

Advisory Board on Physician Assistants

Virginia Board of Medicine

May 14, 2026

1:00 p.m.



Virginia Department of

Health Professions

Advisory Board on Physician Assistants

Board of Medicine

Thursday, May 14, 2026, at 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 1

Call to Order – Justin Hepner, PA-C, Chair

Emergency Egress Procedures – Kathleen LaMotte

Roll Call – Kathleen LaMotte

Introduction of Members – Justin Hepner, PA-C, Chair

Approval of minutes from February 5, 2026, Meeting

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

Healthcare Workforce Data Center Presentation – Barbara Hodgdon, Ph.D.

New Business

1. Legislative and Regulatory Update – Erin Barrett
2. Update to Physician Assistant Compact – Justin Hepner, PA-C, Chair
3. Consideration of new alternate delegate to Physician Assistant Compact Commission – Justin Hepner, PA-C, Chair

Announcements

Next meeting: Thursday, October 1, 2026, at 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.

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

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 >>

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.

William L. Harp, MD, Executive Director

DRAFT

Virginia's Physician Assistant Workforce: 2025

Healthcare Workforce Data Center

February 2026

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

In total, 5,477 Physician Assistants voluntarily participated in this survey. Without their efforts, the work of the Center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Physician Assistant Advisory Board

Chair

Justin Hepner, PA-C
Midlothian

Vice-Chair

Erin Myers, PA-C
Boones Mill

Members

Tracey Dunn
North Chesterfield

Brian Hanrahan, MD
Midlothian

Lucy Treene, PA-C
Arlington

Executive Director

William L. Harp, MD

Contents

Results in Brief.....	2
Summary of Trends	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background	6
Education	8
Credentials	9
Current Employment Situation	10
Employment Quality.....	11
2025 Labor Market	12
Work Site Distribution	13
Establishment Type	14
Languages.....	16
Medical Services	17
Time Allocation	18
Patient Visits	19
Retirement & Future Plans	20
Full-Time Equivalency Units.....	22
Maps	23
Virginia Performs Regions	23
Area Health Education Center Regions	24
Workforce Investment Areas	25
Health Services Areas	26
Planning Districts.....	27
Appendix	28
Weights	28

The Physician Assistant Workforce At a Glance:

The Workforce

Licensees:	7,956
Virginia's Workforce:	6,023
FTEs:	4,998

Background

Rural Childhood:	27%
HS Degree in VA:	44%
Prof. Degree in VA:	41%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	70%
Satisfied?:	94%

Survey Response Rate

All Licensees:	69%
Renewing Practitioners:	88%

Education

Masters:	82%
Baccalaureate:	6%

Job Turnover

Switched Jobs:	9%
Employed Over 2 Yrs.:	53%

Demographics

Female:	75%
Diversity Index:	38%
Median Age:	37

Finances

Median Inc.:	\$130k-\$140k
Health Benefits:	69%
Under 40 w/ Ed. Debt:	66%

Time Allocation

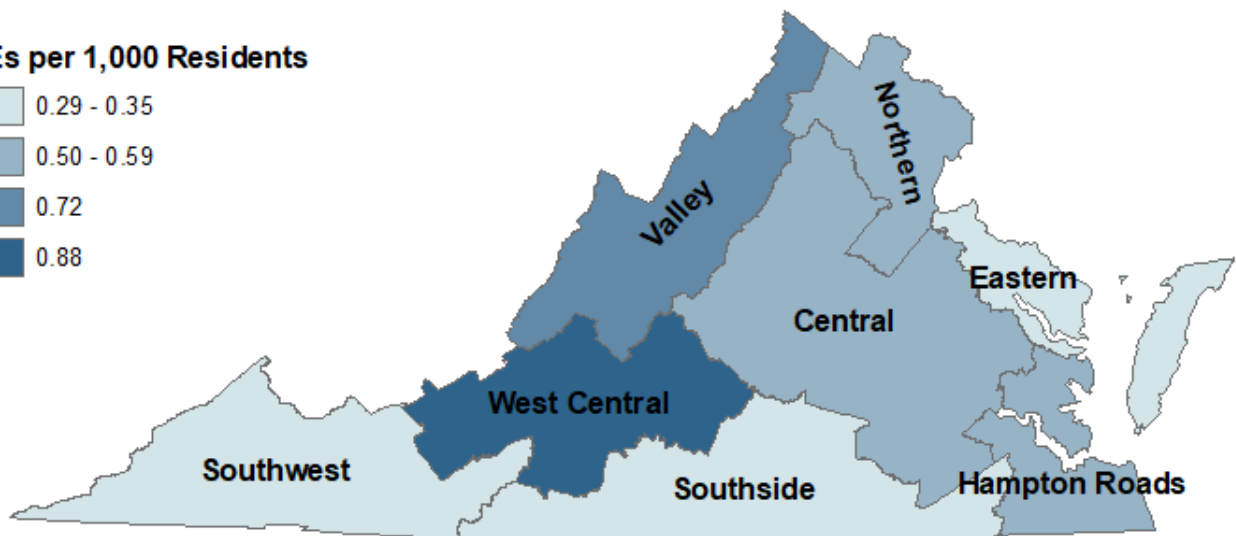
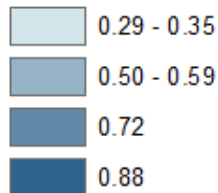
Patient Care:	90%-99%
Patient Care Role:	89%
Admin. Role:	3%

Source: Va. Healthcare Workforce Data Center

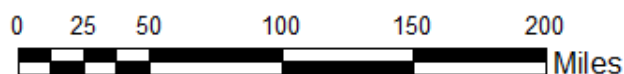
Full-Time Equivalency Units Provided by Physician Assistants per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2025 Physician Assistant Workforce survey. In total, 5,477 physician assistants voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during the birth month of each physician assistant on odd-numbered years. These survey respondents represent 69% of the 7,956 physician assistants who are licensed in the state and 88% of renewing practitioners.

The HWDC estimates that 6,023 physician assistants participated in Virginia's workforce during the survey period, which is defined as those professionals who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's physician assistants provided 4,998 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

Three out of every four physician assistants are female, including 82% of those who are under the age of 40. The median age of this workforce is 37. In a random encounter between two physician assistants, there is a 38% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 39% for those physician assistants who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. More than one out of every four physician assistants grew up in a rural area, and 14% of those physician assistants who grew up in a rural area currently work in a non-metro area of the state. In total, 7% of all physician assistants work in a non-metro area of Virginia.

Among all physician assistants, 96% are currently employed in the profession, 70% hold one full-time position, and 50% work between 40 and 49 hours per week. More than nine out of every ten physician assistants work in the private sector, including 56% who work in the for-profit sector. The typical physician assistant earns between \$130,000 and \$140,000 per year, and 74% receive this income as a salary. In addition, 85% of physician assistants receive at least one employer-sponsored benefit, including 69% who have access to health insurance. Among all physician assistants, 94% indicated that they are satisfied with their current work situation, including 58% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2015 physician assistant workforce. The number of licensed physician assistants in the state has increased by 125% (7,956 vs. 3,530). In addition, the size of Virginia's physician assistant workforce has increased by 115% (6,023 vs. 2,801), and the number of FTEs provided by this workforce has increased by 82% (4,998 vs. 2,753). Virginia's renewing physician assistants are more likely to respond to this survey (88% vs. 82%).

Virginia's physician assistants are more likely to be female (75% vs. 71%). At the same time, the diversity index of this workforce has increased (38% vs. 31%), a trend that has also occurred among physician assistants who are under the age of 40 (39% vs. 28%). Physician assistants are less likely to have grown up in a rural area (27% vs. 31%), and physician assistants who grew up in a rural area are also less likely to work in a non-metro area of Virginia (14% vs. 15%). In addition, the percentage of all physician assistants who work in a non-metro area of the state has fallen (7% vs. 8%). Physician assistants are more likely to hold a Master's degree (82% vs. 76%) than a baccalaureate degree (6% vs. 13%) as their highest professional degree. Although physician assistants are less likely to carry education debt (52% vs. 64%), the median outstanding balance among those with education debt has increased (\$100k-\$110k vs. \$60k-\$70k).

The median annual income of the physician assistant workforce has increased (\$130k-\$140k vs. \$90k-\$100k), and these professionals are more likely to receive this income in the form of a salary (74% vs. 69%) than as an hourly wage (21% vs. 30%). Physician assistants are relatively more likely to work in the non-profit sector (35% vs. 28%) than in the for-profit sector (56% vs. 61%). The percentage of physician assistants who indicated that they are satisfied at their primary work location has fallen (94% vs. 97%), including those physician assistants who indicated that they are "very satisfied" (58% vs. 69%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	6,252	79%
New Licensees	943	12%
Non-Renewals	761	10%
All Licensees	7,956	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing physician assistants, 88% submitted a survey. These represent 69% of the 7,956 physician assistants who held a license at some point in the past year.

Definitions

- 1. The Survey Period:** The survey was conducted throughout 2025 on the birth month of each practitioner.
- 2. Target Population:** All physician assistants who held a Virginia license at some point in 2025.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some professionals newly licensed in 2025.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	694	419	38%
30 to 34	593	1,120	65%
35 to 39	392	1,084	73%
40 to 44	275	960	78%
45 to 49	163	690	81%
50 to 54	133	473	78%
55 to 59	80	338	81%
60 and Over	149	393	73%
Total	2,479	5,477	69%
New Licenses			
Issued in 2025	943	0	0%
Metro Status			
Non-Metro	117	246	68%
Metro	1,043	3,574	77%
Not in Virginia	1,319	1,656	56%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	5,477
Response Rate, All Licensees	69%
Response Rate, Renewals	88%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Physician Asst.

