

Advisory Board on Physician Assistants

Virginia Board of Medicine

October 1, 2026

1:00 p.m.



Virginia Department of
Health Professions

Advisory Board on Physician Assistants

Board of Medicine

Thursday, October 1, 2026, at 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

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 May 14, 2026, Meeting

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Legislative and Regulatory Update – Matthew Novak
2. Review and Recommendation of Language to Conform with HB746 – Matthew Novak
3. Update to Physician Assistant Compact – Justin Hepner, PA-C, Chair
4. Review and comment on PA Compact Commission draft Rule 2 – Definitions and draft Rule 8 – Records Exempt from Disclosure – Michael Sobowale

Announcements

Next meeting: Thursday, February 4, 2027, 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.

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ADVISORY BOARD ON PHYSICIAN ASSISTANTS

Minutes

May 14, 2026

The Advisory Board on Physician Assistants met on Thursday, May 14, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Training Room 2, Henrico, Virginia.

MEMBERS PRESENT:

Justin Hepner, PA-C - Chair
Erin Myers, PA-C - Vice Chair
Tracey Dunn – Citizen Member
Brian Hanrahan, MD (arrived at 1:08)

MEMBERS ABSENT:

None

STAFF PRESENT:

William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director for Licensure
Jennifer Deschenes - Deputy Executive Director for Discipline
Kathleen LaMotte, Board Administrator
Barbara Hodgdon, PhD – Deputy Director for the Healthcare Workforce Data Center
Colanthia Morton-Opher – Dep. Exec. Director for Medical Licensure and Administration
Roslyn Nickens - Licensing Supervisor
Jamie Culp - Licensing Specialist
Erin Pollard - Licensing Specialist

GUESTS PRESENT:

Eric Grant, PA-C
Robert Glasgow, PA-C – Virginia Academy of Physician Assistants
Andrew Densmore – Medical Society of Virginia

Call to Order

Mr. Hepner called the meeting to order at 1:04.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

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

Introduction of Members

Justin Hepner led introductions of the Board Members.

Approval of Minutes

Approval of the minutes from February 5, 2026, was moved Erin Myers and seconded by Tracey Dunn. The motion carried unanimously.

Adoption of the Agenda

The agenda for today's meeting was approved unanimously upon a motion by Tracey Dunn and seconded by Erin Myers.

Public Comment on Agenda Items (15 minutes)

There was no public comment.

Healthcare Workforce Data Center Presentation

Presentation by **Barbara Hodgdon, Ph.D.**

Dr. Hodgdon presented the 2025 Physician Assistant Workforce Key Findings found in the agenda packet.

New Business

Legislative and Regulatory Report – William Harp, MD

Dr. Harp reviewed legislation and regulatory actions relevant to the Physician Assistant profession.

SB641 / HB712 – Office-Based Buprenorphine Treatment

Dr. Harp reported that SB641 directs the Board of Medicine to amend regulations to require providers to offer counseling or referral to counseling for patients receiving office-based buprenorphine treatment. Staff has prepared draft regulatory language for Board consideration at its June 4, 2026 meeting.

HB746 – Authorization for PAs to Practice Without a Practice Agreement

Dr. Harp reviewed HB746, which 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 patient care team physician or podiatrist who collaborated with the PA during the 3 years. The Board discussed how the scope of practice will be determined under this model. The Advisory Board will participate in the development of the necessary regulations. Although the law becomes effective July 1, regulations must be promulgated, so implementation will require additional time.

HB1147 / SB22 – Implicit Bias Continuing Education

These bills require the Board of Medicine and Board of Nursing to incorporate bias-reduction training into continuing education requirements for certain licensees, including physician assistants. Regulations must be promulgated, so implementation may take two years or more.

