

Advisory Board on Surgical Assisting

Virginia Board of Medicine

May 18, 2026

10:00 a.m.



Virginia Department of

Health Professions

Advisory Board on Surgical Assisting

Board of Medicine

Monday, May 18, 2026, at 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

Call to Order – Jessica Wilhelm, SA, Chair

Emergency Egress Procedures – Kathleen LaMotte

Roll Call – Kathleen LaMotte

Introduction of Members – Jessica Wilhelm, SA, Chair

Approval of minutes from October 15, 2024

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Legislative and Regulatory Update – Erin Barrett
2. Recommendation of draft amendments for licensure by endorsement – Erin Barrett
3. Consideration of a six-month grace period for new Surgical Technologist graduates – Jessica Wilhelm, SA, Chair
4. Election of Officers – Jessica Wilhelm, SA, Chair

Announcements

Next meeting: Monday, October 5, 2026 at 10:00 a.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 SURGICAL ASSISTING

Minutes

October 15, 2024

The Advisory Board on Surgical Assisting met on Tuesday, October 15, 2024, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Jessica Wilhelm, LSA - Chair
Thomas Gochenour, LSA – Vice Chair
Deborah Redmond, LSA
Nicole Meredith, RN (arrived at 10:25 am)

MEMBERS ABSENT: Srikanth Mahavadi, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Executive Director - Licensure
Colanthia M. Opher, Deputy Executive Director – Administration
Erin Barret, JD - Director of DHP Legislative and Regulatory Affairs
Matthew Novak - DHP Policy and Economic Analyst
Arne Owens - DHP Director
Roslyn Nickens - Licensing Supervisor
Joshlynn Jones - Licensing Specialist

GUESTS PRESENT: None

Call to Order

Jessica Wilhelm called the meeting to order at 10:00 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Joshlynn Jones called the roll; a quorum was declared.

Approval of Minutes

Thomas Gochenour moved to approve the minutes from the June 10, 2024, meeting. Deborah Redmond seconded the motion. The motion was approved.

Adoption of Agenda

Deborah Redmond moved to adopt the agenda. Thomas Gochenour seconded. The motion was approved.

Public Comment

None

New Business

1. Report on Status of Regulatory /Policy Actions

Erin Barrett reviewed the status of the Advisory Board's regulatory actions. Approval for the fast-track action for reinstatement of certification as a surgical technologist cleared the Secretary's office and has been sent to the Governor's Office.

2. Consideration of American Allied Health Surgical Technician Training Program

During discussion, members shared their concerns. The name difference and skill set between "Surgical Technician" and "Surgical Technologist" are different and may confuse the public. The testing and recertification requirements that American Allied Health (AAH) presented are less rigorous compared to what already approved entities such as NBSTSA and NCCT require. Following testing, AAH requires only 5 CEU hours for maintenance of AAH certification. The NBSTSA requires 30 hours and NCCT requires 14 hours per year. The program requirements listed for training and eligibility to sit for the certifying exam are general, not specific, and does not list a hands-on, clinical training as part of the student's education and experience prior to sitting for the examination.

After discussion, Deborah Redmond moved to recommend to the full board to deny AAH's request at this time. Thomas Gochenour seconded. The motion passed.

3. Approval of 2025 Meeting Calendar

Mr. Gochenour moved to approve the 2025 meeting calendar. Jessica Wilhelm seconded. The motion passed.

4. Election of Officers

Deborah Redmond nominated Jessica Wilhelm to continue as Chair. Thomas Gochenour seconded. The motion passed. Ms. Redmond nominated Thomas Gochenour to continue as Vice-Chair. Jessica Wilhelm seconded. The motion passed.

Announcements:

Licensing Statistics

Joshlynn Jones provided the licensing and certification statistics. From January 1, 2024, to October 15, 2024, the Board has licensed a total of 100 surgical assistants and 473 surgical technologist certificates from January 1, 2024, to date. The Board's total number of surgical assistants is 832, and the number of certified surgical technologists is 2,617. There are 207 out-of-state surgical assistants and 1,034 surgical technologists.

Next Scheduled Meeting

The next scheduled meeting is Tuesday, February 18, 2025, at 10:00 a.m.

Adjournment

With no other business to conduct, Jessica Wilhem adjourned the meeting at 10:30 a.m.