Number:	7,956
New:	12%
Not Renewed:	10%

Survey Response Rates

All Licensees:	69%
Renewing Practitioners:	88%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Physician Assistant Workforce: 6,023
 FTEs: 4,998

Utilization Ratios

Licensees in VA Workforce: 76%
 Licensees per FTE: 1.59
 Workers per FTE: 1.21

Source: Va. Healthcare Workforce Data Center

Virginia's Physician Assistant Workforce

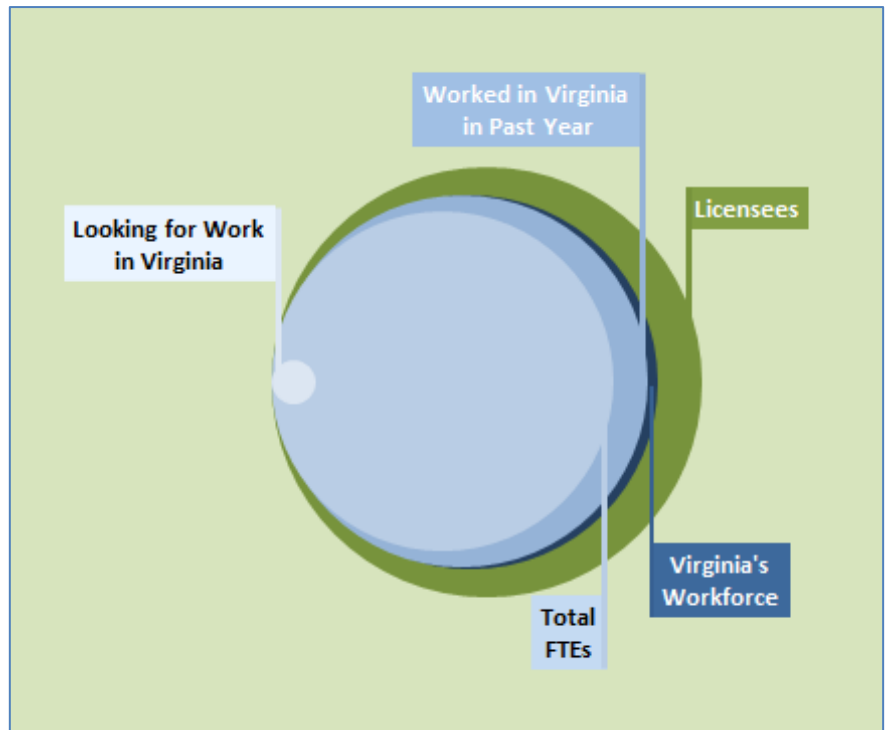
Status	#	%
Worked in Virginia in Past Year	5,939	99%
Looking for Work in Virginia	83	1%
Virginia's Workforce	6,023	100%
Total FTEs	4,998	
Licensees	7,956	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in 2025 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	129	14%	788	86%	917	17%
30 to 34	255	20%	1,022	80%	1,277	24%
35 to 39	186	20%	769	81%	955	18%
40 to 44	192	25%	577	75%	769	14%
45 to 49	158	30%	368	70%	527	10%
50 to 54	149	40%	221	60%	370	7%
55 to 59	115	48%	127	52%	242	4%
60 and Over	158	49%	163	51%	322	6%
Total	1,343	25%	4,036	75%	5,379	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Physician Asst.		Physician Asst. Under 40	
	%	#	%	#	%
White	59%	4,183	78%	2,447	77%
Black	19%	313	6%	147	5%
Asian	7%	417	8%	287	9%
Other Race	0%	61	1%	22	1%
Two or More Races	3%	165	3%	119	4%
Hispanic	11%	239	4%	141	4%
Total	100%	5,378	100%	3,163	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

Among the 59% of physician assistants who are under the age of 40, 82% are female. In addition, the diversity index among physician assistants who are under the age of 40 is 39%.

At a Glance:

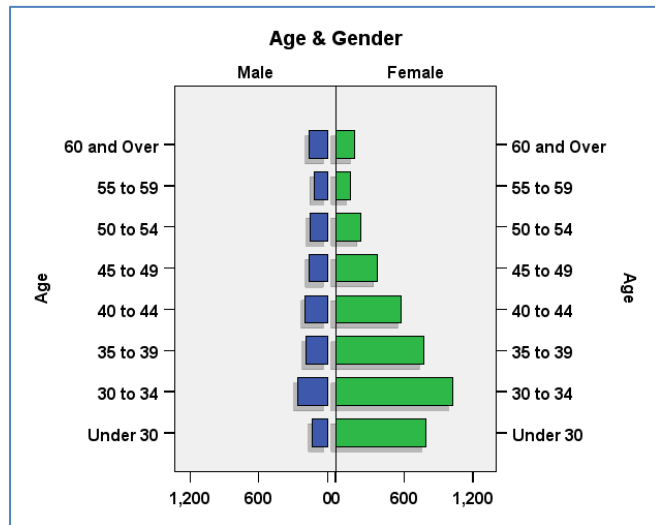
Gender
 % Female: 75%
 % Under 40 Female: 82%

Age
 Median Age: 37
 % Under 40: 59%
 % 55 and Over: 10%

Diversity
 Diversity Index: 38%
 Under 40 Div. Index: 39%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two physician assistants, there is a 38% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 9%
 Rural Childhood: 27%

Virginia Background

HS in Virginia: 44%
 Prof. Education in VA: 41%
 HS/Prof. Edu. in VA: 56%

Location Choice

% Rural to Non-Metro: 14%
 % Urban/Suburban to Non-Metro: 4%

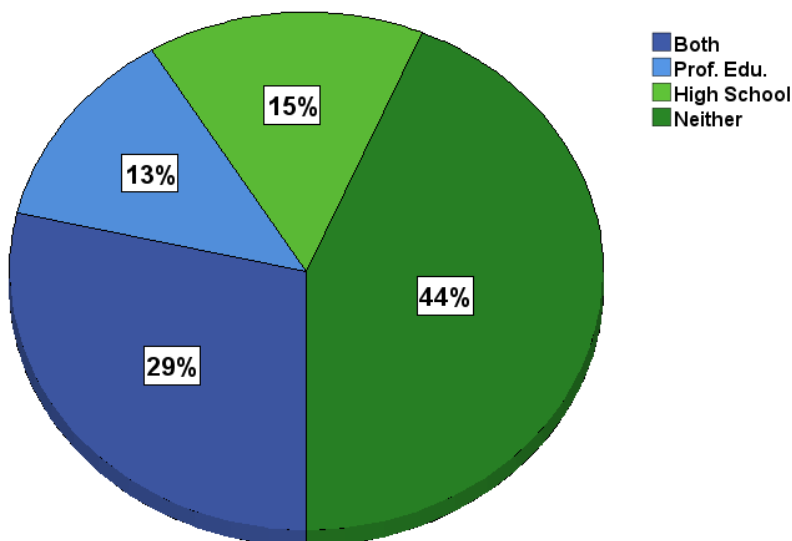
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	20%	71%	10%
2	Metro, 250,000 to 1 Million	40%	54%	6%
3	Metro, 250,000 or Less	44%	53%	3%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	39%	52%	9%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	62%	30%	8%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	80%	18%	3%
8	Rural, Metro Adjacent	45%	45%	10%
9	Rural, Non-Adjacent	27%	73%	0%
Overall		27%	64%	9%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one-quarter of all physician assistants grew up in a rural area, and 14% of physician assistants who grew up in a rural area work in a non-metro area of Virginia. In total, 7% of all physician assistants work in a non-metro area of the state.

Top Ten States for Physician Assistant Recruitment

Rank	All Physician Assistants			
	High School	#	Professional School	#
1	Virginia	2,349	Virginia	2,192
2	Pennsylvania	431	Pennsylvania	617
3	Maryland	317	Washington, D.C.	358
4	New York	288	North Carolina	296
5	Florida	177	New York	261
6	North Carolina	165	West Virginia	173
7	Outside U.S./Canada	141	Tennessee	153
8	West Virginia	128	Florida	146
9	New Jersey	121	Nebraska	118
10	Ohio	105	Georgia	109

Source: Va. Healthcare Workforce Data Center

Among all physician assistants, 44% received their high school degree in Virginia, while 41% received their initial professional degree in the state.

Among physician assistants who have been licensed in the past five years, 42% received their high school degree in Virginia, while 42% also received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	898	Virginia	896
2	Pennsylvania	143	Pennsylvania	250
3	Maryland	142	North Carolina	124
4	New York	98	Washington, D.C.	92
5	Florida	90	New York	90
6	North Carolina	74	Florida	71
7	Michigan	59	Tennessee	67
8	Outside U.S./Canada	55	South Carolina	52
9	New Jersey	51	West Virginia	48
10	Ohio	49	Maryland	43

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all licensed physician assistants did not participate in Virginia's workforce in 2025. Among physician assistants who did not participate in the state's workforce, 96% worked at some point in the past year, including 78% who currently work as a physician assistant.

At a Glance:

Not in VA Workforce

Total:	1,923
% of Licensees:	24%
Federal/Military:	12%
VA Border State/DC:	23%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
PA Certificate (Undergraduate)	69	1%
Associate	19	< 1%
Baccalaureate	305	6%
PA Certificate (Postgraduate)	238	5%
Master's	4,321	82%
Doctorate	317	6%
Total	5,269	100%

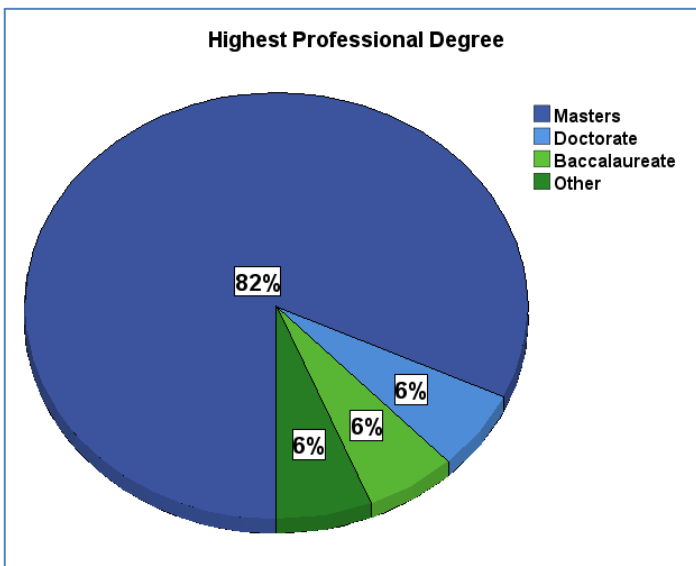
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Masters: 82%
 Baccalaureate: 6%

Education Debt
 Carry Debt: 52%
 Under Age 40 w/ Debt: 66%
 Median Debt: \$100k-\$110k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than four out of every five physician assistants hold a Master's degree as their highest professional degree.

More than half of all physician assistants carry education debt, including 66% of those physician assistants who are under the age of 40. For those with education debt, the median outstanding balance is between \$100,000 and \$110,000.

Education Debt				
Amount Carried	All		Under 40	
	#	%	#	%
None	2,305	48%	963	34%
Less than \$30,000	346	7%	176	6%
\$30,000-\$39,999	129	3%	80	3%
\$40,000-\$49,999	110	2%	65	2%
\$50,000-\$59,999	99	2%	78	3%
\$60,000-\$69,999	117	2%	88	3%
\$70,000-\$79,999	116	2%	99	4%
\$80,000-\$89,999	103	2%	82	3%
\$90,000-\$99,999	90	2%	69	2%
\$100,000-\$109,999	146	3%	110	4%
\$110,000-\$119,999	192	4%	161	6%
\$130,000-\$149,999	237	5%	204	7%
\$150,000 or More	773	16%	623	22%
Total	4,761	100%	2,797	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialties

Emergency Medicine: 14%
 Family Medicine: 14%
 Orthopedics: 10%

Secondary Specialties

Emergency Medicine: 8%
 Family Medicine: 6%
 Orthopedics: 4%

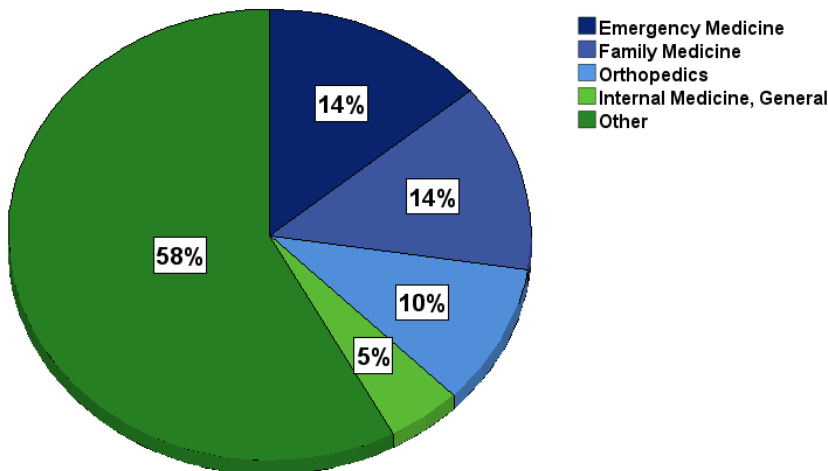
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Specialties			
	Primary Specialty		Secondary Specialty	
	#	%	#	%
Emergency Medicine	739	14%	317	8%
Family Medicine	721	14%	245	6%
Orthopedics	534	10%	158	4%
Internal Medicine, General	245	5%	112	3%
Dermatology	225	4%	56	1%
Cardiology	202	4%	50	1%
Hospital Medicine	193	4%	104	2%
Psychiatry	157	3%	49	1%
General Surgery	139	3%	74	2%
Cardiovascular Surgery	139	3%	45	1%
Gastroenterology & Hepatology	136	3%	28	1%
Neurosurgery	123	2%	41	1%
Pediatrics, General	106	2%	63	2%
Other	1,335	25%	786	19%
No Specialty	322	6%	2,039	49%
Total	5,313	100%	4,168	100%

Source: Va. Healthcare Workforce Data Center

Primary Specialization



Source: Va. Healthcare Workforce Data Center

Nearly two out of every five physician assistants hold a primary specialty in emergency medicine, family medicine, or orthopedics.

