing Psychotropic Medication to Children and Adolescents (Budget Bill)

- The work group included board executive directors, DHP staff, a child psychiatrist, a mental health APRN, and a mother of children who were prescribed psychotropic medication. The work group was focused on identifying best practices for prescribing and monitoring behavioral health medications in the treatment of minors.

August 25<sup>th</sup> – Revision of the Midwifery Formulary

- Mr. Marchese chaired the meeting. The Advisory Board on Midwifery members and other expert stakeholders considered the formulary revisions and aligned them with the 2024 NARM Job Analysis. Erin Barrett updated the formulary document.

PGY-4 Elective – Dr. Harp shared that 2 VCU psychiatric residents participated in a summer rotation at the Department of Health Professions. He noted that this elective has helped the broader resident group at VCU to know the Board of Medicine is fair and reasonable in its decisions. He concluded by welcoming 1 of the recent residents, Jackie Guo, MD.

## **COMMITTEE AND ADVISORY BOARD REPORTS**

All reports included in the agenda were accepted without comment.

## **OTHER REPORTS**

**Board Counsel** – Brent Saunders, JD – Senior Assistant Attorney General

Mr. Saunders provided an update on 7 ongoing legal cases.

### **Podiatry Report**

No report.

### **Chiropractic Report**

No report.

### **Committee of the Joint Boards of Nursing and Medicine**

No report.

## **NEW BUSINESS**

### 1. Regulatory Chart

Mr. Novak presented the chart of regulatory actions as of October 14, 2025, stating that there is currently only 1 regulatory action in the Secretary's Office.

This report was for informational purposes only and did not require any action.

### 2. Readoption of the Board's Electronic Meeting Participation Policy

Mr. Novak reviewed the Electronic Participation Policy with the Board, noting that the policy will assist Board members in attending meetings remotely.

**MOTION:** Mr. Marchese moved to readopt the Electronic Participation Policy. Dr. McDowell seconded, and the motion carried unanimously.

### 3. Adoption of the Revised Midwifery Formulary

Ms. Barrett presented the revised Midwifery Formulary developed by the Ad Hoc Committee on Medications for Midwives.

Mr. Saunders recommended removing the phrase "*The Board recommends that a licensed midwife...*" from the document. He further suggested amending Virginia Code § 54.1-2957.9(iv) by replacing the word "*require*" with "*recommend*."

**MOTION:** Mr. Marchese moved to approve the midwifery formulary as presented with the suggested amendments. Dr. McManus seconded, and the motion carried unanimously.

4. Revision of Guidance Document 90-56 consistent with statutory changes

Mr. Novak reviewed the amendments to Guidance Document 90-56 due to the results of action on Chapter 404 in the 2024 General Assembly.

**MOTION:** Dr. Clements moved to amend Guidance Document 90-56. Mr. Marchese seconded, and the motion carried unanimously.

5. Consideration of Biennial CE topic 2026-2027

Due to the amended agenda, the following items were added to this discussion.

- No. 3 – Consideration of petition for rulemaking regarding chiropractic education.
- No. 4 – Consideration of specific requirement for nutrition continuing education for the 2028-2029 renewal cycle.

Dr. Harp reported that during the last renewal cycle, licensees were required to complete a one-hour course on human trafficking. He asked the Board if it wished to exercise its authority to select a topic for the upcoming biennial renewal cycle, noting that licensees must be notified by January 1, 2026. Dr. Harp mentioned human trafficking and the Virginia Department of Health CE training on death certificates.

**MOTION:** Mr. Marchese moved that no specific continuing education (CE) topic be designated for the 2026–2027 renewal cycle. Dr. Nedelka seconded, and the motion carried unanimously.

**MOTION:** Mr. Marchese moved to deny the petition regarding chiropractic education since the petitioner requested that it be withdrawn. Dr. Clements seconded the motion. The vote was unanimous to deny.

**MOTION:** Mr. Marchese moved to require that all Board of Medicine licensees attest to having obtained 1 hour of continuing education in nutrition during the biennial renewal cycles of 2028-2029. Dr. Clements seconded. The vote was 14-2 with Dr. Elariny and Dr. Hutchens voting in the negative.

**BREAK:** 10:19 a.m. – 10:35 a.m.

6. Adoption of Proposed Regulatory Language Regarding Provisional and Restricted Licensure for Foreign Physicians

Ms. Barrett reviewed draft regulations developed by the Legislative Committee during its September 5<sup>th</sup> meeting.

Several motions were made with friendly amendments, resulting in a final motion.

**MOTION:** Dr. Nedelka moved to accept all recommendations from the Legislative Committee, with amendments to: (1) include a 30-minute proximity in the definition of indirect supervision, and (2) limit gap years to no more than 7, with at least 12 months of continuous practice within that period. Dr. Madiraju seconded, and the motion carried unanimously.

#### 7. Licensing Report

Mr. Sobowale reported that, as of October 29, there are 97,498 licensees plus 24,316 APRNs jointly licensed with the Board of Nursing. He also noted a 95% clearance rate for applications received this year.

#### 8. Discipline Report

Ms. Deschenes provided an update on the Sanctioning Reference Points Instruction Manual. She also gave a presentation on probable cause procedures and how to process cases in BOX.

### **ANNOUNCEMENTS**

Dr. Apel welcomed new Board member Dr. Shahady.

Ms. Opher stated that the building has enhanced its security measures. Board members will need to see Ms. Brown after the meeting to exchange their current badges for updated ones.

Dr. Apel announced that the next Full Board meeting will be held February 19, 2026, at 8:30 a.m.

### **ADJOURNMENT**

With no additional business, Dr. Apel adjourned the meeting at 12:51 p.m.

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William L. Harp, MD  
Executive Director

**Agenda Item: Public Comment on Agenda Items**

**Agenda Item: HDWC Presentations**

**Staff Note:** Presentations will be given on Virginia's Licensed Advanced Practice Registered Nurse Workforce: 2025 and Virginia's Licensed Advanced Practice Registered Nurse Workforce: Comparison by Specialty

**Action:** For informational purposes only. Questions are welcome.

**Agenda Item:**     **DHP Agency Director’s Report**

**Staff Note:**     All items for information only

**Action:**         None.

**Agenda Item: Report of Officers**

- Staff Note:**
- ◆ President
  - ◆ Vice-President
  - ◆ Secretary-Treasurer
  - ◆ Executive Director

**Action:** Informational presentation. No action required.

**Agenda Item:** Executive Director's Report

**Staff Note:** All items for information only.

**Action:** None.

**EXECUTIVE COMMITTEE (8)**

**Peter Apel, MD – President, Chair**  
**Leroy Vaughan, Jr., MD – Vice-President**  
**Ken McDowell, DO – Secretary-Treasurer**  
Randy Clements, DPM  
Deborah DeMoss Fonseca  
William Hutchens, MD  
L. Blanton Marchese  
Jennifer Rathmann, DC

**LEGISLATIVE COMMITTEE (7)**

**Leroy Vaughan, Jr., MD – Vice-President, Chair**  
**Peter Apel, MD – President**  
Randy Clements, DPM  
Krishna Madiraju, MD  
Patrick McManus, MD  
Jennifer Rathmann, DC  
Michele Nedelka, MD

**CREDENTIALS COMMITTEE (9)**

**William Hutchens, MD – Chair**  
David Christian  
Kamlesh Dave, MD  
Hazem Elariny, MD  
Dee Gilmore  
Elliott Lucas, MD  
Krishna Madiraju, MD  
Ken McDowell, DO  
Patrick McManus, MD

**FINANCE COMMITTEE**

**Peter Apel, MD – President, Chair**  
**Leroy Vaughan, Jr., MD – Vice-President**  
**Ken McDowell, DO – Secretary-Treasurer**

**BOARD BRIEFS COMMITTEE**

William L. Harp, M.D., Ex Officio

**CHIROPRACTIC COMMITTEE**

Jennifer Rathmann, DC

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE**

**Leroy Vaughan, Jr., MD – Vice-President**  
Randy Clements, DPM  
Blanton Marchese

**VIRGINIA BOARD OF MEDICINE**  
**LEGISLATIVE COMMITTEE MINUTES**

FRIDAY, JANUARY 9, 2026

DEPARTMENT OF HEALTH PROFESSIONS

HENRICO, VA

**CALL TO ORDER:**

Dr. Vaughan called the meeting of the Legislative Committee to order at 8:31 a.m.