William L. Harp, MD, Executive Director

**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.

Agenda Item: Recommendation of draft amendments for licensure by endorsement pursuant to SB1438

Included in your agenda package:

- Draft regulatory changes to licensure requirements

Action Needed:

- Motion to recommend to the Board of Medicine the adoption of an exempt regulatory action to amend regulations.

18VAC85-160-50. Requirements for initial licensure as a surgical assistant.

A. An applicant for initial licensure shall submit a completed application and a fee as prescribed in 18VAC85-160-40 on forms provided by the board.

B. An applicant for initial licensure as a surgical assistant shall provide evidence of:

1. A current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting or the National Commission for Certification of Surgical Assistants or their successors;
2. Successful completion of a surgical assistant training program during the applicant's service as a member of any branch of the armed forces of the United States; or
3. Practice as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

18VAC85-160-51. Requirements for initial certification as a surgical technologist.

A. An applicant for initial certification as a surgical technologist shall submit a completed application and a fee as prescribed in 18VAC85-160-40 on forms provided by the board.

B. An applicant for initial certification as a surgical technologist shall provide satisfactory evidence of:

1. Successful completion of an accredited surgical technologist training program and a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor; or
2. Successful completion of a training program for surgical technology during the applicant's service as a member of any branch of the armed forces of the United States.

~~C. The board will certify a surgical technologist who registers with the board by December 31, 2023, if that surgical technologist provides satisfactory evidence of:~~

- ~~1. Practice as a surgical technologist prior to October 1, 2022; or~~
- ~~2. Attendance of a surgical technologist training program prior to October 1, 2022.~~

18VAC85-40-51. Licensure by endorsement

A. An applicant for licensure by endorsement as a surgical assistant shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Verification of a professional credential as a surgical assistant or first surgical assistant issued by the NBSTSA or NCCSA or their successor; and
4. A current report from the National Practitioner Data Bank.

B. An applicant for certification as a surgical technologist shall submit the following:

1. Evidence of a current, active license or certification in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Verification of a professional credential as a certified surgical technologist from the NBSTSA or its successor; and
4. A current report from the National Practitioner Data Bank.

18VAC85-160-60. Renewal of licensure for a surgical assistant.

~~A. A surgical assistant who was licensed based on a credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting or the National Commission for the Certification of Surgical Assistants or their successors shall attest that the credential is current at the time of renewal.~~

~~B. A surgical assistant who was licensed based on successful completion of a surgical assistant training program during the person's service as a member of any branch of the armed forces of the United States or based on practice as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020, shall attest to completion of 38 hours of continuing education recognized by the National Surgical Assistant Association at the time of biennial renewal.~~

A surgical assistant who was required to demonstrate evidence of an active national credential as a condition of licensure shall attest that the credential is current at the time of renewal. Surgical assistants who were licensed pursuant to 18VAC85-160-50 B(2) or B(3) shall attest to completion of 38 hours of continuing education recognized by the National Surgical Assistant Association at the time of biennial renewal.

18VAC85-160-65. Renewal of certification for a surgical technologist.

~~A. A surgical technologist who was certified based on certification as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor shall attest that the credential is current at the time of renewal.~~

~~B. A surgical technologist who was certified based on successful completion of a training program for surgical technology during the person's service as a member of any branch of the armed forces of the United States, or based on practice as a surgical technologist at any time in the six months prior to July 1, 2021, shall attest to completion of 30 hours of continuing education recognized by the Association of Surgical Technologists at the time of biennial renewal.~~

A surgical technologist who was required to demonstrate evidence of an active national credential as a condition of certification shall attest that the credential is current at the time of renewal. Surgical technologists who were certified pursuant to 18VAC85-160-51 B(2) or based

on practice prior to July 1, 2021 shall attest to completion of 30 hours of continuing education recognized by the Association of Surgical Technologists at the time of biennial renewal.

**BYLAWS FOR
ADVISORY BOARDS OF THE BOARD OF MEDICINE**

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with the applicable statutory provision of the advisory board governing such matters.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

Section 2. Terms of Office - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of the profession which the advisory board represents.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that advisory board meeting, it shall be represented as a recommendation for consideration to the Board of Medicine at its next regular 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

June 18, 2026