At a Glance:

Employment

Employed in Profession: 96%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 70%
 2 or More Positions: 15%

Weekly Hours:

40 to 49: 50%
 60 or More: 4%
 Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	< 1%
Employed in Profession	5,135	96%
Employed, NOT in Profession	39	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	8	< 1%
Voluntarily Unemployed	123	2%
Retired	21	< 1%
Total	5,330	100%

Source: Va. Healthcare Workforce Data Center

Among all physician assistants, 96% are currently employed in the profession, 70% hold one full-time job, and 50% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	152	3%
One Part-Time Position	616	12%
Two Part-Time Positions	119	2%
One Full-Time Position	3,710	70%
One Full-Time Position & One Part-Time Position	592	11%
Two Full-Time Positions	7	< 1%
More than Two Positions	70	1%
Total	5,266	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	152	3%
1 to 9 Hours	63	1%
10 to 19 Hours	164	3%
20 to 29 Hours	284	5%
30 to 39 Hours	1,283	24%
40 to 49 Hours	2,641	50%
50 to 59 Hours	454	9%
60 to 69 Hours	127	2%
70 to 79 Hours	38	1%
80 or More Hours	39	1%
Total	5,245	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	16	0%
Less than \$80,000	259	6%
\$80,000-\$89,999	131	3%
\$90,000-\$99,999	155	4%
\$100,000-\$109,999	353	9%
\$110,000-\$119,999	485	12%
\$120,000-\$129,999	596	15%
\$130,000-\$139,999	498	12%
\$140,000-\$149,999	439	11%
\$150,000-\$159,999	327	8%
\$160,000-\$199,999	567	14%
\$200,000-\$249,999	155	4%
\$250,000 or More	74	2%
Total	4,055	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: \$130k-\$140k

Benefits
Health Insurance: 69%
Retirement: 71%

Satisfaction
Satisfied: 94%
Very Satisfied: 58%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,006	58%
Somewhat Satisfied	1,891	36%
Somewhat Dissatisfied	267	5%
Very Dissatisfied	50	1%
Total	5,214	100%

Source: Va. Healthcare Workforce Data Center

The median annual income for physician assistants is between \$130,000 and \$140,000. In addition, 85% receive at least one employer-sponsored benefit, including 69% who receive health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	3,820	74%	78%
Retirement	3,667	71%	76%
Health Insurance	3,549	69%	73%
Dental Insurance	3,405	66%	71%
Paid Sick Leave	2,519	49%	51%
Group Life Insurance	2,280	44%	49%
Signing/Retention Bonus	1,087	21%	22%
At Least One Benefit	4,362	85%	89%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	62	1%
Experience Voluntary Unemployment?	276	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	93	2%
Work Two or More Positions at the Same Time?	875	15%
Switch Employers or Practices?	527	9%
Experience at Least One?	1,535	25%

Source: Va. Healthcare Workforce Data Center

Among all physician assistants, 1% were involuntarily unemployed at some point in 2025. For comparison, Virginia's average monthly unemployment rate was 3.6%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	121	2%	81	6%
Less than 6 Months	303	6%	153	12%
6 Months to 1 Year	540	11%	146	11%
1 to 2 Years	1,454	29%	357	27%
3 to 5 Years	1,297	25%	324	25%
6 to 10 Years	729	14%	130	10%
More than 10 Years	651	13%	124	9%
Subtotal	5,095	100%	1,314	100%
Did Not Have Location	97		4,655	
Item Missing	831		54	
Total	6,023		6,023	

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four physician assistants receive a salary at their primary work location, while 21% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched: 9%
New Location: 22%
Over 2 Years: 53%
Over 2 Yrs., 2nd Location: 44%

Employment Type

Salary/Commission: 74%
Hourly Wage: 21%

Source: Va. Healthcare Workforce Data Center

More than half of all physician assistants have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	3,005	74%
Hourly Wage	872	21%
By Contract/Per Diem	106	3%
Business/Practice Income	73	2%
Unpaid	15	< 1%
Subtotal	4,071	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 3.1% and a high of 3.9%. At the time of publication, the unemployment rate from December 2025 was still preliminary.

At a Glance:

Concentration

Top Region:	33%
Top 3 Regions:	72%
Lowest Region:	1%

Locations

2 or More (Past Year):	26%
2 or More (Now*):	24%

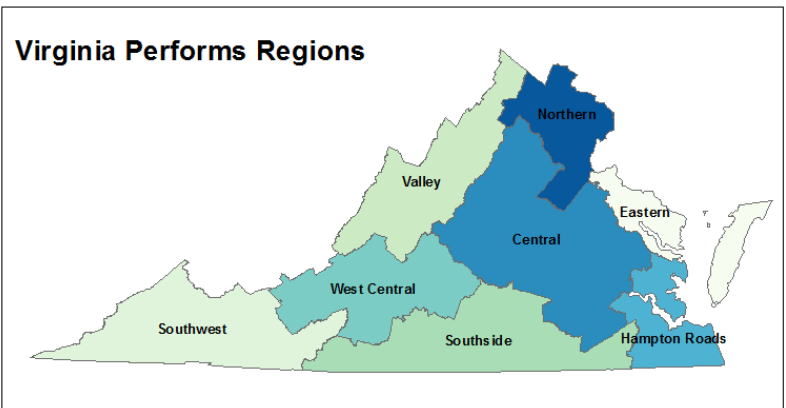
Source: Va. Healthcare Workforce Data Center

More than 70% of all physician assistants work in Northern Virginia, Hampton Roads, and Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	978	19%	220	16%
Eastern	49	1%	15	1%
Hampton Roads	1,033	20%	250	19%
Northern	1,672	33%	397	30%
Southside	102	2%	20	1%
Southwest	135	3%	38	3%
Valley	367	7%	81	6%
West Central	644	13%	138	10%
Virginia Border State/D.C.	41	1%	53	4%
Other U.S. State	59	1%	120	9%
Outside of the U.S.	2	0%	2	0%
Total	5,082	100%	1,334	100%
Item Missing	843		33	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	83	2%	150	3%
1	3,696	72%	3,750	73%
2	687	13%	628	12%
3	426	8%	426	8%
4	87	2%	72	1%
5	69	1%	47	1%
6 or More	92	2%	68	1%
Total	5,142	100%	5,142	100%

*At the time of survey completion, January-December 2025.

Source: Va. Healthcare Workforce Data Center

While 24% of all physician assistants currently have multiple work locations, 26% have had multiple work locations in the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,739	56%	798	62%
Non-Profit	1,737	35%	400	31%
State/Local Government	161	3%	41	3%
Veterans Administration	118	2%	17	1%
U.S. Military	117	2%	33	3%
Other Federal Government	30	1%	5	0%
Total	4,902	100%	1,294	100%
Did Not Have Location	97		4,655	
Item Missing	1,023		73	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

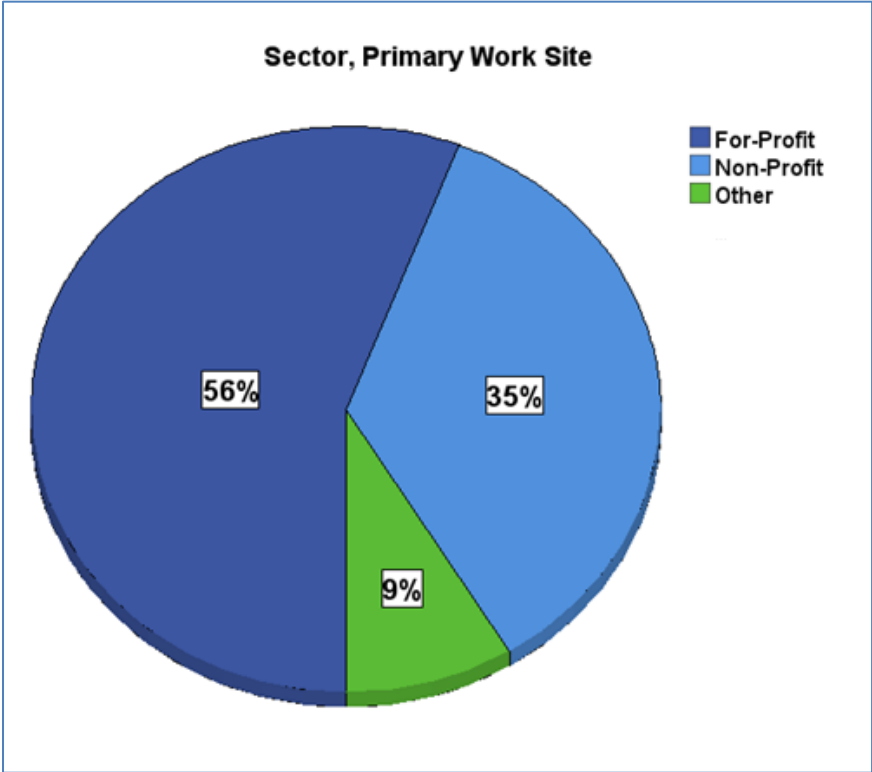
For-Profit:	56%
Federal:	5%

Top Establishments

Group Practice (Single Specialty):	28%
Hospital (Inpatient Dept.):	15%
Group Practice (Multiple Specialties):	10%

Source: Va. Healthcare Workforce Data Center

Among all physician assistants, 56% work in the for-profit sector. Another 35% of physician assistants work in the non-profit sector.