**ROLL CALL:**

Ms. Brown called the roll; a quorum was established.

**MEMBERS PRESENT:**

Peter Apel, MD, President  
Krishna Madiraju, MD  
Patrick McManus, MD  
Michele Nedelka, MD  
Jennifer Rathmann, DC  
Leroy Vaughan, Jr., MD, Vice-President, Chair

**MEMBERS ABSENT:**

Randy Clements, DPM, Past President

**STAFF PRESENT:**

William L. Harp, MD - Executive Director  
Jennifer Deschenes, JD - Deputy Director, Discipline  
Colanthia Morton Opher - Deputy Director, Administration  
Michael Sobowale, LLM - Deputy Director, Licensing  
Arne Owens – DHP Director  
Erin Barrett, JD – Director of Legislative and Regulatory Affairs  
Deirdre Brown - Executive Assistant  
Mandy Addison – Team Lead, Customer Service Representative

**COUNCIL PRESENT:**

Brent Saunders, JD - Senior Assistant Attorney General

**OTHERS PRESENT:**

Tamika Hines - Discipline Case Manager  
Coleen Grady-Koerner – Medical Society of Virginia

**EMERGENCY EGRESS INSTRUCTIONS**

Dr. Vaughan provided the emergency egress instructions for Board Room 4.

**APPROVAL OF MINUTES OF SEPTEMBER 5, 2025**

Dr. McManus moved to approve the meeting minutes of September 5, 2025. The motion was seconded by Dr. Nedelka and carried unanimously.

## ADOPTION OF AGENDA

Dr. Rathmann moved to approve the agenda as presented. The motion was seconded by Dr. McManus and carried unanimously.

## PUBLIC COMMENT

There was no public comment.

## DHP AGENCY DIRECTOR'S REPORT

Mr. Owens, DHP Director, announced that the inauguration of Virginia's new governor is scheduled for January 17, 2026. He noted that no official appointment has been made for DHP's new director and said that his last day serving as Agency Director will be January 16, 2026.

Mr. Owens reported that DHP continues to focus on operational efficiency and confirmed that the biennial budget has been submitted to the General Assembly. He also shared that DHP has experienced significant growth, with an increase of more than 33,000 licensees since 2022.

Dr. Harp noted that at its October meeting, the Board voted to include additional continuing education on nutrition for the 2028–2029 cycle. Mr. Owens explained that the Board's vote on nutrition CE was essential to the federal funding awarded to Virginia on December 29, 2025, by the Centers for Medicare and Medicaid Services (CMS). He said that Virginia will receive \$189M through the new federal Rural Health Transformation Program.

In closing, Mr. Owens expressed his gratitude to the members of the Board for their continued public service.

## NEW BUSINESS

### 1. Regulatory Chart

Ms. Barrett reviewed the Regulatory Actions as of December 17, 2025 and indicated that the following regulatory matters have been moved to the Governor's office:

- 18VAC85-20 - Removal of requirement to provide documentation of continuing competency for reactivation of a license and implement attestation.
- 18VAC85-50 - Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants.

This report was for informational purposes only and did not require any action.

### 2. 2026 Legislative Update

Ms. Barrett said that the Virginia General Assembly will begin its Session on January 14, 2026, and noted that additional information about legislation will be provided at the Full Board meeting in February.

She reviewed the agency bill that proposes a change to how fees are adjusted and for fee increases to become exempt regulatory actions. Further, the legislation will allow the agency to impose disciplinary costs which are a significant expenditure for the boards. Most likely, this would be a flat fee for all respondents. She added that the proposal has received positive feedback from legislators.

### 3. Medical Device Implant Information

Dr. Vaughan provided review of a letter from Senator Barbara Favola asking if the Board of Medicine could amend its regulations to require physicians to record information on medical device implants. He explained that Senator Favola suggested patients should have access to information about the implants they have received, including the brand, manufacturer, serial number, and expiration date.

Dr. Harp noted that a physician's patient records must be retained for 6 years. Patients who wish to retrieve information in the physician's medical record would need to request it in that 6-year timeframe.

Ms. Barrett said that Senator Favola's concern was not related to timing but to the standard of care. She asked the Board to consider whether recording the lot number of a medical device implant in the physician's record should fall under the standard of care.

Dr. Apel responded that it is not currently considered the standard of care to record the lot number of implants, only the type of implant and the manufacturer. He added that information on implants is maintained by the facility to meet federal requirements, noting that hospital operative records at the facility where the procedure was performed contain this information.

Dr. Madiraju shared that children's vaccines are required to be recorded in the child's medical record to include the manufacturer, lot number, and expiration date. He expressed agreement with Senator Favola that similar information should be entered in patient records for medical device implants.

Dr. Vaughan stated that he does seek this information through the facility's operative records and that this information is typically provided to the patient.

Dr. Nedelka expressed that she did not believe that recording the information on medical device implants should be required of the physician.

Ms. Deschenes stated that it should be communicated to patients that this information is readily available through the facility.

In conclusion, Dr. Vaughan stated that no regulatory changes are necessary because hospital operative records already document all required information and is available to patients. The

Legislative Committee declined to recommend any regulatory action to the Full Board. Ms. Barrett said she appreciated the Committee's discussion.

## **ANNOUNCEMENTS**

Ms. Deschenes said that she had a proposed PHCO to present to the Committee for its approval before offering it to the licensee. After the Committee read the proposed PHCO, Dr. Rathmann moved to accept it without amendment. The motion was duly seconded by Dr. McManus. The vote to approve the document was unanimous.

## **NEXT MEETING**

May 8, 2026

## **ADJOURNMENT**

With no other business to conduct, the meeting adjourned at 9:15 a.m.

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William L. Harp, MD  
Executive Director

**Board of Medicine**

**Regulatory Advisory Panel on Anesthesiologist Assistants**

Friday, November 7, 2025

Perimeter Center, 9960 Mayland Drive, Suite 201, Board Room 2, Henrico, VA 23233

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**Call to Order and Roll Call**

Dr. Mark Simcox called the meeting to order at 9:05 a.m.

**Roll Call**

Kathleen LaMotte called the roll. A quorum was declared.

**Attendees:**

- Mark Simcox, MD, (Anesthesiologist) - Chair, Board Member
- Dr. Sarah Reece-Stremtan, anesthesiologist at Children’s National (DC) and Mary Washington
- Shane Angus, CAA, Executive Program Director, Case Western Reserve University School of Medicine
- Nicole Moore, CAA, Interim Co-Director of Didactic Education, Case Western Reserve University School of Medicine
- Meredith Joyner, CRNA, VANA Government Relations Committee Director
- Doug Heater, CRNA

**DHP Staff Present:**

- William Harp, MD - Executive Director, Board of Medicine
- Kathleen LaMotte - Board Administrator, Board of Medicine
- Jennifer Deschenes, JD - Deputy Executive Director for Discipline, Board of Medicine
- Erin Barrett, JD - Director for DHP Legislative and Regulatory Affairs
- Michael Sobowale, LLM - Deputy Executive Director for Licensure, Board of Medicine
- Colanthia Morton-Opher - Deputy Executive Director for Administration and Medical Licensure, Board of Medicine
- Matthew Novak – Agency Regulatory Coordinator

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**Members of the Public Present**

Lauren Schmitt

Ryan Caruso

Cathy Harrison

Adrienne Hartgerink

Mark Hickman

Sarah Graham Taylor

Patrice Lewis

David Brown

**Emergency Egress Procedures**

Ms. LaMotte reviewed the emergency egress procedures for the Perimeter Center.

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**Introduction of Workgroup Members**

Dr. Harp welcomed and thanked members for their participation. Each member introduced themselves and their roles.

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**Adoption of Agenda**

A motion to adopt the agenda was made by Shane Angus, seconded by Meredith Joyner, and passed unanimously by a full show of hands.