Regulatory Actions in Progress

Dr. Harp reviewed the regulatory actions included in the Board's packet. These include:

- **Licensure by Endorsement (18VAC85-50)** – Exempt/Final stage; currently with the Office of the Attorney General. Result of a 2025 legislative mandate.
- **Consultation/Collaboration Requirements (18VAC85-50)** – Proposed stage; amends requirements related to patient care team physician or podiatrist consultation/collaboration, arising from a petition for rulemaking.
- **Removal of Physician/Podiatrist Name from PA Prescriptions (18VAC85-50)** Recently effective on May 8, 2026; removes requirement that PA-issued prescriptions include the name of the patient care team physician or podiatrist. Result of a petition for rulemaking.

- **Reinstatement Process for Lapsed PA Licenses (18VAC85-50)** – Fast-Track action effective April 9, 2026; creates a process for reinstating PA licenses expired over 2 years.
- **PA Compact NOIRA (18VAC85-50)** – At the Secretary's Office; implements regulations to facilitate Virginia's entry into the Physician Assistant Compact.

Physician Assistant Compact Update

Mr. Hepner, Virginia's Delegate to the PA Compact, provided an update. He reported the Compact continues to gain momentum as more states pursue legislation. A vendor has been selected to operate the Compact's data system. The Compact is aiming to begin issuing multistate licenses in 2027, although this timeline may be affected by funding availability.

Consideration of an alternate delegate to the Physician Assistant Compact Commission

Robert Glasgow, PA-C volunteered to serve as an alternate delegate.

Licensure Report

- Licenses issued since January 1, 2026 - 439
(including 43 by reciprocity, 25 Maryland-endorsed, 8 DC-endorsed, 10 endorsed by both jurisdictions)
- Total active licensees - 7,647
- Processing times - 25 days - clearance rate 107%

Announcements

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

Next Scheduled Meeting

Next meeting: Thursday, October 1, 2026, at 1:00 p.m.

Adjournment

Mr. Hepner adjourned the meeting at 1:42 p.m.

William L. Harp, MD, Executive Director

DRAFT

Board of Medicine – Advisory Board on Physician Assistants
Regulatory Actions
As of September 15, 2026

In the Governor'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	5 days	Implement regulations to facilitate entry into the PA Compact.
18VAC85-50	Final	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	6/22/2026	39 days	Removes requirement that prescriptions issued by PA include physician or podiatrist's name. Result of petition for rulemaking.
18VAC85-50	Proposed	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	2/25/2026	39 days	Result of a petition for rulemaking.

In the Secretary's Office

None.

At DPB or OAG

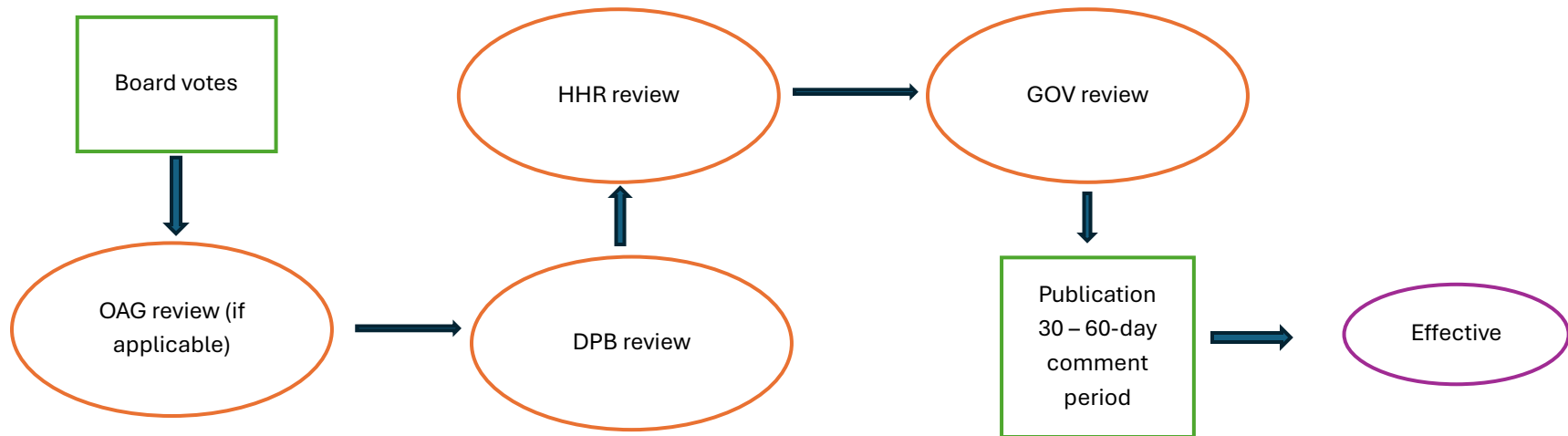
None.