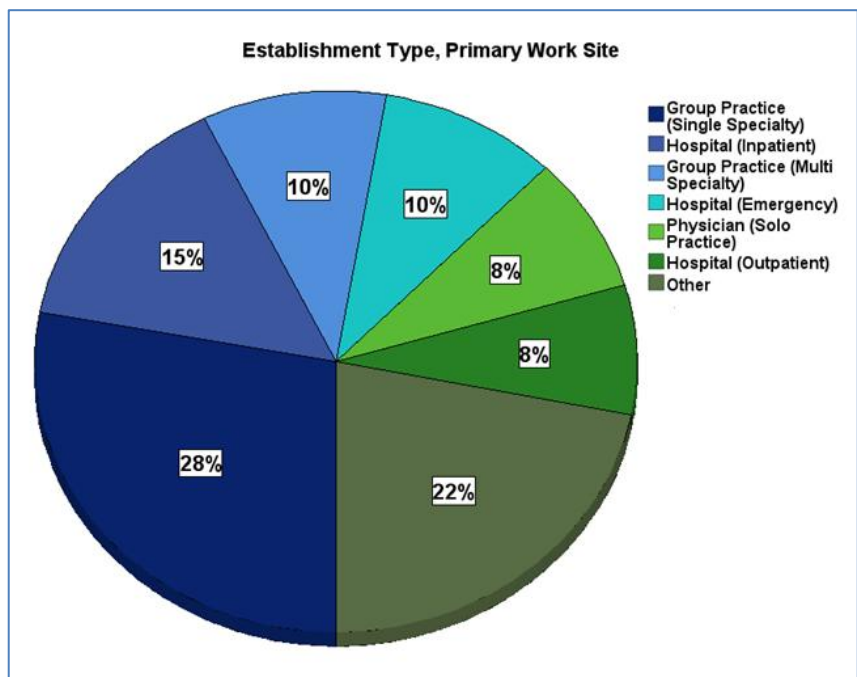


Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Group Practice (Single Specialty)	1,356	28%	299	24%
Hospital (Inpatient Department)	722	15%	210	17%
Group Practice (Multi Specialty)	478	10%	73	6%
Hospital (Emergency Department)	466	10%	162	13%
Physician (Solo Practice)	395	8%	110	9%
Hospital (Outpatient Department)	376	8%	67	5%
Community Clinic/Outpatient Care Center	302	6%	65	5%
Academic Institution (Patient Care Role)	174	4%	13	1%
Academic Institution (Teaching or Research)	144	3%	37	3%
Nursing Home/Long-Term Care Facility	51	1%	8	1%
Independent Contractor	43	1%	37	3%
Mental Health Facility	25	1%	4	0%
Other	321	7%	170	14%
Total	4,853	100%	1,255	100%
Did Not Have Location	97		4,655	

Source: Va. Healthcare Workforce Data Center

More than half of all physician assistants work in either a group practice (single or multiple specialties) or the inpatient department of a hospital.

For physician assistants who also have a secondary work location, 53% work in either a group practice (single specialty) or a hospital (inpatient or emergency department).



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	37%
Arabic:	23%
Chinese:	23%

Means of Communication

Virtual Translation:	79%
Other Staff Member:	29%
Onsite Translation:	25%

Source: Va. Healthcare Workforce Data Center

More than one out of every three physician assistants are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	2,244	37%
Arabic	1,412	23%
Chinese	1,402	23%
French	1,388	23%
Korean	1,385	23%
Vietnamese	1,352	22%
Hindi	1,341	22%
Tagalog/Filipino	1,224	20%
Persian	1,189	20%
Urdu	1,144	19%
Pashto	1,061	18%
Amharic, Somali, or Other Afro-Asiatic Languages	986	16%
Others	667	11%
At Least One Language	2,594	43%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Services	2,038	79%
Other Staff Member is Proficient	748	29%
Onsite Translation Service	651	25%
Respondent is Proficient	401	15%
Other	47	2%

Source: Va. Healthcare Workforce Data Center

Nearly four out of every five physician assistants who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance:

Top Tasks Performed

Managed Care of Patients (Outpatient):	49%
Minor Surgical Procedures:	33%

of Hospitals w/ Privileges

None:	44%
One:	31%
Two or More:	24%

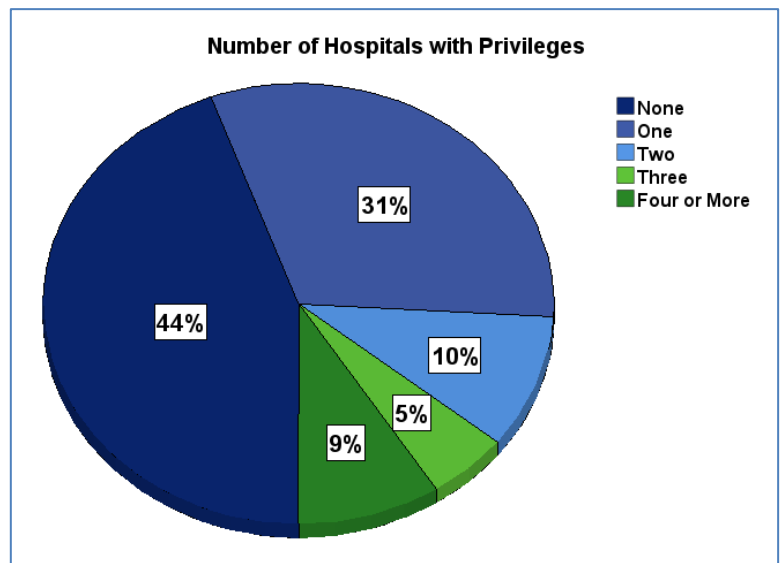
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Tasks Performed		
Task	#	% of Workforce
Manage Care of Patients, Outpatient	2,924	49%
Minor Surgical Procedures	1,975	33%
Manage Care of Patients, Inpatient	1,504	25%
Supervise/Manage Other Clinical Staff	1,182	20%
First Assist at Surgery	836	14%
Supervise/Manage Other PAs	749	12%
At Least One Task Performed	4,176	69%

Source: Va. Healthcare Workforce Data Center

Nearly half of all physician assistants manage outpatient care, and 33% participate in minor surgical procedures.



Source: Va. Healthcare Workforce Data Center

Hospital Privileges		
# of Hospitals	#	%
None	2,204	44%
1	1,560	31%
2	489	10%
3	256	5%
4 or More	451	9%
Total	4,960	100%

Source: Va. Healthcare Workforce Data Center

Among all physician assistants, 56% have hospital privileges with at least one hospital.

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%

Roles

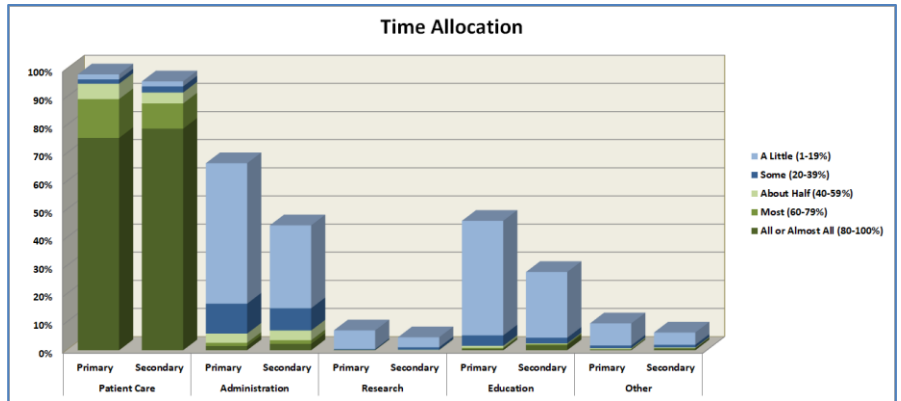
Patient Care: 89%
Administration: 3%
Education: 1%

Patient Care PAs

Median Admin. Time: 1%-9%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Physician assistants typically spend most of their time in patient care activities. Nearly nine out of every ten physician assistants fill a patient care role, defined as spending 60% or more of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Research		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	75%	79%	2%	2%	0%	0%	1%	2%	0%	1%
Most (60-79%)	14%	9%	1%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	5%	4%	3%	3%	0%	0%	1%	0%	0%	0%
Some (20-39%)	2%	2%	11%	8%	0%	1%	4%	2%	1%	1%
A Little (1-19%)	2%	2%	50%	30%	7%	4%	41%	23%	8%	4%
None (0%)	2%	4%	34%	56%	93%	95%	54%	72%	90%	94%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Median Weekly Visits

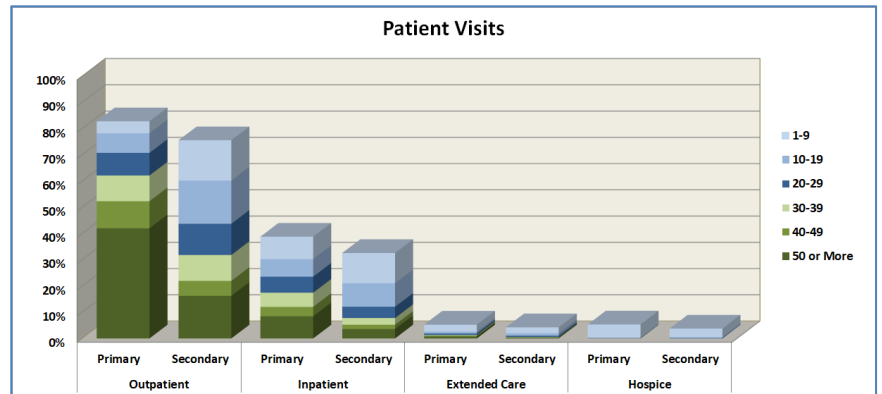
Outpatient: 40-49
 Inpatient: None
 Extended Care: None
 Hospice: None

% With Visits

Outpatient: 83%
 Inpatient: 39%
 Extended Care: 5%
 Hospice: 5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Physician assistants typically treat between 40 and 49 patients per week in an outpatient setting. In addition, more than four out of every five physician assistants treat at least one patient per week in an outpatient setting.

Weekly Patient Visits								
Visits Per Week	Outpatient		Inpatient		Extended Care		Hospice	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
None	17%	24%	61%	67%	95%	96%	95%	96%
1-9 Visits	5%	15%	9%	12%	3%	2%	5%	3%
10-19 Visits	7%	16%	7%	9%	1%	1%	0%	0%
20-29 Visits	9%	12%	6%	4%	1%	0%	0%	0%
30-39 Visits	10%	10%	5%	3%	0%	0%	0%	0%
40-49 Visits	10%	6%	4%	2%	0%	0%	0%	0%
50 or More Visits	42%	16%	8%	4%	1%	0%	0%	0%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	197	4%	-	-
50 to 54	290	6%	9	1%
55 to 59	666	14%	61	7%
60 to 64	1,341	29%	234	29%
65 to 69	1,565	34%	301	37%
70 to 74	328	7%	122	15%
75 to 79	83	2%	39	5%
80 and Over	33	1%	10	1%
I Do Not Intend to Retire	140	3%	42	5%
Total	4,645	100%	818	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Professionals

Under 65: 54%
Under 60: 25%

50 and Over

Under 65: 37%
Under 60: 9%

Time Until Retirement

Within 2 Years: 3%
Within 10 Years: 10%
Half the Workforce: By 2055

Source: Va. Healthcare Workforce Data Center

In total, 54% of all physician assistants expect to retire by the age of 65. Among physician assistants who are age 50 and over, 37% expect to retire by the age of 65.

Within the next two years, 9% of all physician assistants expect to pursue additional educational opportunities, and 8% expect to increase patient care hours.

