

Meeting of the Virginia Board of Medicine



June 4, 2026

8:30 a.m.

Board of Medicine
Thursday, June 4, 2026 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 4
Henrico, VA 23233

Call to Order

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Roll Call

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

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Board Room 4

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Agenda Item: Approval of Minutes of the February 19, 2026

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

Action: Review and approve with or without corrections.

**VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES**

February 19, 2026

Department of Health Professions

Henrico, VA 23233

- CALL TO ORDER:** Dr. Apel called the meeting to order at 8:34 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** Peter J. Apel, MD – President & Chair
The Honorable David Christian, RPh
John R. Clements, DPM
Kamlesh Dave, MD
Hazem Elariny, MD
Deborah DeMoss Fonseca
William Hutchens, MD
Elliott Lucas, MD
Krishna P. Madiraju, MD
L. Blanton Marchese
Ken McDowell, DO – Secretary-Treasurer
Patrick McManus, MD
Michele Nedelka, MD
Jennifer Rathmann, DC
Gertude Shahady, MD
Leroy Brown Vaughan, Jr., MD– Vice-President
- MEMBERS ABSENT:** Dee D. Gilmore
Mark Simcox, MD
- COUNSEL PRESENT:** M. Brent Saunders, JD – Senior Assistant Attorney General
- STAFF PRESENT:** William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Michael Sobowale, LLM - Deputy Exec. Director for Licensure of Allied Professions
Colanthia Opher - Deputy Exec. Director for Administration & Licensure of Doctors
Barbara Matusiak, MD - Medical Review Coordinator
David Bown, DC – DHP Agency Director
Matt Novak - DHP Policy and Economic Analyst
Deirdre Brown - Executive Assistant

OTHERS PRESENT: Tamika Hines – Discipline and Compliance Case Manager
Roslyn Nickens – Licensing Supervisor
Coralyn Kirby - Discipline Case Specialist
Allison Still – Sr. Administrative Assistant
Laura Booberg, JD – APD Deputy Director
Barbara Hodgdon, PhD – HWDC Deputy Director
Yetty Shobo, PhD – HWDC Director
Scott Castro – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

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

INTRODUCTION OF NEW DHP DIRECTOR AND TWO NEW BOARD MEMBERS

Dr. Apel welcomed Dr. David Brown back in his role as DHP’s Agency Director and extended a welcome to new Board member, the Honorable David Christian, RPh. Dr. Harp added that Ms. Dee Gilmore had also joined the Board but was unable to attend the meeting.

CONSIDERATION OF POSSIBLE ADMINISTRATION PROCEEDINGS UNDER §54.1-2408.1

The Board received information from Valerie L. Cheatham, Adjudication Specialist, regarding Dr. Nicholas A. Klaiber, License No. 0101256787, in order to determine whether his ability to practice medicine constituted a substantial danger to the public health and safety. Ms. Cheatham provided details of the case for the Board’s consideration.

On a motion by Dr. Hutchens and duly seconded by Dr. Nedelka, the Board determined that Dr. Nicholas A. Klaiber’s ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend his license simultaneously with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

The Board received information from Valerie Cheatham, Adjudication Specialist, regarding Dr. Michael K. Patrick, License No. 0101221326, in order to determine whether his ability to practice medicine constituted a substantial danger to the public health and safety. Ms. Cheatham provided details of the case for the Board’s consideration.

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

The Board received information from Carolann McNicol, Adjudication Consultant, regarding Dr. Frank Edgar Ramsey, License No. 0101036784, in order to determine whether his ability to practice medicine constituted a substantial danger to the public health and safety. Ms. McNicol provided details of the case for the Board's consideration.

On a motion by Dr. McDowell and duly seconded by Dr. Vaughan, the Board determined that Dr. Frank Edgar Ramsey's ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend his license simultaneously with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

The Board received information from Scott Pearl, Adjudication Specialist, regarding Dr. Atif Abdel-Moneam Atyia, License No. 0101058440, in order to determine whether his ability to practice medicine constituted a substantial danger to the public health and safety. Mr. Pearl provided details of the case for the Board's consideration.

On a motion by Ms. DeMoss Fonseca and duly seconded by Dr. Lucas, the Board determined that Dr. Atif Abdel-Moneam Atyia's ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend his license simultaneously with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

APPROVAL OF MINUTES OF OCTOBER 30, 2025

Dr. Vaughan moved to approve the minutes of the October 30, 2025 meeting. The motion was properly seconded by Dr. Hutchens and carried unanimously.

ADOPTION OF AGENDA

Mr. Novak requested an amendment to the agenda to include an update on legislation in the General Assembly as the first item under New Business with all subsequent items shifted accordingly. The Board unanimously agreed to the amendment.

PUBLIC COMMENT

No public comments.