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-50	Exempt/Final	Licensure by endorsement for physician assistants	5/12/2026	7/1/2026	Result of 2025 legislative mandate

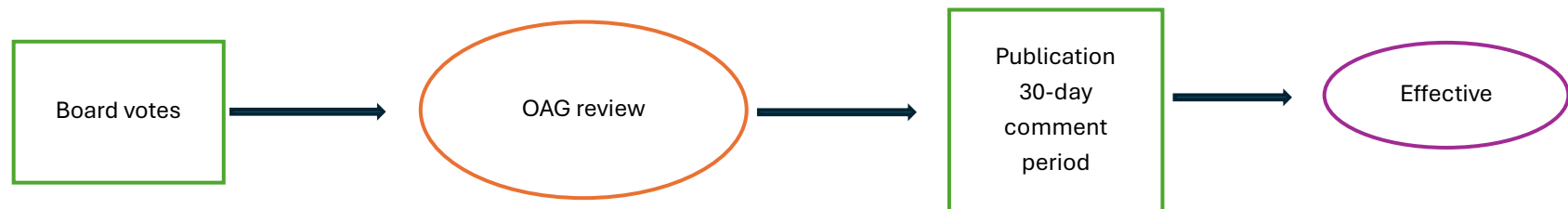
Regulatory Process

Standard rulemaking and fast-track



*Standard rulemaking includes three steps: notice of intended regulatory action (“NOIRA”), proposed stage, and final stage. Fast-track rulemaking includes one step.

Exempt regulations



Action Item: Review and Recommendation of Language to Conform with HB746

Included in your Agenda Package:

- Draft regulatory language for an exempt action to conform with HB746; and
- Chapter 418 (HB746) of the 2026 General Assembly

Staff Note: While this action is required to be undertaken, staff are bringing this action before the advisory board for your review and consideration of a recommendation to the Board of Medicine.

Action Needed:

- Motion to recommend the Board adopt an exempt regulatory action to conform regulations with HB746.

Project 8666 - Exempt Final

Board of Medicine

Conformity to HB746 of the 2026 General Assembly Session

18VAC85-50-35. Fees.

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

1. The initial application fee for a license, payable at the time application is filed, shall be \$130.
2. The biennial fee for renewal of an active license shall be \$135 and for renewal of an inactive license shall be \$70, payable in each odd-numbered year in the birth month of the licensee.
3. The additional fee for late renewal of licensure within one renewal cycle shall be \$50.
4. The fee for authorization to practice without a practice agreement shall be \$100.
5. A restricted volunteer license issued pursuant to § 54.1-2951.3 of the Code of Virginia shall expire 12 months from the date of issuance and may be renewed without charge by receipt of a renewal application that verifies that the physician assistant continues to comply with provisions of § 54.1-2951.3 of the Code of Virginia.
- ~~5.~~ 6. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
- ~~6.~~ 7. The fee for reinstatement of a license that has been expired for a period of two years or more shall be \$180.
- ~~7.~~ 8. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.

~~8.~~ 9. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.

~~9.~~ 10. The fee for a letter of good standing or verification to another jurisdiction shall be \$10.

~~10.~~ 11. The fee for an application or for the biennial renewal of a restricted volunteer license pursuant to 18VAC85-50-61 shall be \$35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$15 for each renewal cycle.

18VAC85-50-40. General requirements.