Future Plans

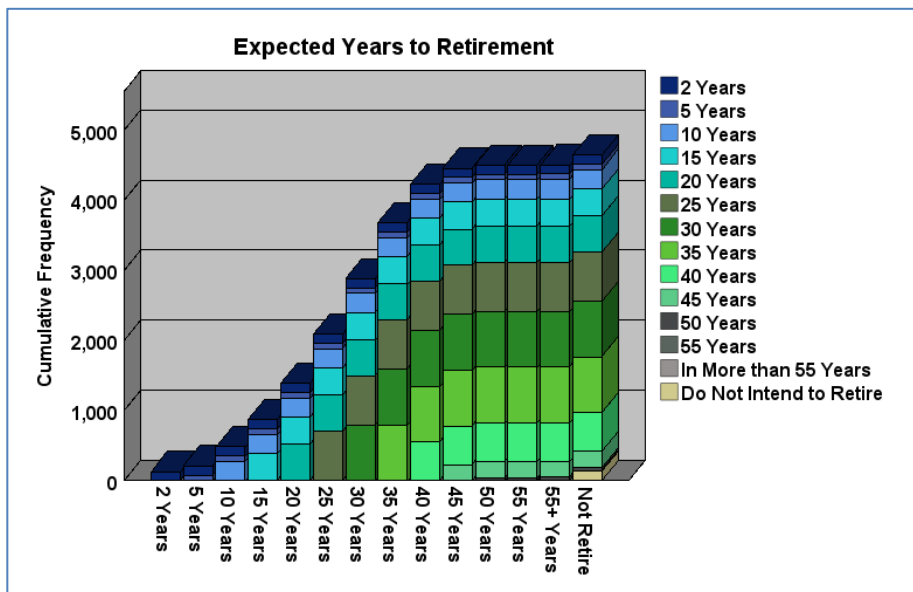
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	70	1%
Leave Virginia	191	3%
Decrease Patient Care Hours	585	10%
Decrease Teaching Hours	27	0%
Increase Participation		
Increase Patient Care Hours	479	8%
Increase Teaching Hours	580	10%
Pursue Additional Education	544	9%
Return to the Workforce	46	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for physician assistants. While 3% of physician assistants expect to retire in the next two years, 10% expect to retire within the next ten years. Half of the current workforce expect to retire by 2055.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	128	3%	3%
5 Years	80	2%	4%
10 Years	273	6%	10%
15 Years	389	8%	19%
20 Years	515	11%	30%
25 Years	702	15%	45%
30 Years	791	17%	62%
35 Years	797	17%	79%
40 Years	551	12%	91%
45 Years	230	5%	96%
50 Years	42	1%	97%
55 Years	1	0%	97%
In More than 55 Years	3	0%	97%
Do Not Intend to Retire	140	3%	100%
Total	4,645	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2045. Retirement will peak at 17% of the current workforce around 2060 before declining to under 10% of the current workforce again around 2070.

At a Glance:

FTEs

Total: 4,998
 FTEs/1,000 Residents²: 0.573
 Average: 0.84

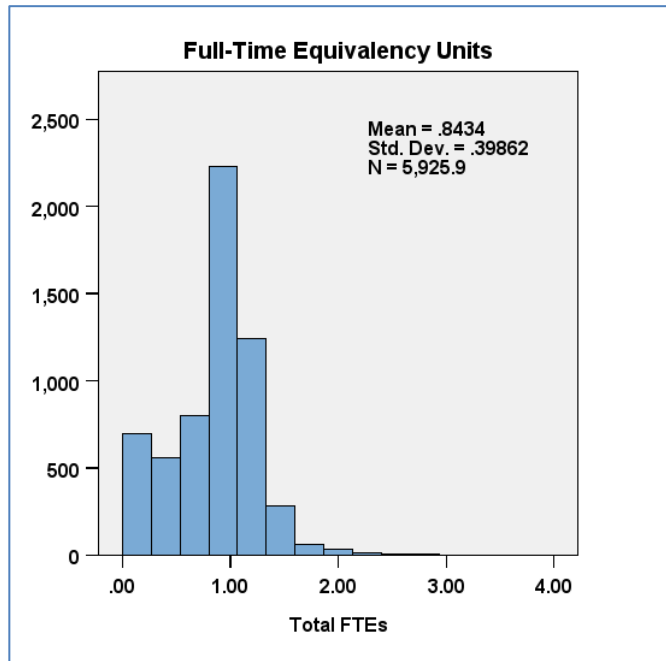
Age & Gender Effect

Age, *Partial Eta*²: Negligible
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

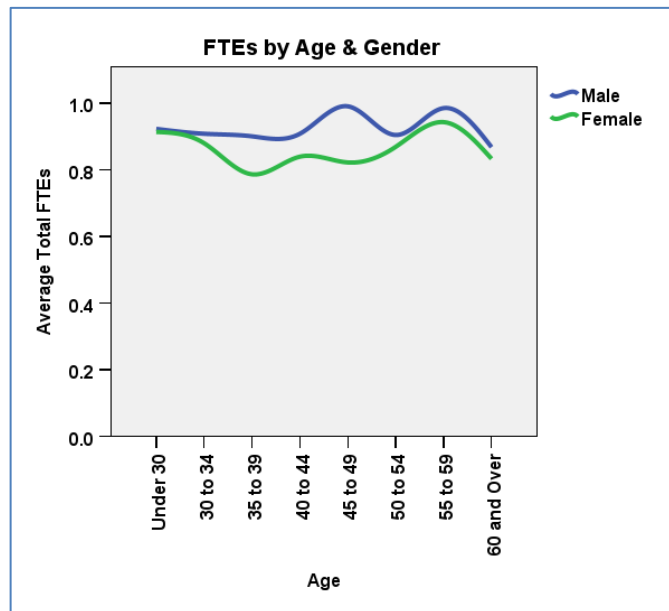


Source: Va. Healthcare Workforce Data Center

The typical physician assistant provided 0.93 FTEs in 2025, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
	Average	Median
Under 30	0.91	0.96
30 to 34	0.88	0.92
35 to 39	0.70	0.83
40 to 44	0.87	0.96
45 to 49	0.82	0.86
50 to 54	0.89	0.93
55 to 59	0.98	1.05
60 and Over	0.76	0.89
Gender		
Male	0.92	0.99
Female	0.86	0.93

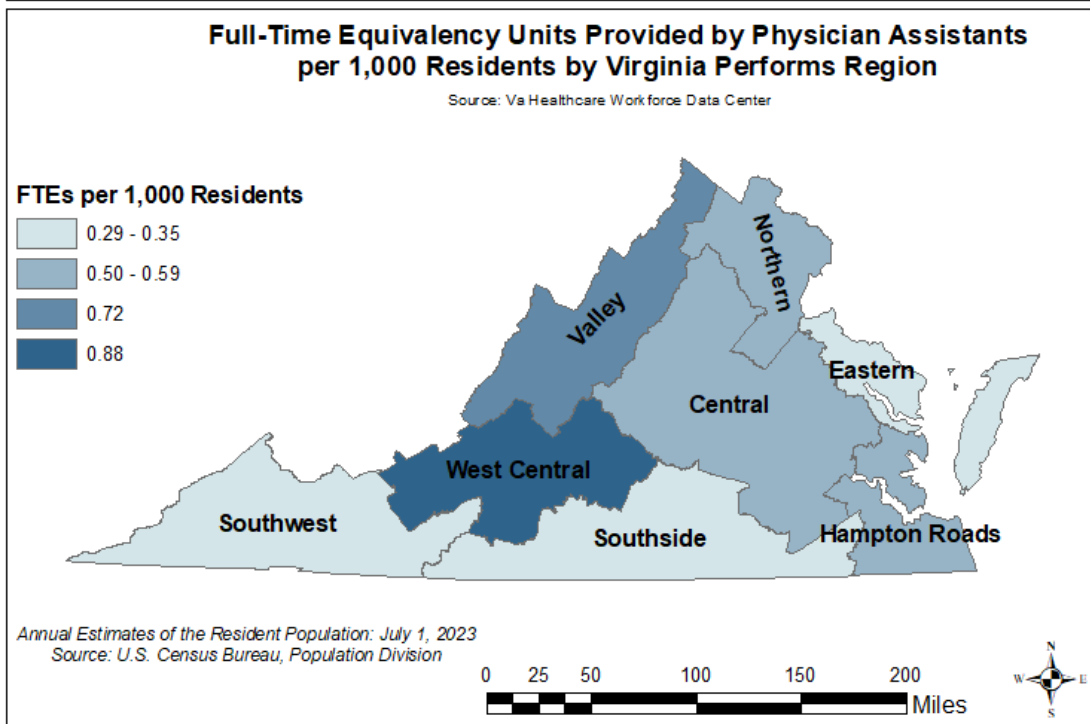
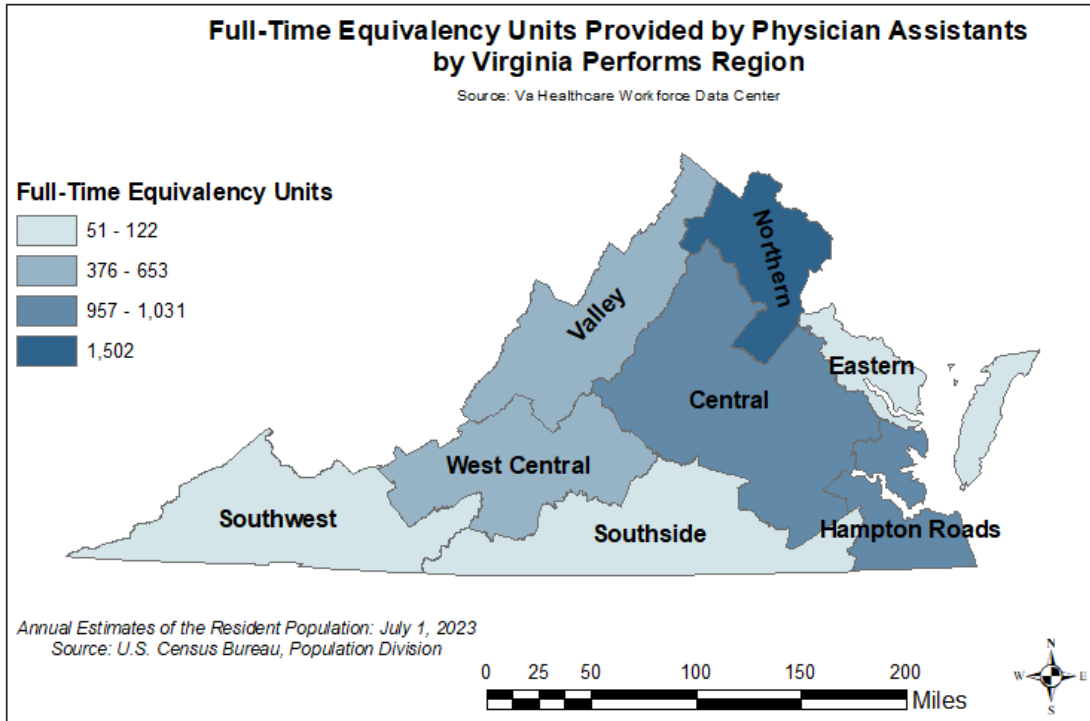
Source: Va. Healthcare Workforce Data Center