HEALTHCARE WORKFORCE DATA CENTER PRESENTATIONS

- Virginia's Licensed Advanced Practice Registered Nurse Workforce: 2025
- Virginia's Licensed Advanced Practice Registered Nurse Workforce: Comparison by Specialty

Barbara Hodgdon, PhD, Deputy Director for the Healthcare Workforce Data Center, provided the Board with the updates. Board members asked questions of Dr. Hodgdon and Dr. Shobo after the presentations.

DHP DIRECTOR'S REPORT

Dr. Brown stated that he was pleased to return to DHP. He noted that changes in administration are typical when there is a new Governor and accompanying leadership team; however, these transitions do not affect the agency's core functions. He explained that the primary change occurs within the Executive Branch, as the agency reflects the position of the Governor.

Dr. Brown shared that he is a chiropractor regulated by the Board of Medicine and previously served as a Board member in the 1990s. He reminded members that individual Board members may not speak on behalf of the Board.

He encouraged members to be actively engaged during their service, emphasizing that they will benefit to the extent that they invest in it. He also recommended participation in Federation of State Medical Boards meetings and events as a valuable component of Board service.

Dr. Brown concluded by expressing his appreciation for the opportunity to serve and stated that he looks forward to getting to know each of the Board members.

REPORTS OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

None.

VICE-PRESIDENT

None.

SECRETARY-TREASURER

None.

EXECUTIVE DIRECTOR

FY2026 Budget

Dr. Harp reviewed the FY2026 budget, reminding the Board that all revenues are generated from licensee fees, including initial licensure, renewals, and reinstatements. He noted that the Board is in an even year when the doctors renew, so 2026 will be a big revenue year.

He then reviewed the expenditure categories explaining that there are two types: direct and allocated.

- *Direct expenditure* covers the Board’s daily operational needs, including staff salaries. There are about 75 cost codes associated with direct expenditures.
- *Allocated expenditure* encompasses shared agency services such as Enforcement, HR, IT, Communications, etc.

Dr. Harp noted that the FY2026 budget projects direct expenditures to be \$2.7M. On 12/31/2025, \$1.4M remained in the direct expenditures column. The Board is within budget and currently in a strong financial position.

Federation of State Medical Boards (FSMB) 2026 Annual Meeting

Dr. Harp announced that the FSMB Annual Meeting will take place in Baltimore, Maryland from April 30th to May 2nd. The Board received four FSMB scholarships which will be utilized by Mr. Marchese, Dr. Simcox, Dr. McDowell, and Dr. Harp.

COMMITTEE AND ADVISORY BOARD REPORTS

Mr. Marchese moved to accept, en bloc, all Committee and Advisory Board meeting minutes since November 7, 2025. The motion was properly seconded by Dr. Vaughan and carried unanimously.

OTHER REPORTS

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

Mr. Saunders provided updates on 8 ongoing legal cases.

Podiatry Report

No report.

Chiropractic Report

No report.

Committee of the Joint Boards of Nursing and Medicine

No report.

NEW BUSINESS

1. Legislative Update as of February 19, 2026

Mr. Novak provided a legislative update as of February 19, noting that the General Assembly Session is now halfway complete.

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

2. Regulatory Chart

Mr. Novak presented the chart of regulatory actions as of February 5, 2026, stating that there are currently only two regulatory actions in the Secretary's Office.

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

3. Amendments to Guidance Document 90-56 following General Assembly Action

Mr. Novak reviewed the amendments to Guidance Document 90-56 with the Board.

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

4. Initiation of Periodic Review for 18VAC90-30 and 18VAC90-40

Mr. Novak informed the Board that the Board of Nursing voted in September 2025 to initiate a periodic review of regulations. He stated that the Board of Medicine is required to officially open a periodic review as well since these chapters govern APRNs.

MOTION: Mr. Marchese moved to initiate a periodic review of 18VAC90-30 and 18VAC90-40. Dr. Elariny seconded, and the motion carried unanimously.

5. Licensure by Endorsement for Acupuncturists

Mr. Novak reviewed the draft amendments to create a license by endorsement pathway. The recommended language has been approved by the Advisory Board.

Mr. Saunders, Board counsel, advised that 18VAC85-110-150-C should be amended to state: "A licensed acupuncturist whose license has not been renewed by the first day of the month following the month in which the renewal is required, ~~shall not be licensed in Virginia~~ the license shall expire on that date."

MOTION: Mr. Marchese moved to amend 18VAC85-110 by exempt action. Dr. Vaughan seconded, and the motion carried unanimously.

6. Licensure by Endorsement for Athletic Trainers

Mr. Novak reviewed the draft amendments to create a license by endorsement pathway. The language has been approved by the Advisory Board.

MOTION: Dr. Rathmann moved to amend 18VAC85-120 by exempt action. Mr. Marchese seconded, and the motion carried unanimously.