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

B. Except as provided in §§ 54.1-2952 C and 54.1-2952.01 of the Code of Virginia, all services rendered by a physician assistant shall be performed only in accordance with a practice agreement with one or more doctors of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

18VAC85-50-57. Discontinuation of employment.

~~If~~ Except as provided in § 54.1-2952.01 of the Code of Virginia, if for any reason the physician assistant discontinues working with a patient care team physician or podiatrist, a new practice agreement shall be entered into in order for the physician assistant either to be reemployed by the same practitioner or to accept new employment with another patient care team physician or podiatrist.

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

A. ~~Prior~~ Except as provided in § 54.1-2952.01, prior to initiation of practice, a physician assistant and one or more patient care team physicians or podiatrists shall enter into a written or

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

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

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

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

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

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

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

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

F. Physician assistants appointed as medical examiners pursuant to § 32.1-282 of the Code of Virginia may practice without a written or electronic practice agreement.

G. Physician assistants employed by (i) a hospital as defined by § 32.1-123 of the Code of Virginia, (ii) a state facility as defined by § 37.2-100 of the Code of Virginia, or (iii) a federally qualified health center designated by the Centers for Medicare and Medicaid Services may practice without a written or electronic practice agreement consistent with the requirements contained in § 54.1-2951.1 E of the Code of Virginia.

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

A. ~~The~~ Except as provided in § 54.1-2952.01, the physician assistant shall not render independent health care and shall:

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

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

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

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

1. No physician assistant may render care to a patient unless the physician or podiatrist responsible for that patient is available for collaboration and consultation with that physician assistant.

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

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

18VAC85-50-118. Authorized practice without a practice agreement.

A. A physician assistant with a current, unrestricted license may qualify for practice without a practice agreement within a specific clinical specialty or practice area upon completion of three years of full-time clinical experience in that specialty or practice area.

B. Pursuant to subsection A of § 54.1-2952.01 of the Code of Virginia, full-time clinical experience means 1,800 hours per year of clinical experience.

C. Pursuant to subsection A of § 54.1-2952.01 of the Code of Virginia, clinical experience means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

D. An applicant to practice without a practice agreement shall submit the following:

1. The fee specified in 18VAC85-50-35; and

2. An attestation from a physician licensed by the board as defined in subsection A of § 54.1-2952.01 of the Code of Virginia. The applicant may submit attestations from more than one physician with whom the applicant practiced during the required three years of clinical experience, but all attestations must be submitted at the same time.

E. In the event that a physician assistant is unable to obtain the attestation required by subsection B of § 54.1-2952.01 of the Code of Virginia, the board may accept other evidence demonstrating that the physician assistant has met the requirements of subsection B of § 54.1-2952.01 of the Code of Virginia.

F. A physician assistant authorized to practice without a practice agreement shall comply with all provisions of § 54.1-2952.01 of the Code of Virginia.

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

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

B. ~~The~~ Unless the physician assistant is authorized to practice without a practice agreement pursuant to § 54.1-2952.01 of the Code of Virginia, the physician assistant may prescribe only those categories of drugs and devices included in the practice agreement. The patient care team physician or podiatrist retains the authority to restrict certain drugs within these approved categories.

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

18VAC85-50-160. Disclosure.

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

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, ~~and also~~ Unless the physician assistant is authorized to practice without a practice agreement pursuant to § 54.1-2952.01 of the Code of Virginia, the physician assistant shall also disclose the name, address and telephone number of the patient care team physician or podiatrist. Such disclosure shall either be included on the prescription or be given in writing to the patient.

VIRGINIA ACTS OF ASSEMBLY - 2026 SESSION

CHAPTER 418

An Act to amend and reenact §§ 54.1-2951.1, 54.1-2952, and 54.1-2952.1 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2952.01, relating to physician assistants; authorization to practice without a practice agreement.