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**Public Comment on Agenda Items**

- **Lauren Schmitt**, representing the Virginia Society of Anesthesiologists, expressed enthusiasm for the expansion of the patient care team and urged the panel to move swiftly to implement regulations that would enhance access to care.
- **Ryan Caruso, CRNA**, raised concerns about liability and the supervision of AA students, particularly when they are placed in environments beyond their scope or experience.

- **Cathy Harrison, CRNA**, with over 24 years of experience providing anesthesia in dental offices, emphasized the differences between CRNAs and AAs, advocating for physician-led training for AA students to ensure safety and communication standards.
  - **Adrienne Hartgerink, CRNA**, Director, Nurse Anesthesia Program at ODU, highlighted the importance of preserving clinical training sites for CRNA students, noting that CRNAs represent the largest anesthesia workforce in Virginia and are critical in rural and underserved areas.
  - Ryan Caruso, CRNA, Cathy Harrison, CRNA and Adrienne Hartgerink, CRNA submitted written comments.
- 

## **New Business**

### **Overview of SB882 and Regulatory Process**

Erin Barrett provided an overview of SB882, which establishes licensure for anesthesiologist assistants (AAs) in Virginia. She noted that unlike other allied health professions, the statute does not create an advisory board or define scope of practice or supervision. The regulatory process is in the NOIRA stage and is currently under Executive Branch review. Even with a change in administration, the process will continue. An optimistic timeline for final regulations is 2027.

A state comparison chart was distributed, outlining how other jurisdictions define scope of practice, supervision, and renewal requirements.

### **Scope of Practice**

The panel reviewed how other states define AA scope of practice. Ohio and DC were noted for their comprehensive and flexible language, including catch-all provisions. Washington State provides a detailed list of procedures, while North Carolina uses a delegated authority model without a specific list.

Panel members discussed the implications of defining “assist” as “perform,” and the importance of aligning regulatory language with real-world practice. There was consensus that Virginia should avoid overly rigid definitions and instead reflect the dynamic nature of anesthesia care.

**Nicole Moore moved that Virginia adopt a scope of practice model similar to North Carolina’s, allowing facilities discretion to define duties. Shane Angus**

seconded the motion. The vote was tied, with three members in favor and three opposed, so the motion did not carry.

Nicole Moore then proposed that the panel consider the Washington, DC regulations as a middle ground between prescriptive and flexible models. After discussion, Meredith Joyner moved that Virginia adopt a model similar to Washington DC's, emphasizing patient safety and providing a clear framework for a new profession. Doug Heater seconded the motion. The motion carried unanimously.

### **Supervision Ratios**

The panel discussed various supervision models, including 2:1, 3:1, and 4:1 ratios. Members shared experiences from academic and private practice settings, noting that ratios often depend on patient acuity, case complexity, and institutional policy. The 4:1 ratio is derived from CMS guidelines and is commonly used for stable, long-duration cases.

There was strong support for codifying a supervision ratio to ensure patient safety and provide clarity for institutions, while still allowing flexibility.

**Meredith Joyner moved that the regulations include a supervision ratio of one anesthesiologist to four anesthesiologist assistants (1:4). Dr. Sarah Reece-Stremtan seconded the motion. The motion carried unanimously.**

**Shane Angus moved that the regulations adopt the definition of "Direct Supervision" as meaning the supervising physician is physically present in the facility and immediately available to both the supervised individual and the patient. Nicole Moore seconded the motion. The motion passed with four members in favor and two opposed.**

### **Enhanced Supervision for New Graduates**

The panel discussed the Ohio model, which requires enhanced supervision for the first four years of practice. While some members felt this was excessive, there was general agreement that new graduates should receive closer oversight initially. A 1:1 ratio for the first few months was suggested as a best practice.

### **Licensure and Continuing Education**

The panel reviewed draft language for initial licensure, including application requirements and NPDB reports. There was consensus that continued national certification (AA-C) should satisfy continuing education requirements, similar to physician assistants.

**Dr. Sarah Reece-Stremtan moved that any anesthesiologist supervising an anesthesiologist assistant must be either board certified or board eligible. Dr. Mark Simcox seconded the motion. The motion passed unanimously.**

**NEXT STEPS**

- The panel will reconvene in January or February 2026.
- The next meeting will focus on reviewing the DC model and refining the list of delegable duties, Erin Barrett will prepare materials for the panel to review.
- The Executive Committee of the Board of Medicine is scheduled to meet in April 2026.

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**Adjournment**

The meeting adjourned at 12:18 p.m.

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William L. Harp, MD, Executive Director

# Regulatory Advisory Panel on Anesthesiologist Assistants Meeting Minutes

Date: January 23, 2026

Location: 9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 1

Time: 9:00 a.m.

## Call to Order

Dr. Mark Simcox called the meeting to order at 9:05 a.m.

## Roll Call

Kathleen LaMotte called the roll. A quorum was declared.

## Attendees

- Mark Simcox, MD, Chair, Board of Medicine Member
- Shane Angus, CAA, Executive Program Director, Case Western Reserve University School of Medicine
- Meredith Joyner, CRNA, VANA Government Relations Committee Director
- Doug Heater, CRNA

## DHP Staff Present

- William Harp, MD, Executive Director, Board of Medicine
- Kathleen LaMotte, Board Administrator, Board of Medicine
- Jennifer Deschenes, JD, Deputy Executive Director for Discipline, Board of Medicine
- Michael Sobowale, LLM, Deputy Executive Director for Licensure, Board of Medicine
- Colanthia Morton-Opher, Deputy Executive Director for Administration and Medical Licensure, Board of Medicine
- Rosalyn Nickens, Licensing Supervisor
- Matthew Novak, Agency Regulatory Coordinator

## Members of the Public Present

None

## Emergency Egress Procedures

Ms. LaMotte reviewed the emergency egress procedures for the Perimeter Center.

## Introduction of Members

Dr. Harp asked the attendees, including staff members present, to introduce themselves.

## Approval of Minutes from November 7, 2025

A motion to approve the minutes was made by Meredith Joyner, seconded by Doug Heater, and passed unanimously.

## Adoption of Agenda

A motion to adopt the agenda was made by Shane Angus, seconded by Meredith Joyner, and passed unanimously.

## Public Comments

None received

## New Business

### Continued Formulation of Draft Regulations – Discussion led by Matt Novak.

Mr. Novak opened the discussion by noting that while the previous meeting included a robust exchange of ideas, several key decisions remain outstanding. These include definitions, scope of practice, and delegation of duties. The panel reaffirmed its prior consensus to model Virginia's scope of practice on the Washington, D.C. framework, which offers clarity without being overly prescriptive. A comparative chart of state regulations was reviewed to guide deliberations.

The panel examined practice settings and supervision requirements. Members agreed that anesthesiologist assistants (AAs) should work under the authority of an anesthesiologist and not in unregulated environments such as dental offices. Concerns were raised about patient safety and credentialing in office-based settings. The group expressed preference for language requiring practice in accredited facilities that meet Joint Commission standards, noting that Virginia ambulatory surgery centers are licensed as hospitals by the Department of Health.

Supervision requirements were a focal point. The panel discussed whether regulations should mandate physical presence or adopt the “immediately available” standard used in D.C. Members acknowledged the challenge of defining this term precisely, preferring flexibility over rigid time or distance metrics. CMS guidance and the D.C. definition—which places responsibility squarely on the supervising physician—were cited as useful references. The panel agreed that over-regulating could limit the Board’s discretion and suggested that future guidance documents may clarify interpretation if needed.

Additional topics included:

- **Board Certification:** The panel reaffirmed that supervising anesthesiologists must be board certified or board eligible, ideally under ASA standards, though further legal review may be required.
- **Delegable Duties:** The group supported adding “in consultation with an anesthesiologist” to all tasks and confirmed alignment with D.C.’s scope, including authority to administer anesthetic and adjuvant drugs (including narcotics), assist with regional techniques, and manage monitoring systems.
- **Prescriptive Authority:** Consensus was that AAs will not have prescriptive authority; postoperative orders should be co-signed by the supervising anesthesiologist.
- **Continuing Education:** The panel favored maintaining national certification as the standard for ongoing education rather than prescribing specific hours.
- **Title Protection:** Members agreed to include language requiring AAs to clearly identify themselves by title in clinical settings.