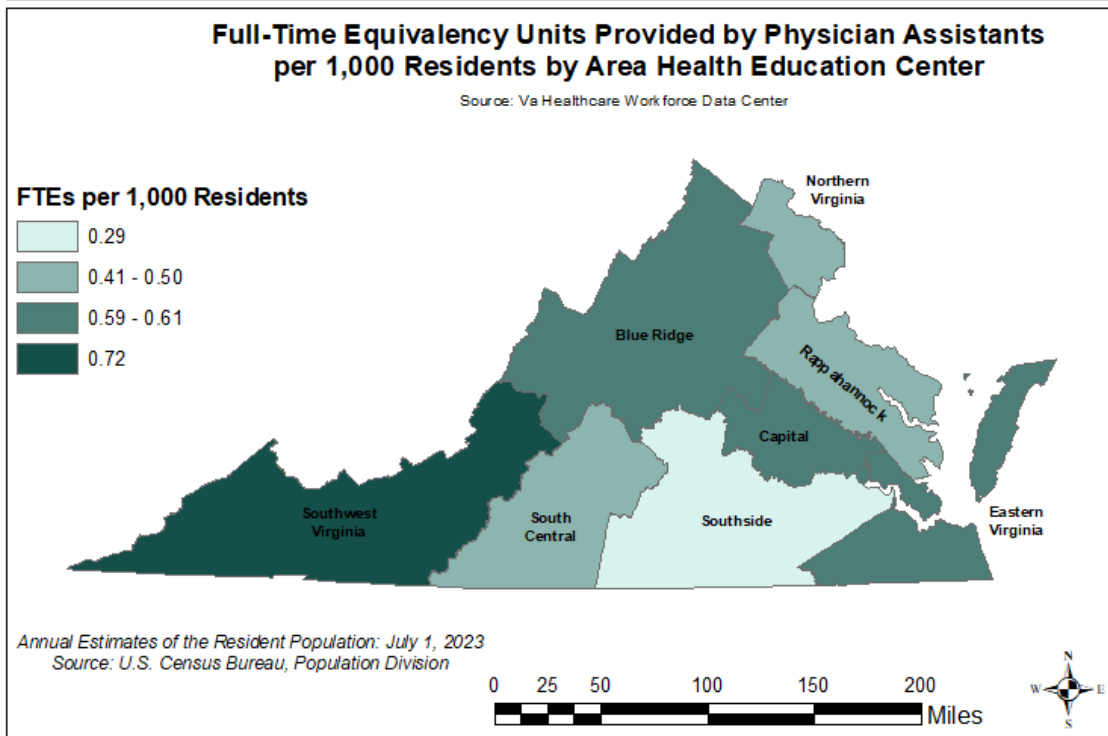
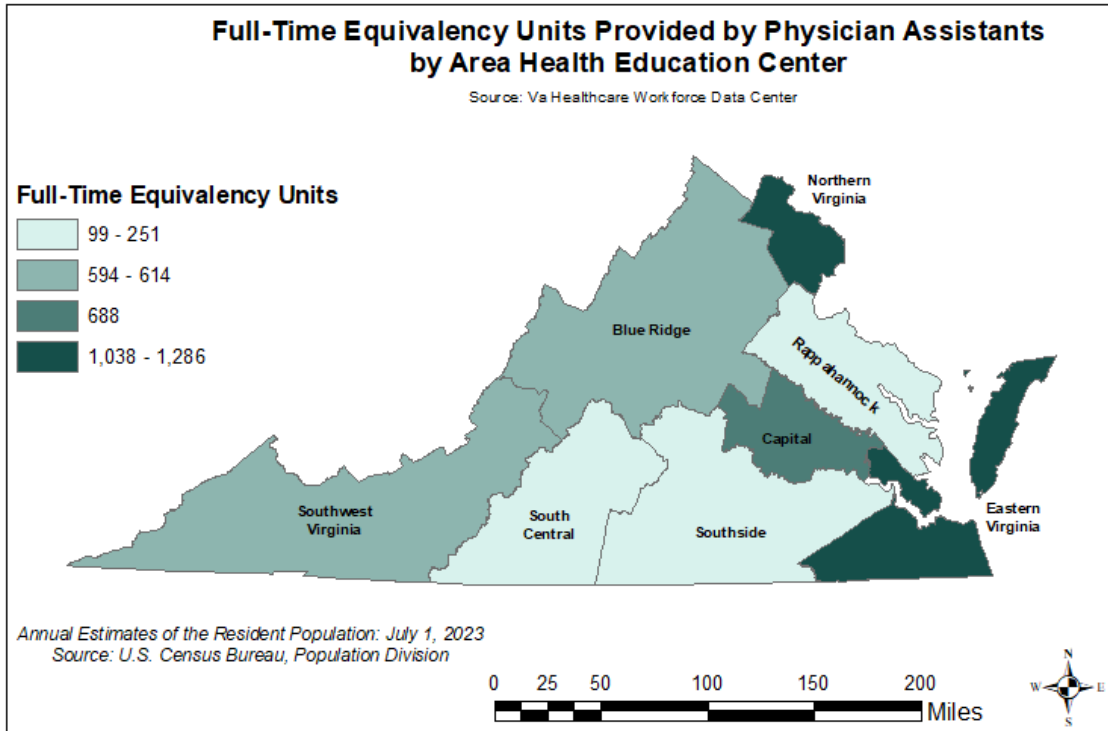


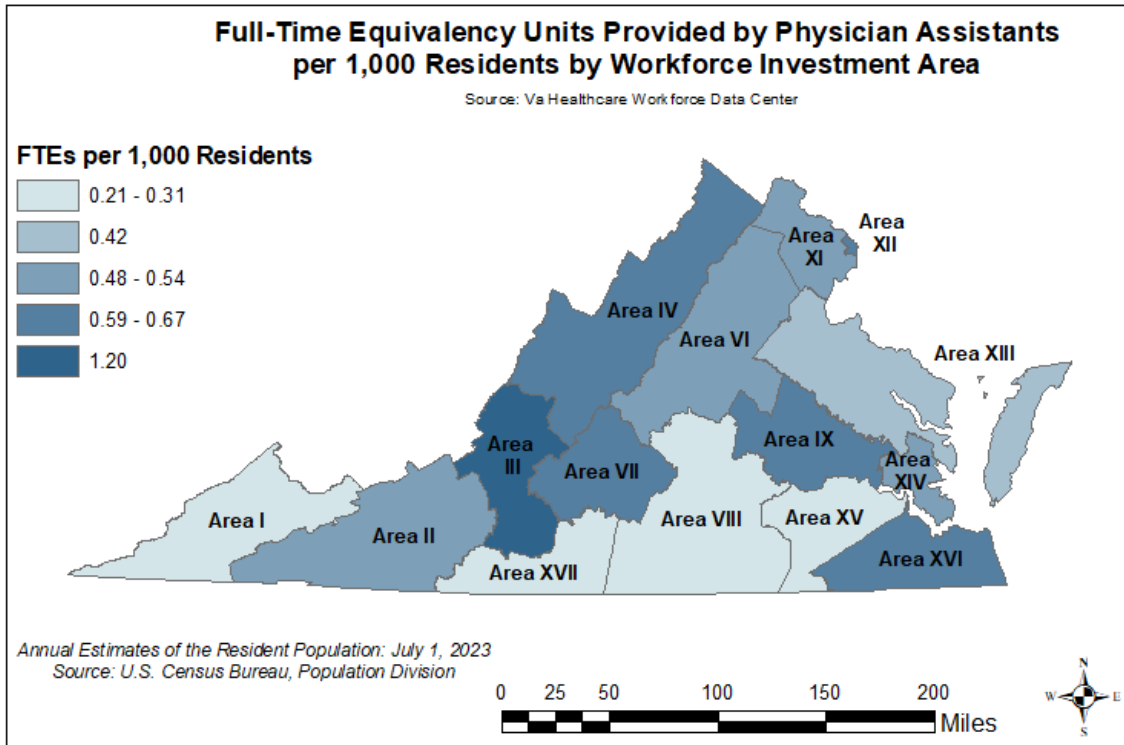
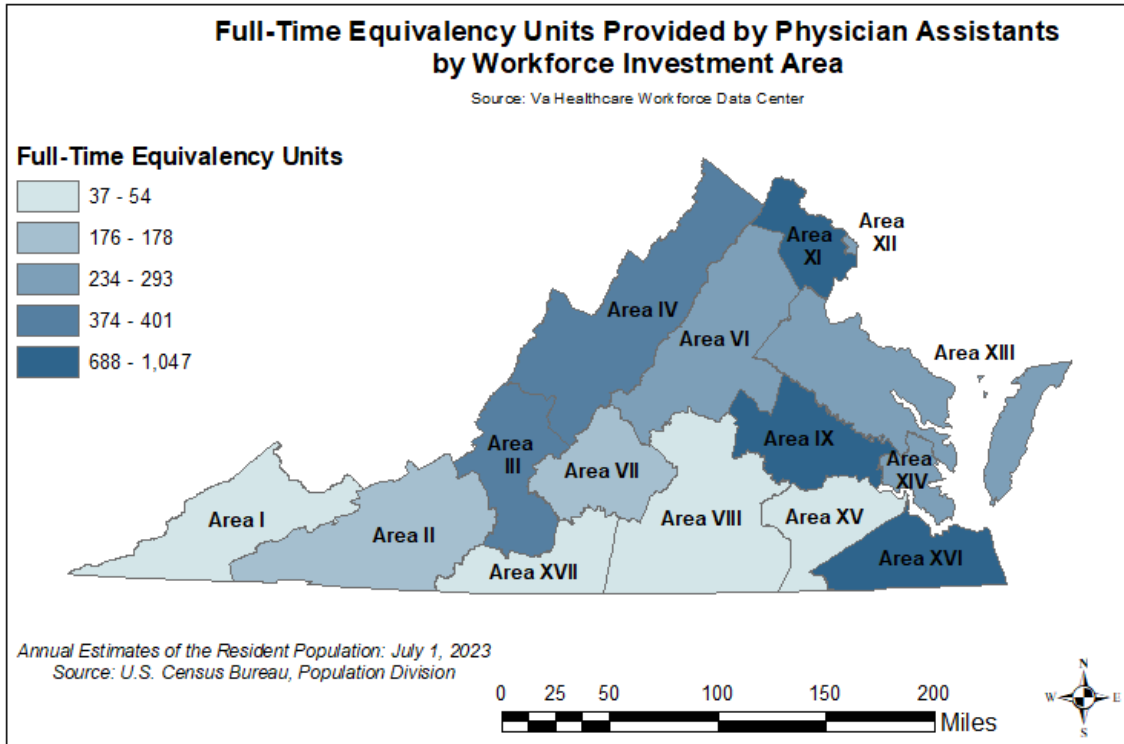
Source: Va. Healthcare Workforce Data Center