[H 746]

Approved April 8, 2026

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2951.1, 54.1-2952, and 54.1-2952.1 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-2952.01 as follows:

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

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

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;

2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and

3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

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

C. Except as provided in subsection E *or permitted pursuant to § 54.1-2952.01*, every physician assistant shall practice as part of a patient care team and shall provide care in accordance with a written or electronic practice agreement with one or more patient care team physicians or patient care team podiatrists.

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

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

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

E. Physician assistants employed by a hospital as defined in § 32.1-123 or employed in (i) a state facility as defined in § 37.2-100 operated by the Department of Behavioral Health and Developmental Services or (ii) a federally qualified health center designated by the Centers for Medicare and Medicaid Services may practice without a separate practice agreement if the credentialing and privileging requirements of the applicable facility include a practice arrangement that incorporates the components of a practice agreement set forth in the provisions of subsection C, including requiring and designating a patient care team physician or podiatrist, and the patient care team requirements of § 54.1-2952. Such physician assistants shall continue to practice as part of a patient care team in collaboration and consultation with patient care team physicians or patient care team podiatrists.

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

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

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

B. Physician assistants may practice medicine to the extent and in the manner authorized by the Board. A patient care team physician or patient care team podiatrist shall be available at all times to collaborate and consult with physician assistants, *except physician assistants who are authorized to practice without a practice agreement pursuant to § 54.1-2952.01*. Each patient care team shall identify the relevant physician assistant's scope of practice and an evaluation process for the physician assistant's performance.

C. Physician assistants appointed as medical examiners pursuant to § 32.1-282 may practice without a written or electronic practice agreement.

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

Activities shall be performed in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice agreement or by the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1 and may include health care services that are educational, diagnostic, therapeutic, or preventive, including establishing a diagnosis, providing treatment, and performing procedures. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a physician assistant may perform initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, in accordance with the practice agreement or the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1, including tasks performed, relating to the provision of medical care in an emergency department.

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

E. No physician assistant shall perform any acts beyond those set forth in the practice agreement or authorized as part of the patient care team *unless such physician assistant is authorized to practice without a practice agreement pursuant to § 54.1-2952.01*. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient is available for collaboration or consultation, pursuant to regulations of the Board.

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

§ 54.1-2952.01. Physician assistants; authorization to practice without a practice agreement.

A. For the purposes of this section:

"Attestation" means a written certification, signed and stated by a physician licensed by the Board, affirming that the physician assistant completed the equivalent of at least three years of full-time clinical experience in a specific clinical specialty or practice area in collaboration and consultation with the physician, practiced in accordance with applicable standards of care, had on-call experience as applicable, and has the necessary experience to fulfill the duties set forth in subsection F.

"Clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

"Full-time clinical experience" means 1,800 hours per year of clinical experience.

B. A physician assistant who has completed the equivalent of at least three years of full-time clinical experience may practice within the specific clinical specialty or practice area of that experience without a written or electronic practice agreement upon receipt by the physician assistant of an attestation from the patient care team physician or patient care team podiatrist who provided collaboration and consultation to the physician assistant on a patient care team pursuant to subsection A of § 54.1-2952 stating:

1. That the patient care team physician or patient care team podiatrist has served as a patient care team physician or patient care team podiatrist, respectively, on a patient care team with the physician assistant pursuant to a practice agreement meeting the requirements of §§ 54.1-2952 and 54.1-2952.1;

2. That while a party to such practice agreement, the patient care team physician or patient care team podiatrist routinely practiced with a patient population and in a practice area included within the physician assistant's scope of practice; and

3. The period of time for which the patient care team physician or patient care team podiatrist practiced with the physician assistant under such a practice agreement.

C. A copy of the attestation required pursuant to subsection B shall be submitted to the Board together with a fee established by the Board. A physician assistant may submit attestations from more than one patient care team physician with whom the physician assistant practiced during the equivalent of three years of full-time clinical experience required pursuant to subsection B, provided that all attestations are submitted to the

Board at the same time. Upon receipt of such attestation or attestations and verification that a physician assistant satisfies the requirements of this section, the Board shall issue to the physician assistant a new license that includes a designation indicating that the physician assistant is authorized to practice without a practice agreement.