The panel concluded that the draft regulations provide a strong framework but acknowledged opportunities for refinement during the regulatory review process. Future guidance may address any ambiguities that arise in implementation.

## Recommendations to the Legislative Committee and Full Board – Discussion led by Matt Novak.

Shane Angus made a motion to recommend the language as discussed to the Board of Medicine, Meredith Joyner seconded the motion. The motion passed unanimously.

## Next Steps – Dr. Mark Simcox.

Mr. Novak provided an update on the regulatory timeline. The Notice of Intended Regulatory Action (NOIRA) is currently under review at the Secretary's office and will subsequently move to the Governor's office. Due to the recent change in administration, the review process may take considerable time. As a result, it is unlikely that the proposed regulations will be ready for presentation to the full Board before late summer.

Once the review is complete, the Board will determine how to proceed and advance the regulatory process. The Regulatory Advisory Panel (RAP) does not anticipate meeting again; however, members will have an opportunity to provide input during the public comment period once the proposed regulations are published.

## Travel Reminder

Members were reminded to submit travel reimbursement requests within 30 days of the meeting.

## Adjournment

The meeting adjourned at 11:00 a.m.

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William L. Harp, MD, Executive Director

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## ADVISORY BOARD ON RADIOLOGICAL TECHNOLOGY

**Minutes**

February 4, 2026

The Advisory Board on Radiological Technology met on Wednesday, February 4, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

**MEMBERS PRESENT:** Cheryl Cunningham, RT  
David L. Roberts, RT

**MEMBERS ABSENT:** Uma Prasad, MD, Vice-Chair  
Sandra J. Catchings, DDS

**STAFF PRESENT:** William L. Harp, M.D., Executive Director  
Michael Sobowale, LLM, Deputy Executive Director -  
Licensure  
Jennifer Deschenes, Deputy Executive Director – Discipline  
Colanthia M. Opher, Deputy Executive Director – Medical  
Licensure and Administration  
Kathleen LaMotte, Board Administrator  
Matthew Novak, Agency Regulatory Coordinator  
Roslyn Nickens, Licensing Supervisor  
Denise Christian, Licensing Specialist

**GUESTS PRESENT:** Ruth Kusterer, RT, Virginia Society of Radiologic Technology

**Call to Order**

Dr. Harp called the meeting to order @ 1:02 p.m.

**Emergency Egress Procedures**

Kathleen LaMotte announced the emergency egress instructions.

**Roll Call**

Ms. LaMotte called the roll; a quorum was not declared.

**Public Comment**

Ruth Kuterer, RT, representing the Virginia Society of Radiologic Technologists, spoke in opposition to HB452, which addresses licensure for radiologic technologists and limited technologists. She expressed concern that allowing individuals who are not licensed, certified by ARRT, or graduates of accredited programs could compromise patient safety and radiation safety standards. Education, certification, and continuing education are essential for competency, and removing these requirements risks stagnation and inadequate supervision of students. These concerns extend to CT and MRI. While hospitals are exempt, supervision in exempt facilities may be insufficient. Limited technologists receive training and testing by body part, ensuring minimal competency, and current licensure requirements should remain. She also noted that some technologists maintain licensure but let certification lapse, which is problematic.

Mr. Cunningham added that limited technologists cannot be supervised by PAs or NPs and expressed concern that, if HB452 passes, some may believe they can drop licensure and work unsupervised. The Board reiterated that it cannot lobby and encouraged stakeholders to advocate directly with the General Assembly.

## **New Business**

### **Legislative report**

Matthew Novak reported on the status of several bills of interest to the Advisory Board.

#### **HB156 – Continuing Education; Electronic Death Registration**

Directs the Board of Medicine and Board of Nursing, in collaboration with the Office of Vital Records, to establish continuing education requirements on the electronic death registration system and require attestation regarding timely signing of death certificates. A substitute version changes this to a renewal question asking if the licensee works in a relevant field and whether they have completed training via the designated website.

#### **HB452 – Licensure Exceptions for Radiologic Technologists**

Would permit radiological technologists, radiologist assistants, and limited radiologic technologists employed by hospitals, health systems, or affiliated urgent care centers to practice without a license. A substitute bill added a three-year sunset clause.

#### **HB1223 – Mandatory Suicide Training**

Requires healthcare professionals to complete training in suicide assessment, treatment, and management. Most mental health professionals must complete training every six years, other professions only once.

#### **SB22 – Bias Reduction Training**

Requires certain licensees to complete continuing education on bias reduction in health care. This bill has Governor Spanberger's support; similar bills reached Governor Youngkin's desk in prior years but were vetoed.

## **SB680 – Agency Bill; Fee Adjustment**

Partnership between DHP and DPOR to streamline fee adjustments while maintaining public comment requirements. Revises the Callahan Act to allow quicker fee changes, retain a financial cushion, and impose fees for formal hearings and disciplinary actions. Also changes how fee reductions occur and ensures agencies can address financial issues proactively.

## **Recommendation of draft amendments for licensure by endorsement**

The Advisory Board reviewed proposed amendments to allow licensure by endorsement, consistent with an agency bill introduced during the 2025 General Assembly Session. The goal is to make it easier for individuals licensed in another jurisdiction to obtain licensure in Virginia. The proposed changes align with endorsement pathways across most professions, with two requirements specific to radiologic technologists:

- Evidence of a current, valid ARRT certificate as an R.T.(R)
- Current certification in ACLS

The two members present voiced support for advancing these amendments to the Board of Medicine.

## **Election of Officers**

Cheryl Cunningham volunteered to run the meeting in May, but a quorum was not present to hold an election.

## **Licensure Statistics**

- **Total licenses issued (Jan 1 – Dec 31, 2025):**
  - Limited Radiologic Technologists (LRT): 135
  - Radiologic Technologists (RT): 783
  - Reinstatements: 70
- **Total licenses issued (Jan 1 – Feb 4, 2026):**
  - LRT: 9
  - RT: 72
  - Reinstatements: 7
- **Current totals:**
  - Licensed RT: 5,464
  - Licensed LRT: 517
  - Licensed Radiologist Assistants: 13
- **Average processing time to issue a license: 26 days**

## **Announcements**

Members were reminded to submit their travel expense reimbursement vouchers within 30 days of the meeting.

**Next Scheduled Meeting**

The next scheduled meeting will be Wednesday, May 13, 2026, at 1:00 p.m.

**Adjournment**

Dr. Harp adjourned the meeting at 1:41 p.m.

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William L. Harp, MD, Executive Director

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## ADVISORY BOARD ON PHYSICIAN ASSISTANTS

**Minutes**

February 5, 2026

The Advisory Board on Physician Assistants met on Thursday, February 5, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

**MEMBERS PRESENT:** Justin Hepner, PA-C, Chair  
Tracey Dunn - citizen  
Lucy Treene, PA-C  
Brian Hanrahan, MD \*\* joined at 1:15

**MEMBERS ABSENT:** Erin Myers, PA-C

**STAFF PRESENT:** William L. Harp, M.D., Executive Director  
Michael Sobowale, LLM, Deputy Executive Director - Licensure  
Kathleen LaMotte, Board Administrator  
Matthew Novak, Agency Regulatory Coordinator  
Roslyn Nickens, Licensing Supervisor  
Erin Pollard, Licensing Specialist  
Jamie Culp, Licensing Specialist

**GUESTS PRESENT:** Robert Glasgow, PA, VAPA  
Bobby Cockram, PA, President, VAPA

**Call to Order**

Justin Hepner called the meeting to order @ 1:04 p.m.

**Emergency Egress Procedures**

Kathleen LaMotte announced the emergency egress instructions.

**Roll Call**

Ms. LaMotte called the roll; a quorum was declared.

**Approval of Minutes**

Ms. Treene moved to approve the minutes from the October 23, 2025 meeting. Ms. Dunn seconded the motion. The motion passed unanimously.