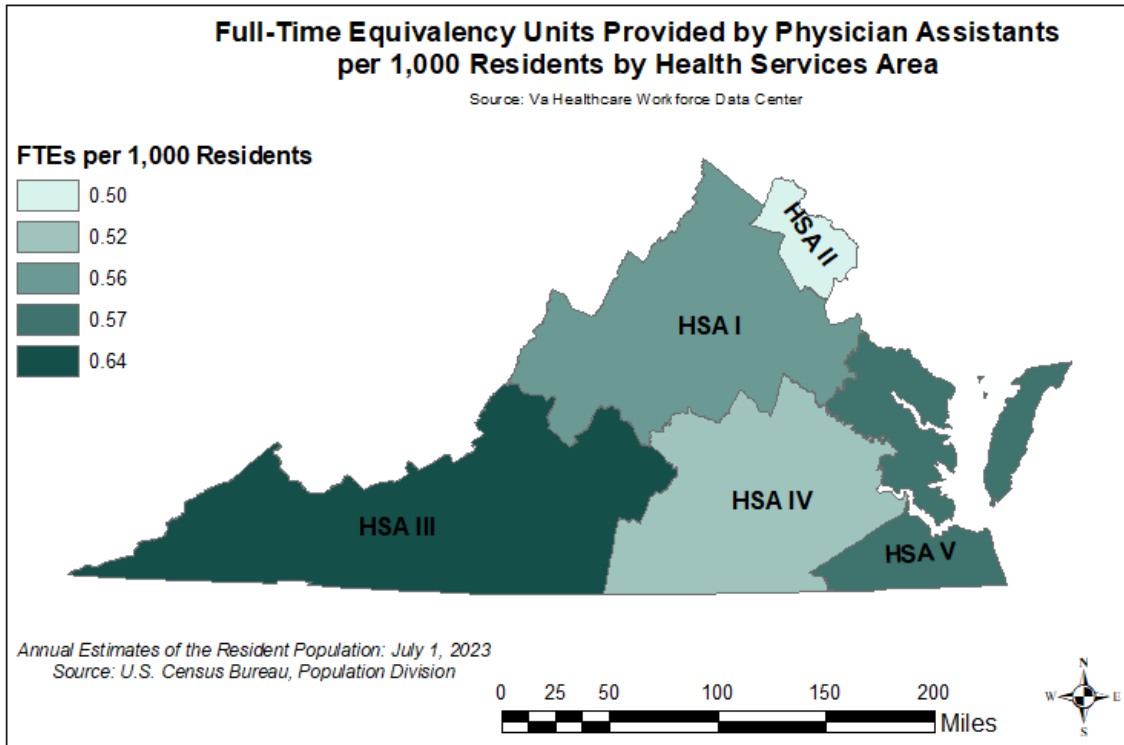
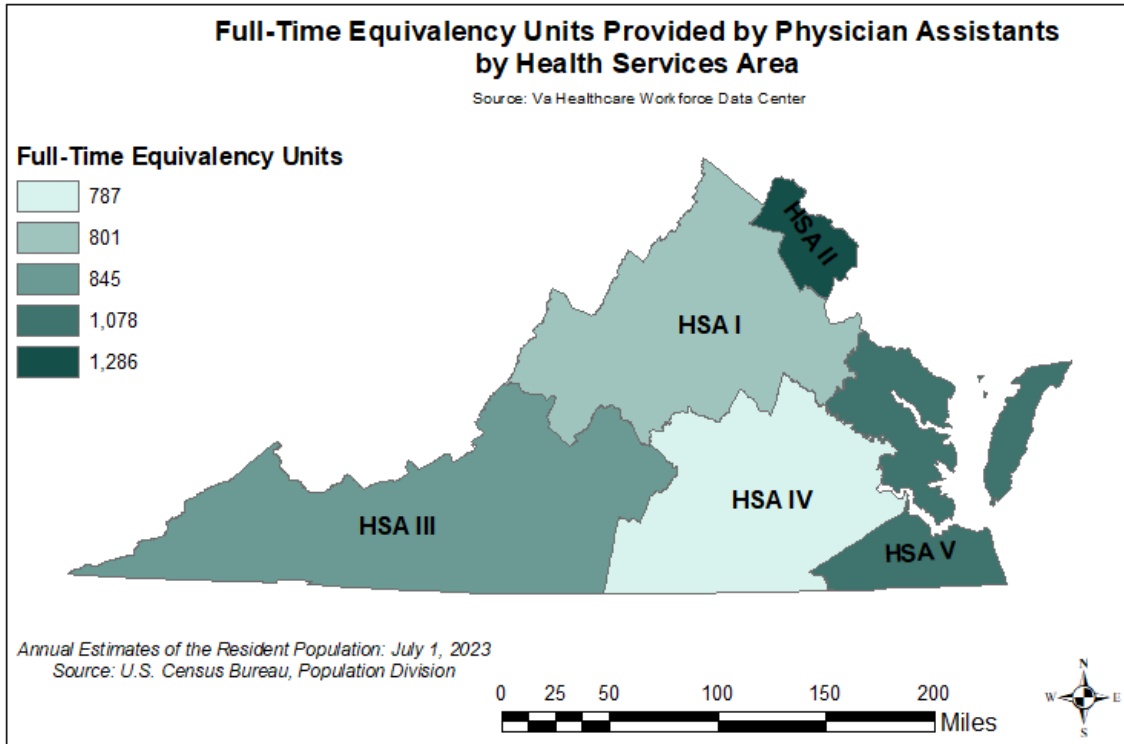
² Number of residents in 2023 was used as the denominator.

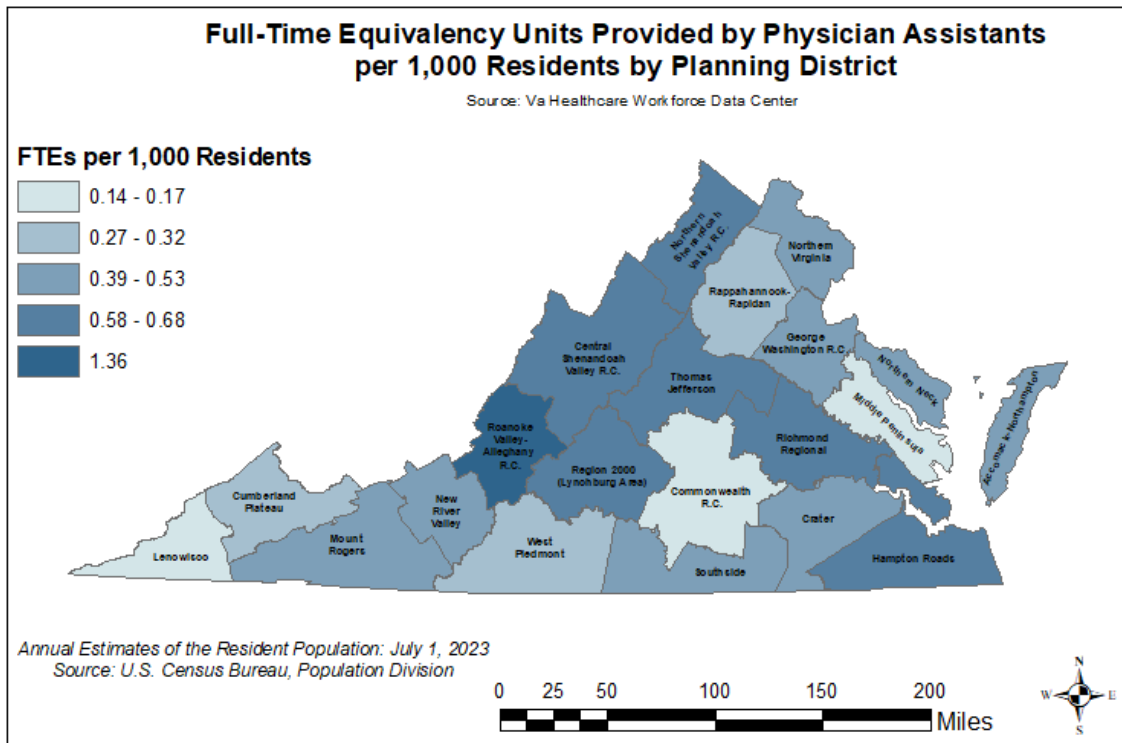
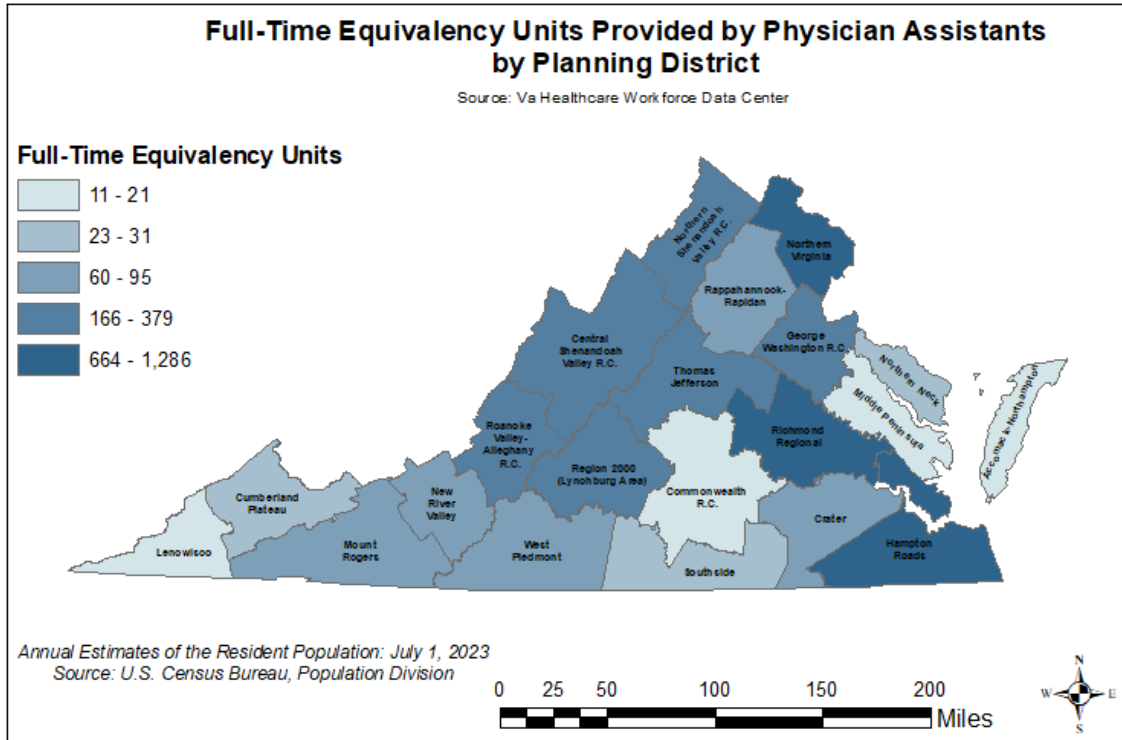
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	3,505	76.41%	1.309	1.114	2.393
Metro, 250,000 to 1 Million	593	78.41%	1.275	1.085	2.332
Metro, 250,000 or Less	519	83.04%	1.204	1.025	2.202
Urban, Pop. 20,000+, Metro Adj.	29	75.86%	1.318	1.122	2.410
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	139	72.66%	1.376	1.171	2.517
Urban, Pop. 2,500-19,999, Non-Adj.	70	75.71%	1.321	1.124	2.415
Rural, Metro Adj.	94	56.38%	1.774	1.509	3.243
Rural, Non-Adj.	31	54.84%	1.824	1.552	3.335
Virginia Border State/D.C.	1,329	55.91%	1.789	1.522	3.271
Other U.S. State	1,646	55.47%	1.803	1.534	3.297