D. In the event that a physician assistant is unable to obtain the attestation required by subsection B, the Board may accept other evidence demonstrating that the physician assistant has met the requirements of subsection B in accordance with regulations adopted by the Board.

E. A physician assistant who obtains licensure by endorsement pursuant to § 54.1-2951.1 or who exercises a privilege to practice pursuant to the Physician Assistant Licensure Compact (§ 54.1-2953.1) shall only be authorized to practice without a practice agreement pursuant to the requirements of this section if he submits an attestation to the Board confirming he has completed the equivalent of three years of full-time clinical experience in a specific clinical specialty or practice area as required pursuant to this section. A physician assistant who does not meet the specific requirement of this section for independent practice in the Commonwealth shall remain subject to the practice agreement requirement of § 54.1-2952 regardless of his independent status in another jurisdiction.

F. A physician assistant authorized to practice without a practice agreement pursuant to this section shall:

1. Practice (i) within the scope of the physician assistant's clinical and professional training, (ii) within the limits of the physician assistant's knowledge and experience, and (iii) in a manner consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

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

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) and (i) as provided in a practice agreement or, (ii) as provided by the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1, or (iii) in accordance with such physician assistant's authorization to practice without a practice agreement pursuant to § 54.1-2952.01. Such practice agreements or arrangements, if necessary, shall include a statement of the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the patient care team physician or patient care team podiatrist.

B. It is unlawful for the physician assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the requirements of this section and (i) authorized by the practice agreement or, (ii) authorized by the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1 and the requirements in this section, or (iii) made in accordance with such physician assistant's authorization to practice without a practice agreement pursuant to § 54.1-2952.01.

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

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency, which may include continuing education, testing, and any other requirement and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients, and (ii) a requirement that the physician assistant disclose to his patients his name, address, and telephone number and that he is a physician assistant. If a patient or his representative requests to speak with the patient care team physician or patient care team podiatrist, the physician assistant shall arrange for communication between the parties or provide the necessary information unless the physician assistant is authorized to practice without a practice agreement pursuant to § 54.1-2952.01.

D. This section shall not prohibit a licensed physician assistant from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

2. That the Board of Medicine shall adopt regulations implementing the provisions of this act and establishing processes for granting authorization to physician assistants to practice without a practice agreement within the physician assistant's current scope of practice in accordance with § 54.1-2952.01 of the Code of Virginia, as created by this act. Such initial adoption of regulations by the Board of Medicine shall be exempt from the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of

the Code of Virginia).

3. That the provisions of the first enactment of this act shall not become effective until the Board of Medicine adopts regulations in accordance with the second enactment of this act. The Board of Medicine shall certify in writing to the Virginia Code Commission the date on which it meets such requirement.

PA Compact Commission

Title of Rule: Definitions

History of Rule:

Reason for Rule: Definitions for the purpose of the rules adopted by the PA Compact Commission.

Effective Date:

Chapter 2: Definitions

Authority: Section 2: Definitions

Section 7: Establishment of PA Compact Commission

Section 9: Rulemaking

2.0 Purpose:

Pursuant to Section 7 and for the purpose of the rules adopted by the PA Compact Commission, the following definitions shall apply. Terms not specifically defined in these Rules shall have the definition as set forth in the Compact. In the event of a conflict with definitions found elsewhere in these Rules, definitions found in Section 2.1 shall control and prevail.