## **Adoption of Agenda**

Ms. Dunn moved to adopt the agenda as amended. The motion was seconded by Ms. Treene. The motion passed unanimously.

## **Public Comment**

Bobby Cockram, current President of the Virginia Academy of Physician Assistants and practicing PA at Inova Health System, provided an update on legislation to remove the three-year practice requirement. He noted that proposed amendments aim to address physician concerns without changing the PA scope of practice. He also highlighted issues with pharmacies inconsistently interpreting regulations about prescriptions, leading to unnecessary requirements that impact patient care. Mr. Cockram urged engagement with the Board of Pharmacy to clarify these regulations.

## **New Business**

### **Regulatory update**

Mr. Novak reported one update since the regulatory chart was prepared. The creation of a reinstatement process for physician assistants with lapsed licenses has been sent for publication and will become effective April 9. He also noted that numerous actions were released from the Attorney General and the Office of the Governor at the end of the previous administration. The proposal to remove the patient care team physician name from prescriptions will be sent for the next publication cycle, with hopes to come before the Board in June to allow for the 60-day comment period.

### **Legislative report**

Matthew Novak reported on the status of several bills of interest to this Advisory Board.

#### **HB156 – Continuing Education; Electronic Death Registration**

Directs the Board of Medicine and Board of Nursing, in collaboration with the Office of Vital Records, to establish continuing education requirements on the electronic death registration system and require attestation regarding timely signing of death certificates. A substitute version changes this to a renewal question asking if the licensee works in a relevant field and whether they have completed training via the designated website.

#### **HB746 – Authorization to Practice without a practice agreement**

Authorizes physician assistants with at least three years of full-time clinical experience to practice without a practice agreement upon receipt of an attestation from a collaborating physician or podiatrist. The bill provides alternative methods for PAs unable to obtain an attestation and establishes a process for licensure by endorsement. It also defines the scope of practice for PAs practicing without an agreement. The bill was referred to the Health and Human Services Committee and assigned to the Health Professions subcommittee in January 2026.

### **HB1223 – Mandatory Suicide Training**

Requires healthcare professionals to complete training in suicide assessment, treatment, and management. Most mental health professionals must complete training every six years, other professions only once.

### **SB22 – Bias Reduction Training**

Requires certain licensees to complete continuing education on bias reduction in health care. This bill has Governor Spanberger's support; similar bills reached Governor Youngkin's desk in prior years but were vetoed.

### **SB359 – End of life decision making for aid in dying**

Subsequent to the publication of the agenda packet, this bill failed in subcommittee and is unlikely to become law.

### **SB680 – Agency Bill; Fee Adjustment**

Partnership between DHP and DPOR to streamline fee adjustments while maintaining public comment requirements. Revises the Callahan Act to allow quicker fee changes, retain a financial cushion, and impose fees for formal hearings and disciplinary actions. Also changes how fee reductions occur and ensures agencies can address financial issues proactively.

### **Consideration of proposed stage language regarding Consultation and Collaboration**

In 2024, this Advisory Board recommended advancing proposed regulatory changes to the full Board. The Board did not approve the action at that time, citing concerns that the language was too vague, could be misused, and might create barriers to care rather than improving practice. Some members suggested eligibility should be limited to PAs with certain years of experience. The proposal originated from a petition for rulemaking.

Revised language was presented for reconsideration. If approved by the Advisory Board, the proposal will go to the Executive Committee in April and, if affirmed, to the full Board. The Advisory Board discussed potential changes and ultimately supported the previously recommended language.

**Action:** Mr. Hepner moved to re-submit the draft language to the Executive Committee as previously approved by the Advisory Board. Ms. Treene seconded. The motion carried by verbal vote.

The Chair wished to pass along to the Board the Advisory Board's sentiment of the importance of practicality and expressed uncertainty about what changes might satisfy the Executive Committee without specific guidance.

The Advisory Board discussed the difficulty of policing how long a PA has been practicing. If HB746 allowing autonomous practice passes, this stage language may only apply to PAs with 0

– 3 years of experience. Dr. Hanrahan added that in his practice he finds this onerous for all but the very newest PAs.

### **Licensing Report**

#### **Total PA licenses issued in 2025: 968**

- **By reciprocity: 106**
  - From Maryland: 67
  - From D.C.: 16
  - From both: 23

#### **Applications processed in 2026 (to date): 175**

- **By reciprocity: 10**
  - From Maryland: 7
  - From D.C.: 2
  - From both: 1

#### **Virginia PAs obtaining reciprocity in other jurisdictions:**

- D.C.: 49
- Maryland: 6
- **Total: 55**

**Current processing time:** 15 days

**Total number of licensed PAs in the Commonwealth:** 7,369

### **Announcements**

Members were reminded to submit their travel expense reimbursement vouchers within 30 days of the meeting.

### **Next Scheduled Meeting**

The next scheduled meeting is Thursday, May 14, 2026, at 1:00 p.m.

### **Adjournment**

Justin Hepner adjourned the meeting at 1:52 p.m.

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William L. Harp, MD, Executive Director

**Agenda Item: Other Reports**

- ◆ Board Counsel\*
- ◆ Podiatry Report\*
- ◆ Chiropractic Report\*

**Staff Note:** \*Reports will be given orally at the meeting

**Action:** These reports are for information only. No action needed unless requested by presenter.

**Agenda Item: Current Regulatory Actions**

**Staff Note:** Ms. Barrett or Mr. Novak will speak to the Board of Medicine actions underway.

**Action:** If any action is required, guidance will be provided.

**Board of Medicine**  
**Regulatory Actions**  
**As of February 5, 2026**

**In the Governor's Office**

None.

**In the Secretary's Office**

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-50	NOIRA	Implementation of the PA Compact	4/14/2025	290 days	Facilitates entry into the PA Compact
18VAC85-180	NOIRA	Licensure of Anesthesiologist Assistants	8/18/2025	161 days	Begins the process to license Anesthesiologist Assistants as required by legislation

**At DPB or OAG**

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-20	Fast-Track	Clean up of continuing education requirement references following regulatory reduction	4/8/2025	Review completed; Waiting to submit	Removes references to CE requirements that were removed in a previous regulatory action
18VAC85-40	Proposed	Implementation of 2022 Periodic Review for Chapter 40	4/8/2025	OAG; 303 days	Implements changes following 2022 periodic review. Fast-track received an objection from a legislator pursuant to Va. Code § 2.2-4012.1., which

					converted the fast-track into a NOIRA. This action will now undergo the full regulatory process.
18VAC85-20	Proposed	Licensure of foreign physicians through provisional and restricted licenses	11/14/2025	OAG: 83 days	Creates a provisional and restricted license pathway for foreign physicians as required by HB995 of the 2024 General Assembly.

**Recently effective/awaiting publication**

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-80	Fast-Track	Expansion of options for reinstatement of lapsed occupational therapy or occupational therapy assistant license	12/15/2025	1/29/2026	Expands options and reduces burdens for licensees who hold a license in another jurisdiction.
18VAC85-50	NOIRA	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	3/10/2025	4/9/2025	This action will be before the executive committee in December
18VAC85-80	Final/Exempt	Licensure by endorsement for occupational therapy	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as required by 2025 legislation
18VAC85-140	Final/Exempt	Licensure by endorsement for polysomnographic technologists	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as

					required by 2025 legislation
18VAC85-150	Final/Exempt	Licensure by endorsement for behavior analysts	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as required by 2025 legislation
18VAC85-170	Final/Exempt	Licensure by endorsement for genetic counselors	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as required by 2025 legislation
18VAC85-50	Fast-Track	Creation of reinstatement process for physician assistants with lapsed licenses	2/23/2026	4/9/2026	Missing process for PAs

### Other

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-20	Fast-Track	Removal of requirement to provide documentation of continuing competency for reactivation of a license	TBD	TBD	This action has been approved for publication, however due to a large release of regulatory actions from the Governor's office at the end of the Youngkin administration, we have had to schedule the publication of these actions to not

					overwhelm DLS and their staff. This action will be sent for publication in the next 30 days and should be effective by June.
18VAC85-50	Proposed	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	N/A	N/A	At a previous executive committee meeting, the committee did not vote to file a proposed stage and instead asked for the action to return at a future exec committee meeting. This action will be brought up at the April exec committee meeting.
18VAC85-50	Proposed	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	TBD	TBD	This action has been approved for publication, however due to a large release of regulatory actions from the Governor's office at the end of the Youngkin administration, we have had to schedule the publication of these actions to not overwhelm DLS and their staff. This action will be sent for publication in the next 30 days.