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	1,113	37.65%	2.656	2.202	3.335
30 to 34	1,713	65.38%	1.529	1.268	1.920
35 to 39	1,476	73.44%	1.362	1.129	1.709
40 to 44	1,235	77.73%	1.286	1.066	1.615
45 to 49	853	80.89%	1.236	1.025	1.552
50 to 54	606	78.05%	1.281	1.062	1.608
55 to 59	418	80.86%	1.237	1.025	1.552
60 and Over	542	72.51%	1.379	1.143	1.731

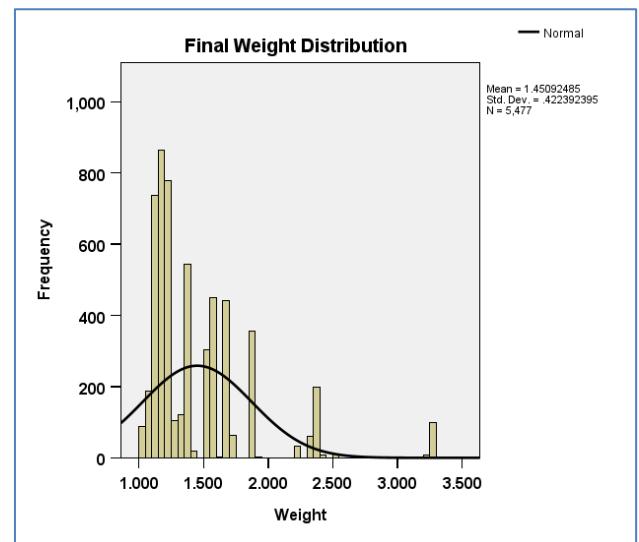
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods:
<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.688411



Source: Va. Healthcare Workforce Data Center

**Board of Medicine
Legislative Report
As of April 20, 2026**

Companion bills have not been included.

[HB 156](#) - Electronic death reg. system; requiring certain applicants for licensure to complete training.

Chief Patron: Krizek

Companion: SB194 (Williams Graves)

Status: Approved by Governor

Board of Medicine and Board of Nursing; licensure renewal; electronic death registration system; death certificates. Requires the Board of Medicine and Board of Nursing to amend their applications for licensure and licensure renewal to require doctors of medicine and osteopathic medicine, advanced practice registered nurses, and physician assistants to indicate if they expect their scope of practice to include signing death certificates and, if so, to indicate that they have completed the online tutorial for the Electronic Death Registration System on the Department of Health website. This bill is identical to SB 194.

[HB 452](#) - Practice of radiologic technology; licensure exceptions, sunset.

Chief Patron: Willett

Status: Approved by Governor

Practice of radiologic technology; licensure exceptions. Permits a person employed or engaged by a hospital, health system, or urgent care center that is affiliated with a hospital or health care system to practice within the scope of his employment as a radiologic technologist, radiologic assistant, or radiologic technologist, limited without obtaining a license. Under current law, such exception only applies to radiologic technologists who are employees of a hospital. The bill exempts the initial promulgation of regulations pursuant to the bill by the Board of Medicine from the requirements of the Administrative Process Act. The bill has an expiration date of July 1, 2029.

[HB 465](#) - Behavior Analysis, Advisory Board on; amends composition.

Chief Patron: Cohen

Status: Approved by Governor

Advisory Board on Behavior Analysis; composition. Amends the composition of the Advisory Board on Behavior Analysis to require that three members shall be licensed behavior analysts or licensed assistant behavior analysts who have practiced for at least three years. Under current law, the composition of the Advisory Board requires two licensed behavior analysts who have

practiced for at least three years and one licensed assistant behavior analyst who has practiced for at least three years.

[HB 548](#) - Uniform Health Care Decisions Act; civil penalty.

Chief Patron: Hope

Status: Continued

03/06/2026: Senate – Continued to next session in Finance and Appropriations (15-Y 0-N)

02/17/2026: House – Passed House (62-Y 34-N 0-A)

Uniform Health Care Decisions Act; civil penalty. Repeals most provisions of the Health Care Decisions Act and enacts the Uniform Health Care Decisions Act. The bill creates a process for the execution of advance health care directives, as defined in the bill; establishes criteria for determining the capacity of an individual to make health care decisions; provides for the establishment of a default surrogate in the absence of an appointed agent for health care decisions; establishes powers and duties of agents appointed by powers of attorney for health care; and establishes duties of health care professionals.

[HB 574](#) - Athletic Trainer Compact; authorizes Virginia to become a signatory to Compact.

Chief Patron: Glass

Status: Approved by Governor

Athletic Trainer Compact. Authorizes Virginia to become a signatory to the Athletic Trainer Compact. The Compact permits qualified licensed athletic trainers to practice in other states that are also members of the Compact. The Compact has not yet been passed in any state and will take effect when the Compact is enacted by a seventh participating state.

[HB 575](#) - Respiratory Care Interstate Compact; authorizes Virginia to become a signatory to Compact.

Chief Patron: Glass

Status: Approved by Governor

Respiratory Care Interstate Compact. Authorizes Virginia to become a signatory to the Respiratory Care Interstate Compact. The Compact allows respiratory therapists who have or are eligible for an active, unencumbered license in the Compact member state where they reside to apply for a multistate license. The Compact has been passed in five states and takes effect when it is enacted by a seventh participating state.

[HB 712](#) - Office-based buprenorphine treatment; Board of Medicine to amend regulations.

Chief Patron: Wachsmann

Companion: SB641 (Pillion)

Status: Approved by Governor

Board of Medicine; office-based buprenorphine treatment; counseling. Directs the Board of Medicine to amend its regulations regarding office-based buprenorphine treatment to require providers to offer counseling or referral to counseling to each patient as clinically necessary and mutually agreed-upon. The bill specifies that a patient's refusal of counseling does not preclude the patient from receiving office-based buprenorphine treatment for opioid use disorder. This bill is a recommendation of the Joint Commission on Health Care and is identical to SB 641.

[HB 746](#) - Physician assistants; authorization to practice without a practice agreement.

Chief Patron: Henson

Status: Approved by Governor

Physician assistants; authorization to practice without a practice agreement. Authorizes a physician assistant with at least three years of full-time clinical experience to practice without a practice agreement upon receipt of an attestation from a patient care team physician or patient care team podiatrist who provided collaboration and consultation to such physician assistant verifying the length and nature of the physician assistant's practice. The bill establishes methods for a physician assistant who is unable to obtain the required attestation to submit other evidence that the physician assistant meets the requirements to practice without a practice agreement and establishes a method for physician assistants who obtain licensure by endorsement to practice without a practice agreement if they meet the applicable requirements. The bill also establishes a scope of practice for physician assistants who practice without a practice agreement.

[HB 841](#) - Practice of athletic training; adds dry needling to definition.

Chief Patron: Downey

Status: Continued

03/05/2026: Senate – Continued to next session in Education and Health (11-Y 0-N)

02/16/2026: House – Passed House (56-Y 39-N 0-A)

Professions and occupations; definition of "practice of athletic training"; dry needling. Adds dry needling to the definition of "practice of athletic training," as such term relates to the practice of medicine and other healing arts, and directs the Board of Medicine to adopt regulations requiring training and certification for the practice of dry needling by athletic trainers.

[HB 1139](#) - Medicine, Board of; membership, removal of residence requirements.

Chief Patron: Downey

Status: Approved by Governor

Board of Medicine; membership; removal of residence requirements. Removes the requirement that the Board of Medicine have one physician from each congressional district and instead requires that 11 physicians are on the Board. The bill removes references to change of residence provisions for physician Board members.

[HB 1147](#) - Medicine and Nursing, Boards of; continuing education, bias reduction training.

Chief Patron: Hayes

Companion: SB22 (Locke)

Status: Approved by Governor

Board of Medicine and Board of Nursing; continuing education; bias reduction training. Directs the Board of Medicine and Board of Nursing to require certain licensees to complete continuing learning activities on bias reduction in health care as part of their continuing education and continuing competency requirements for licensure and authorizes the Board of Nursing to require certain continuing learning activities or courses in a specific subject area. Under current law, the Board of Medicine has such authority. This bill is identical to SB 22.

[HB 796](#) - Regulatory boards; adjustment of fees, recovery of disciplinary and monitoring costs, report.

Chief Patron: Hayes

Companion: SB680 (Head)

Status: Approved

Professions and occupations; adjustment of fees by regulatory boards; recovery of disciplinary and monitoring costs. Repeals the provision of law that requires, following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation (DPOR) shows revenue to be a certain percentage greater than expenses, such regulatory board to distribute excess revenue to current regulants and reduce its licensure or certification fees so that fees are sufficient but not excessive to cover expenses. The bill also repeals the provision with respect to the Department of Health Professions (DHP) that requires, following the close of any biennium, when the account for any regulatory board shows expenses allocated to it for the past biennium to be a certain percentage greater than moneys collected by the board, the board to revise its fees so that such fees are sufficient but not excessive to cover expenses. The bill makes it permissive for the regulatory boards within DPOR and DHP to annually revise the fees levied by it for certification, licensure,

registration, or permit and renewal so that the fees are sufficient but not excessive to cover expenses. Regulatory boards are also permitted to recover reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions imposed from any person who is (i) licensed, registered, certified, or issued a multistate licensure privilege by any regulatory or health regulatory board and (ii) issued a finding of a violation of law or regulation from such regulatory or health regulatory board. Such administrative costs shall not exceed \$500 for regulatory boards within DPOR and \$1,500 for health regulatory boards within DHP.

[HB 1223](#) - Health professionals; mandatory suicide training required.

Chief Patron: Delaney

Status: Continued

02/12/2026: House – Continued to next session in Health and Human Services (Voice Vote)

Health professionals; mandatory suicide training required. Requires health care professionals to complete training in suicide assessment, treatment, and management. The bill requires counselors, licensed substance abuse treatment practitioners, marriage and family therapists, behavioral health technicians, qualified mental health professionals, occupational therapists, psychologists, and social workers to complete such training at least once every six years and requires other health professionals to complete such training once. The bill requires the Commissioner of Health and the Department of Health Professions to develop a model list of training programs in suicide assessment, treatment, and management and update such list at least once every two years.

Board of Medicine – Advisory Board on Physician Assistants
Regulatory Actions
As of April 20, 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	364 days	Implement regulations to facilitate entry into the PA Compact.

At DPB or OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-50	Exempt/Final	Licensure by endorsement for physician assistants	2/25/2026	OAG; 54 days	Result of 2025 legislative mandate
18VAC85-50	Proposed	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	2/25/2026	OAG; 54 days	Result of a petition for rulemaking.

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-50	Proposed	Removal of patient care team physician or podiatrist name	3/9/2026	5/8/2026	Removes requirement that prescriptions issued by PA include

		from prescriptions issued by physician assistants			physician or podiatrist's name. Result of petition for rulemaking.
18VAC85-50	Fast-Track	Creation of reinstatement process for physician assistants with lapsed licenses	2/23/2026	4/9/2026	These changes voted on by ad board and full board in October 2024



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). Vouchers submitted after the 30-day deadline cannot be approved.

In order for the agency to be in compliance with the state travel regulations, please submit your request for today’s meeting on or before

June 13, 2026