2.1 Definitions:

- (a) **"Administrative fee" or "service fee"** means fees that may be assessed by the PA Licensure Compact Commission, member state, or both, to handle and process an application to select a state of qualifying license, or a commission compact privilege fee authorized by Section 7.E of the model compact language. An administrative or service fee is separate from the privilege fee established by participating states.
- (b) **"Adverse Action"** means any administrative, civil, equitable, or criminal action permitted by a State's laws which is imposed by a Licensing Board or other authority against a PA License or License application or Compact Privilege such as License denial, censure, revocation, suspension, probation, monitoring of the Licensee, or restriction on the Licensee's practice.
- (c) **"Compact"** means the PA Licensure Compact.
- (d) **"Compact Privilege"** means the authorization granted by a Remote State to allow a Licensee from another Participating State to practice as a PA to provide Medical Services and other licensed activity to a patient located in the Remote State under the Remote State's laws and regulations.
- (e) **"Compact Privilege fee" or "privilege fee"** means the fee a participating state establishes for a privilege issued through the compact.
- (f) **"Confidential and filed under seal"** means all information and documents required to be shared in compliance with the Compact shall be transmitted confidentially and may not be discoverable in civil litigation, re-disclosed voluntarily or pursuant to a public records

request, or produced pursuant to civil or criminal subpoena, except that such information may be used for the purpose of investigating and taking disciplinary action and may be disclosed as part of any public disciplinary action resulting from the investigation.

- (g) **"Criminal Background Check"** means the submission of fingerprints or other biometric based information for a License applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d), from the State's criminal history record repository as defined in 28 C.F.R. § 20.3(f).
- (h) **"Data System"** means the repository of information about Licensees, including but not limited to License status and Adverse Actions, which is created and administered under the terms of this Compact.
- (i) **"Investigative Information"** means information, records, or documents received or generated by a Licensing Board pursuant to an investigation.
- (j) **"Joint Investigation"** means an investigation conducted jointly by two or more Participating States.
- (k) **"Jurisprudence Requirement"** means the assessment of an individual's knowledge of the laws and Rules governing the practice of a PA in a State.
- (l) **"Licensee"** means an individual who holds a License from a State to provide Medical Services as a PA.
- (m) **"Medical Services"** means health care services provided for the diagnosis, prevention, treatment, cure or relief of a health condition, injury, or disease, as defined by a State's laws and regulations.
- (n) **"Minor Infraction"** means conduct which does not relate to the delivery of health care services, does not adversely affect public health and safety and, in the judgement of the participating state is not likely to result in a report to the National Practitioner Data Bank.
- (o) **"Model Compact"** means the model for the PA Licensure Compact on file with The Council of State Governments or other entity as designated by the Commission.
- (p) **"NCCPA"** means the National Commission on Certification of Physician Assistants or a successor organization.
- (q) **"Non-participating State"** means a State that has not enacted this Compact.
- (r) **"Participating PA"** means a PA who has applied for or holds a Compact Privilege.
- (s) **"Participating State"** means a State that has enacted this Compact.
- (t) **"PA"** means an individual who is licensed as a physician assistant in a State. For purposes of this Compact, any other title or status adopted by a State to replace the term "physician assistant" shall be deemed synonymous with "physician assistant" and shall confer the same rights and responsibilities to the Licensee under the provisions of this Compact at the time of its enactment.
- (u) **"PA Licensure Compact Commission," "Compact Commission," or "Commission"** mean the national administrative body created pursuant to Section 7.A of this Compact.
- (v) **"Personal information"** means an individual's driver's license number or state identification number in lieu of a driver's license, social security number, date of birth, checking account number, savings account number, credit card number, or debit card number.
- (w) **"Qualifying License"** means an unrestricted License issued by a Participating State to provide Medical Services as a PA.

- 81 (x) **"Remote State"** means a Participating State where a Licensee who is not licensed as a PA
82 is exercising or seeking to exercise the Compact Privilege.
- 83 (y) **"Rule"** means a regulation promulgated by an entity that has the force and effect of law.
- 84 (z) **"Rules Committee"** means: a committee that is established as a standing committee to
85 develop reasonable and lawful uniform rules for consideration by the Commission and
86 subsequent implementation by the states and to review existing rules and recommend
87 necessary changes to the Commission for consideration.
- 88 (aa) **"Significant Investigative Information"** means Investigative Information that a
89 Licensing Board, after an inquiry or investigation that includes notification and an opportunity
90 for the PA to respond if required by State law, has reason to believe is not groundless and, if
91 proven true, would indicate more than a minor infraction.
- 92 (bb) **"State"** means any state, commonwealth, district, or territory of the United States.
- 93 (cc) **"State of Qualifying License"** means a Participating State where a PA holds a qualifying
94 license and which has been designated as such by the PA for purposes of registration and
95 participation in the Compact.
- 96 (dd) **"Terminate"** means the PA chooses to give up their qualifying license for a non-disciplinary
97 reason
- 98 (ee) **"Uniform Data Set"** means information maintained by the Compact Commission with
99 respect to participating PAs.