**Agenda Item: Amendments to Guidance Document 90-56 Following General Assembly Action**

**Included in your Agenda Package:**

- Redlined version of 90-56

**Staff Note:** These amendments are being made following the passage of Chapter 404 of the 2024 Acts of Assembly, which reduced the number of years of practice required for APRNs to practice without a practice agreement. Regulatory changes went into effect late last year, however guidance document changes were not made at that time. These changes have been approved by the Board of Nursing but require Board of Medicine approval to become final.

**Action Needed:**

- Motion to amend guidance document 90-56.

## Practice Agreement Requirements for Licensed Nurse Practitioners (Advanced Practice Registered Nurses)

### KEY POINTS:

- Certified Registered Nurse Anesthetist (“CRNA”) – A practice agreement is *not* required for nurse practitioners licensed in the category of CRNA. The CRNA practices under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.
- Certified Nurse Midwife (“CNM”) – Prior to completion of 1,000 practice hours, a nurse practitioner licensed in the category of CNM must enter into a practice agreement with either a CNM who has practiced for at least two years or a licensed physician.
- Clinical Nurse Specialist (“CNS”) – A nurse practitioner licensed in the category of CNS and who prescribes controlled substances must enter into a practice agreement with a licensed physician.
- Nurse Practitioner (“NP”) – A nurse practitioner with less than 5-3 years of clinical experience must enter into a practice agreement with a patient care team physician; this requirement does not apply for NPs-APRNs in the categories of CNM, CRNA, or CNS.
- Nurse practitioners who are required to have a practice agreement are responsible for maintaining the practice agreement and making it available for review by the Board of Nursing upon request.
- Practice agreements do *not* need to be submitted to the Board of Nursing to obtain or renew the professional license.

### Applicable statutes by category:

#### CNM

- A practice agreement entered into between a CNM and a CNM with more than 2 years of experience or a licensed physician must address the availability of the consulting CNM or the licensed physician for routine and urgent consultation on patient care. (Va. Code § 54.1-2957(H).)
- If the CNM will prescribe, the practice agreement must include the parameters of such prescribing of Schedules II through VI controlled substances. (Va. Code § 54.1-2957.01(G).)
- Virginia Code § 54.1-2957(H) describes the requirements for CNMs to practice without a practice agreement.

#### CNS

A CNS who prescribes controlled substances must practice in consultation with a licensed physician in accordance with a practice agreement.

- A practice agreement entered into between a CNS and a licensed physician must address the availability of the physician for routine and urgent consultation on patient care. (Va. Code § 54.1-2957(J).)
- If the CNS will prescribe, the practice agreement must include the parameters of such prescribing of Schedules II through V controlled substances. (Va. Code § 54.1-2957.01(B).)

## NP

A nurse practitioner with less than 53 years of clinical experience must enter into a practice agreement with a patient care team physician as defined in Virginia Code § 54.1-2900. Pursuant to Virginia Code §§ 54.1-2957(C), (D), and 54.1-2957.01(B), when a practice agreement is required for NP practice, it must include:

- Provisions for the periodic review of health records by the patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
- Provisions for appropriate input from health care providers in complex clinical cases and patient emergencies and for referrals;
- Categories of drugs and devices that may be prescribed;
- Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient;
- Provisions for periodic joint evaluation of services provided;
- Provisions for periodic review and revision of the practice agreement; and
- The signature of the patient care team physician or the name of the patient care team physician clearly stated.

Virginia Code § 54.1-2957(I) describes the requirements for NP autonomous practice.

**Agenda Item: Initiation of Periodic Review for 18VAC90-30 and 18VAC90-40**

**Staff Note:** These two chapters are overdue for a periodic review of regulations by many years. The Board of Nursing voted to initiate a periodic review at their September meeting. Because these chapters govern APRNs, they also require a vote of the Board of Medicine to officially open a periodic review.

**Action Needed:** Motion to initiate a periodic review of 18VAC90-30 and 18VAC90-40.

**Agenda Item: Licensure by Endorsement for Acupuncturists**

**Included in your Agenda Package:**

- Draft amendments to create a license by endorsement pathway, approved by the advisory board

**Staff Note:** These changes were recommended by the advisory board to be approved in their current form at their October advisory board meeting.

**Action Needed:**

- Motion to amend 18VAC85-110 by exempt action.

**18VAC85-110-80. Examination requirements for licensure.**

The examination requirements for initial licensure shall consist of:

1. Passing the NCCAOM examination, resulting in current, active certification by the NCCAOM at the time the application is filed with the board; and
2. Completing the CNT course as administered by the CCAHM.

**18VAC85-110-90. Test of spoken English requirements.**

A. An applicant applying for initial licensure to practice as an acupuncturist whose native language is not English and whose acupuncture education was also not in English shall submit evidence of having achieved a passing score as acceptable to the board on either the Test of Spoken English (TSE) or the Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Services.

B. An applicant applying for initial licensure to practice as an acupuncturist whose native language is not English and whose acupuncture education was also not in English shall be exempt from the requirement for TSE or TOEFL if the majority of his clients speak the language of the acupuncturist.

**18VAC85-110-91. Licensure by endorsement.**

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of a current, active NCCAOM certification;
4. Evidence of completion of a CNT course as administered by the CCAHM; and
5. A current report from the National Practitioner Data Bank

**18VAC85-110-150. Biennial renewal of licensure.**

A. A licensed acupuncturist shall renew his license biennially during his birth month in each odd-numbered year by:

1. Paying to the board the renewal fee as prescribed in subdivision 2 of 18VAC85-110-35; and
2. Attesting to having current, active certification by the NCCAOM.

B. A licensed acupuncturist whose license has not been renewed by the first day of the month following the month in which renewal is required shall not be licensed in Virginia.

C. An additional fee to cover administrative costs for processing a late application renewal shall be imposed by the board as prescribed by subdivision 3 of 18VAC85-110-35.

DRAFT

**Agenda Item: Licensure by Endorsement for Athletic Trainers**

**Included in your Agenda Package:**

- Draft amendments to create a license by endorsement pathway, approved by the advisory board

**Staff Note:** These changes were recommended by the advisory board to be approved in their current form at their October advisory board meeting.

**Action Needed:**

- Motion to amend 18VAC85-120 by exempt action.

**18VAC85-120-50. Requirements for licensure.**

An applicant for initial licensure shall submit evidence of meeting the following requirements for licensure on forms provided by the board:

1. A completed application and fee as prescribed in 18VAC85-130-150;
2. Verification of professional activity as required on the application form;
3. Evidence of current NATABOC certification; and
4. If licensed or certified in any other jurisdiction, ~~documentation of practice as an athletic trainer~~ and verification as to whether there has been any disciplinary action taken or pending in that jurisdiction.

**18VAC85-120-51. Requirements for licensure by endorsement.**

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of a current, active NATABOC certification; and
4. A current report from the National Practitioner Data Bank

**18VAC85-120-90. Renewal of license.**

A. Every athletic trainer intending to continue licensure shall biennially in each odd-numbered year in his birth month:

1. Register with the board for renewal of licensure;
2. Pay the prescribed renewal fee at the time he files for renewal; and
3. Attest to current NATABOC certification.

B. An athletic trainer whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC85-120-150.

**Agenda Item: Licensure by Endorsement for Physician Assistants**

**Included in your Agenda Package:**

- Draft amendments to create a license by endorsement pathway, approved by the advisory board

**Staff Note:** These changes were recommended by the advisory board to be approved in their current form at their October advisory board meeting.

**Action Needed:**

- Motion to amend 18VAC85-50 by exempt action.