PA Compact Commission

Title of Rule: Records Exempt from Disclosure

History of Rule:

Reason for Rule: To establish records that shall be exempt from public inspection or disclosure.

Effective Date:

Chapter 6: Records Exempt from Disclosure

Authority: Section 7: Establishment of PA Compact Commission

Section 9: Rulemaking

8.0 Purpose:

This Rule addresses the Compact Commission's responsibility to maintain certain records confidentially. This Rule will become effective upon adoption by the PA Compact Commission as provided in Section 9 of the PA Compact.

8.1 Definitions:

- (a) **"Compact"** means the PA Licensure Compact.
- (b) **"Data System"** means the repository of information about Licensees, including but not limited to License status and Adverse Actions, which is created and administered under the terms of this Compact.
- (c) **"Licensee"** means an individual who holds a License from a State to provide Medical Services as a PA.
- (d) **"Participating PA"** means a PA who has applied for or holds a Compact Privilege.
- (e) **"Participating State"** means a State that has enacted this Compact.
- (f) **"PA"** means an individual who is licensed as a physician assistant in a State. For purposes of this Compact, any other title or status adopted by a State to replace the term "physician assistant" shall be deemed synonymous with "physician assistant" and shall confer the same rights and responsibilities to the Licensee under the provisions of this Compact at the time of its enactment.
- (g) **"PA Licensure Compact Commission," "Compact Commission," or "Commission"** mean the national administrative body created pursuant to Section 7.A of this Compact.
- (h) **"Personal information"** means an individual's driver's license number or state identification number in lieu of a driver's license, social security number, date of birth, checking account number, savings account number, credit card number, or debit card number.
- (i) **"State"** means any state, commonwealth, district, or territory of the United States.
- (j) **"Uniform Data Set"** means information maintained by the Compact Commission with respect to participating PAs.

8.2 Compact records

The following Commission records shall be exempt from public inspection or disclosure except where already a part of a public record:

- (a) A PA's personal information;
- (b) All information contained in the uniform data set in accordance with Compact Commission Rule 4.5 except for information maintained on the Compact Commission's public site;
- (c) Any information that a participating state designates as not to be shared with the public pursuant to Section 8(E) of the model compact language;
- (d) Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the Participating State contributing the information;
- (e) Personnel records of Compact Commission staff;
- (f) Compact Commission personnel practice and procedures;
- (g) Matters specifically exempt from disclosure by federal law or rule;
- (h) Trade secrets, commercial, or financial information that is privileged or confidential;
- (i) Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- (j) Investigative records compiled for law enforcement purposes;
- (k) Information specifically related to a civil action or other legal proceedings;
- (l) Records related to a closed, non-public meeting;
- (m) Records that contain legal advice, attorney-client communications, or attorney work product;
- (n) Records related to state default actions; and
- (o) Confidential mediation or arbitration documents.

8.3 Publicly available records

The following Commission records will be made publicly available on the Commission's website:

- (a) The names of participating PAs;
- (b) The states where participating PAs hold qualifying licenses; and
- (c) The states where participating PAs hold compact privileges.

8.4 Other Records

After consultation with counsel, the full Commission or Executive Committee may designate records confidential and not available to the public for inspection. When the Executive Committee designates records as confidential, a report out to the full Commission will be made at the next regularly scheduled Commission meeting.



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

November 1, 2026