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

~~A.~~ The applicant seeking initial 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. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that 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.~~

**18VAC85-50-51. Licensure by endorsement requirements**

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of current certification issued by the NCCPA; and
4. A current report from the National Practitioner Data Bank

**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. No physician assistant who allows a NCCPA certification to lapse shall be considered licensed by the board. Any such physician assistant who proposes to resume practice shall make a new application for licensure.

**Agenda Item: Licensure by Endorsement for Rad Techs**

**Included in your agenda packet:**

- Draft regulatory changes to licensure requirements reviewed by the advisory board on radiologic technology.

**Staff Note:** At the February 4<sup>th</sup> meeting where this draft was reviewed, no quorum of the advisory board was present to recommend these changes be adopted by the Board. However, they did agree with the presented changes and unofficially recommended the language be adopted.

After the meeting, staff noticed an omission under the license by endorsement section that should have been included. This is reflected in the current draft and will be commented on by policy staff.

**Action Needed:**

- Motion to recommend to the full Board the adoption of an exempt regulatory action to amend regulations pursuant to SB1438.

**18VAC85-101-27. Educational requirements for radiologist assistants.**

An applicant for initial licensure as a radiologist assistant shall be a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential.

**18VAC85-101-28. Licensure requirements.**

A. An applicant for initial licensure as a radiologist assistant shall:

1. Meet the educational requirements specified in 18VAC85-101-27;
2. Submit the required application, fee, and credentials to the board;
3. Hold certification by the ARRT as an R.T.(R) or be licensed in Virginia as a radiologic technologist;
4. Submit evidence of passage of an examination for radiologist assistants resulting in national certification as ~~an a~~ Registered Radiologist Assistant by the ARRT; and
5. Hold current certification in Advanced Cardiac Life Support (ACLS).

B. If an applicant has been licensed or certified in another jurisdiction ~~as a radiologist assistant or a radiologic technologist~~, the application shall include verification that there has been no disciplinary action taken or pending in that jurisdiction.

C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.

**18VAC85-101-29. Licensure by endorsement requirements**

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of a current, valid certificate issued by the ARRT as an R.T.(R) or a current, valid certificate issued by the NMTCB;
4. Hold current certification in ACLS; and
5. A current report from the National Practitioner Data Bank.

**18VAC85-101-30. Educational requirements for radiologic technologists.**

An applicant for initial licensure as a radiologic technologist shall be a graduate of an educational program acceptable to the ARRT for the purpose of sitting for the ARRT certification examination.

**18VAC85-101-40. Licensure requirements.**

A. An applicant for ~~board~~initial licensure shall:

1. Meet the educational requirements specified in 18VAC85-101-30;
2. Submit the required application, fee, and credentials to the board; and
3. Submit evidence of passage of an examination resulting in certification by the ARRT or the NMTCB.

B. If an applicant has been licensed or certified in another jurisdiction, he shall provide information on the status of each license or certificate held ~~and verification from that jurisdiction of any current, unrestricted license.~~

C. An applicant who fails the ARRT or NMTCB examination shall follow the policies and procedures of the certifying body for successive attempts.

**Action Item: Consideration of Proposed Action for Reduction of Requirements for Consultation and Collaboration****Included in your Agenda Package:**

- Draft language as re-approved by the PA advisory board; and
- Comments received on TownHall during the NOIRA stage.

**Staff Note:** At the August 2025 executive committee meeting, the group failed to advance the proposed stage language put before them as a recommendation from the physician assistant advisory board. At that time, the executive committee also declined to withdraw the action. During discussion following the vote, members of the committee expressed concerns regarding the changes, arguing the previous language was stronger and the new language was too vague and could potentially be misused or exploited. On the other side, arguments were made that the current language presents an unnecessary barrier to care and the proposed changes should not materially impact practice. A suggestion was made to amend the action by including a years of practice requirement to the new language, ensuring only seasoned PAs would be subject to this provision and perhaps reverting to the old language for less experienced PAs. Ultimately, the committee moved unanimously to send the action back to the PA advisory committee for review of the executive committee's concerns and have the action return to the December executive committee meeting.

At the February 2026 advisory board meeting (the October meeting was canceled due to lack of quorum), the advisory board discussed the committee's concerns as raised above and discussed the originally proposed language. Members of the advisory board stated that they continued to feel that the recommended language was more practical in practice and noted the lack of recommended language for them to consider. In discussing a possible years of practice requirement, the advisory board stated they felt tracking and enforcing years of practice would be difficult and that the practice agreement should address the level of autonomy a PA is granted by their supervising physician or podiatrist. The MD on the advisory board felt the requirement as currently written is onerous, and the level of collaboration is more often dictated by things such as comfort of working together and location, such as in an ED. Overall, he felt the current requirement is onerous for all but the newest PAs.

**Action Needed:**

- Motion to adopt proposed stage regulations for reduction of requirements for consultation and collaboration; OR
- Motion to withdraw the action, citing why.

**Project 7656 - Proposed**

**Board of Medicine**

**Amendment to requirements for patient care team physician or podiatrist consultation and collaboration**

**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. Provide appropriate consultation and collaboration for clinical cases and patient emergencies, as noted in the written or electronic practice agreement for the patient evaluation process.~~
2. Be available at all times to collaborate and consult with the physician assistant.

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Action: Amendment to requirements for patient care team physician or podiatrist consultation and collaboration  
[6295 / 10088]

Commenter	Title	Comment	Date/ID
Erika Francis, Shenandoah University	Support of Petition to Remove Redundant Physician Review Requirement	<p>As the Interim Program Director of the Shenandoah University Physician Assistant (PA) Program, I strongly support the petition to remove the requirement that a patient care team physician review the clinical course and treatment plan when a patient presents for the same acute complaint twice in a single episode of care.</p> <p>This regulation imposes an unnecessary administrative burden without clear benefits to patient safety or clinical outcomes. PAs are highly trained, licensed medical professionals who practice within a defined scope of practice and in collaboration with physicians. They are fully capable of evaluating and managing patients who return with the same acute complaint, using their medical expertise to adjust treatment plans as needed. Mandating a physician review in these cases undermines the trust in PA clinical decision-making and contributes to inefficiencies in patient care.</p> <p>Removing this requirement would improve workflow, reduce unnecessary delays, and allow PAs to practice more effectively within their scope while maintaining high standards of patient care. I urge the Virginia Board of Medicine to approve this petition and modernize regulations to reflect the essential role of PAs in Virginia's healthcare system.</p> <p>Sincerely,</p> <p>Erika Francis, DMS, PA-C</p> <p>Interim Program Director</p> <p>Shenandoah University PA Program</p>	3/11/25 5:47 pm CommentID:233008
Kim Ketchersid	In support	<p>In specialty practices, emergency departments, and hospitals, patients are often seen for in subsequent visits for the same chief complaint. This rule only increases the burdens on physicians. Removing it would expand access and lessen the physician workload.</p>	3/12/25 6:29 am CommentID:233010
Laura DeWitz PA-C	support to remove this language	<p>Please help up remove the language that an MD review clinical course and treatment for patients that present for acute complaint twice in a single episode of care. This adds to burden for providers, especially physicians and no proven benefit to patients. I work psychiatry and often need to try multiple medications before finding the one that works best. How is contacting a physician who is often not on site and not familiar with my patient and interrupting the MD's patient care helpful? We all benefit from team approach in medical care and PAs are trained to ask for help and involve the MD when needed. Please trust us to do this and help prevent provider burnout by removing antiquated rules that just don't make any sense when thoughtfully considered. Thank you for your consideration.</p>	3/12/25 8:46 am CommentID:233014
Kristina	In Support	Please remove this antiquated language - it unnecessarily	3/12/25 2:49 pm

Kinsella, PA		increases everyone's workload without improving patient care.	CommentID:233016
Melissa Shaffron, DMSc, PA-C	Support of Removing the Requirement for Physician Review of Repeated Acute Complaints	<p>As a practicing PA and PA Medicine program director, I strongly support the petition to remove the requirement that a patient care team physician must review the clinical course and treatment plan when a patient presents twice for the same acute complaint in a single episode of care.</p> <p>This requirement creates unnecessary administrative burdens without improving patient outcomes. PAs are highly trained, licensed professionals who evaluate, diagnose, and manage acute complaints within their scope of practice. Requiring a physician to review every repeated acute visit does not add clinical value but instead introduces delays, increases workload inefficiencies, and disrupts the continuity of care.</p> <p>Patients often return for follow-up due to the natural progression of illness or to assess treatment effectiveness. PAs are fully capable of managing these cases and determining when physician consultation is necessary based on clinical judgment—not outdated regulatory mandates. Many states have already recognized the autonomy of PAs in similar situations, streamlining care without compromising safety.</p> <p>Updating this regulation would allow PAs to focus more on patient care and less on redundant administrative requirements. It would improve workflow efficiency, reduce delays in treatment, and ultimately enhance the patient experience. I encourage the regulatory board to support this petition and help modernize healthcare delivery in Virginia.</p>	3/13/25 3:42 pm CommentID:233021
Kathleen Scarbalis PA-C	Support regulatory action	<p><i>I support the proposed regulatory change to language regarding physician/PA appropriate consultation rather than required review after the same complaint twice.</i></p> <p><i>PAs provide professional, team-based medical care. When a consultation or referral is needed, it will be sought, if the patient is there for the first, second or third visit. As a team member, the PA will assess the patient and provide the best care, including consultation as needed. The second visit rule is too restrictive.</i></p> <p><i>There are many patients that may require an expected second, or subsequent, visit with the same complaint. I work in pediatrics. I do not often prescribe medication for the initial visit runny nose and cough and recommend follow up-for the 'same acute complaint' if there is not improvement. Then the patient returns with the same complaint in three weeks. Do I need to have this case reviewed by a physician when seeing this patient? Right now, by regulation, I do. Is this a waste of time and resources for the physician? Absolutely! Does this patient truly need to be seen by a physician? Not likely, but if I thought they did, I would for best patient care.</i></p> <p><i>PAs will make the best use of time for their time, the physician and the patient.</i></p>	3/16/25 1:22 pm CommentID:233216
Bobby	Support	Physician Assistants practice collaboratively with physicians	3/17/25 6:14 pm

Cockram, DMSc PA-C	removing this language	<p>61</p> <p>just as physicians practice collaboratively with other physicians, meaning, the care team which consists of physicians, PAs, NPs, and other providers are all trained to seek assistance whenever needed. Access is a major issue for patients everywhere, including the commonwealth. Language like this creates additional access issues that patients should not be subject to. We should be doing everything we can to increase access and not place requirements like this in the way of providing care. There is absolutely no data to suggest this provides any safer care, in fact, there are many studies that show PAs provide care that is at least equal to the quality of care that is provided by our physician colleagues.</p>	CommentID:233263
Dara Wotherspoon, PA-C	Support Changes	Support proposed change to patient care team review requirements	3/18/25 8:12 pm CommentID:233277
Mark Ford	Unneeded regulation	<p>Good morning,</p> <p>Please remove requirement/legislation that requires physicians on the care team to review patient/chart after 2 visits. It is not helpful and does not improve patient care. Patient care teams coordinated consistently after one , two or five visits. Regulations like this become simply "sign offs" and check a box for rules and regulations. Let the providers treat the patient not treat the chart.</p> <p>Even with my 26 years of experience, my teams coordinate care on multiple fronts and multiple times. Help us to clean up the regulations to allow for our time to be spent with the patient.</p> <p>Thank you</p> <p>Mark Ford</p>	3/21/25 7:56 am CommentID:233287
Olushola Ilogho, PA-C	Support to remove language	PAs receive rigorous training, and having this language in the law unnecessarily restricts patient access to care. The practice of medicine is a collaborative effort, and PAs know when to seek input, much like other healthcare providers do when consulting one another. I fully support eliminating the requirement for a physician to review the clinical course and treatment plan when a patient presents with the same acute complaint twice within a single episode of care.	3/23/25 6:07 pm CommentID:233300
Christie L Meek	Support to remove language	<p>Good evening,</p> <p>As an experienced PA, I ask that you remove the language requiring MD evaluation after repeated complaints and no improvement. We already collaborate and utilize colleagues to consult on our patients and having such wording creates unneeded hardship for patient care.</p>	3/23/25 7:44 pm CommentID:233303
Tara Villano	Support removal of unnecessary and burdensome regulation	I am writing to support this legislation to improve the patient care process by removing unnecessary and burdensome regulations for Physician assistant practice. PA's have proven more than competent to manage their patient's care plan under such circumstances as this regulation addresses. When patient's access to care increases by streamlining processes and removing unnecessary burdens, all the people of Virginia benefit.	3/24/25 10:43 am CommentID:233306

Nicole Lando, MSHS, PA-C	I support removing this language	As a practicing PA in the acute care setting (ICU), this regulation is both unnecessary and will delay patient care. PAs are highly trained and skilled individuals who work collaboratively with physicians to provide comprehensive care to patients. They are qualified to assess, diagnose, treat, and manage a wide variety of medical conditions within the scope of their practice. The current requirement for physician oversight and signature on every treatment plan places unnecessary administrative burdens on both the physician and the PA, reducing the efficiency of care delivery and delaying timely treatment for patients. In my own practice caring for the sickest patients in the hospital, delivery of safe and effective patient care can be a matter of life and death. Amending this requirement will not only streamline workflows but will also empower PAs to practice to the full extent of their training, allowing them to make more immediate decisions that are in the best interest of patients while prioritizing patient safety.	3/24/25 11:48 pm CommentID:233309
Kimberly Gordon, PA-C	Support for regulatory change	I support removing this practice regulation. As PAs, we collaborate and utilize colleagues to offer our patients optimal care and having such wording creates unneeded hardship for patients. As a surgical PA, I am often much more readily available to manage postoperative concerns immediately and having such wording limits access to timely care.	3/25/25 10:48 am CommentID:233313
Max Doyle, PA-C	I support removing this requirement	I support removing this requirement, and reducing barriers to care and improving collaboration between PAs and physicians without increased logistic barriers	3/25/25 6:28 pm CommentID:233317
Meredith Dhillon Latitude Psych	Please remove this language	This is another barrier to care, PAs are skilled and knowledgeable providers and this slows down access to care.	4/7/25 10:59 am CommentID:233537
Bart Gillum	Removal of Name of Physician	I support these proposed regulatory changes because they reflect the modern realities of PA practice and foster a more efficient, team-based approach to care. Removing outdated supervisory language aligns with current standards in many other states and empowers PAs to practice at the top of their license.	4/7/25 11:11 am CommentID:233540
Anonymous	Not in support	A patient who presents the second time deserves a physician to ensure nothing was missed and give a second opinion. Just the same as often for a second visit, even a primary care physicians might want a second opinion from a consultant. Patient care isn't about the ego of the provider- it is about giving the best patient care.	4/7/25 11:31 am CommentID:233543
Carolyn Herrera	I support this change	I support this change	4/7/25 4:47 pm CommentID:233553
Terry Carlisle PAC	Support to remove language	I support this language to remove restrictions on physician review	4/8/25 7:27 am CommentID:233558
Alison Moran	In support	I support this language to remove restrictions on physician review. It limits access to care and places unnecessary burdens on the healthcare team.	4/8/25 7:42 am CommentID:233560

**Agenda Item:** Licensing Report

**Staff Note:** Staff will provide information on note-worthy licensing matters.

**Action:** None anticipated.

**Agenda Item:** Discipline Report

**Staff Note:** Ms. Deschenes will provide information on discipline matters.

**Action:** None anticipated.

**Agenda Item: Appointment of a Nominating Committee**

**Staff Note:** The current officer terms will expire at the time of the June 2026 Board meeting. A new slate of officers will be presented by the Nominating Committee at the June Board meeting for approval.

**Action:** Appointment of the Nominating Committee.



- Next Meeting Date of the Full Board is **June 4-6, 2026**. Please check your calendars and advise staff of any known conflicts that may affect your attendance.
- The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30-day deadline, please provide a justification for the late submission and be aware that it may not be approved.
- In order for the agency to be in compliance with the travel regulations, please submit your request for today’s meeting no later than

**March 21, 2026**