7. Licensure by Endorsement for Physician Assistants

Mr. Novak reviewed the draft amendments to create a license by endorsement pathway. The language has been approved by the Advisory Board.

MOTION: Mr. Marchese moved to amend 18VAC85-50 by exempt action. Dr. Rathmann seconded and the motion carried unanimously.

8. Licensure by Endorsement for Radiologic Technologists

Mr. Novak reviewed the draft amendments to create a license by endorsement pathway. Two members of the Advisory Board discussed the language for the amendments at the recent meeting. Although a quorum did not exist and a vote was not taken, the recommendations were deemed sound and are being presented to the Board.

Board members noted that there was a typo in 18VAC85-101-29(4) which should state “Hold a current...”.

MOTION: Dr. Vaughan moved to recommend to the full Board the adoption of an exempt regulatory action to amend regulations pursuant to SB1438, with the amendment to 18VAC85-101-29(4). Mr. Marchese seconded and the motion carried unanimously.

9. Consideration of Proposed Action for Reduction of Requirements for Consultation and Collaboration

Mr. Novak reviewed the draft language that was approved by the PA Advisory Board, along with comments received on Town Hall during the NOIRA stage.

After much discussion, Dr. McDowell suggested to amend the proposed language of 18VAC85-50-110 as follows:

A patient care team physician or podiatrist shall:

1. Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice ~~in a single episode of care~~ and has failed to improve as expected for physician assistants with less than one year of experience in the field of practice in

~~which they are working. A physician or podiatrist shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process.~~

MOTION: Dr. McDowell moved to adopt the above amended proposed stage regulations for reduction of requirements for consultation and collaboration. Ms. DeMoss Fonseca seconded and the motion carried unanimously.

LICENSING REPORT

Mr. Sobowale reported that the number of licensees is currently 98,116, with an average time to licensure of 26 days.

DISCIPLINE REPORT

Ms. Deschenes provided a brief report on the status of open cases as of February 5, 2026, stating that the total across all stages is 913. During the 4th Quarter of FY2025, the Board received 645 cases and closed 602.

APPOINTMENT OF A NOMINATING COMMITTEE

Dr. Apel stated that the current officers' terms will expire at the June 2026 Board meeting, therefore a Nominating Committee needs to be formed to consider a slate of officers for 2026-2027. Board members were reminded that if they are considering running for office, they will not be on the Nominating Committee.

Ms. DeMoss Fonseca requested that the Board consider amending the bylaws to move the election of officers to October. This change would allow members interested in being nominated for an officer position to participate with the assurance that they will remain on the Board after their terms expire in June. Mr. Novak stated that, since this is part of policy, it could be amended if the Board wishes to consider it.

Mr. Marchese nominated Dr. Apel and Dr. Rathmann to serve on the Nominating Committee. Ms. DeMoss Fonseca nominated Dr. Clements. The Board unanimously agreed with these nominees to develop the slate for the June 2026 meeting.

ANNOUNCEMENTS

Dr. Apel announced that the next Full Board meeting will be held June 4, 2026, at 8:30 a.m.

ADJOURNMENT

With no additional business, Dr. Apel adjourned the meeting at 10:54 a.m.

William L. Harp, MD
Executive Director

DRAFT

Agenda Item: Public Comment on Agenda Items

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

Staff Note: All items for information only

Action: None.

Agenda Item: Report of Officers

- Staff Note:**
- ♦ President
 - ♦ Vice-President
 - ♦ Secretary-Treasurer

Action: Informational presentation. No action required.

Agenda Item: Executive Director's Report

Staff Note: All items for information only.

Action: None.

Agenda Item: Committee and Advisory Board Reports

Staff Note: Please note Committee assignments and minutes of meetings.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

FY2026

EXECUTIVE COMMITTEE (8)

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

LEGISLATIVE COMMITTEE (7)

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

CREDENTIALS COMMITTEE (9)

William Hutchens, MD – Chair
David Christian
Kamlesh Dave, MD
Hazem Elariny, MD
Elliott Lucas, MD
Krishna Madiraju, MD
L. Blanton Marchese
Ken McDowell, DO
Patrick McManus, MD

FINANCE COMMITTEE

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

BOARD BRIEFS COMMITTEE

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

CHIROPRACTIC COMMITTEE

Jennifer Rathmann, DC

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE

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

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, April 3, 2026

Department of Health Professions

Henrico, VA 23233

- CALL TO ORDER:** Dr. Apel called the Executive Committee to order at 8:36 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** Peter Apel, MD – President
John R. Clements, DPM
William Hutchens, MD
L. Blanton Marchese
Kenneth McDowell, DO – Sec-Treas
Jennifer Rathmann, DC
Leroy Vaughan, Jr., MD – Vice President
- MEMBERS ABSENT:** Deborah DeMoss Fonseca
- COUNSEL PRESENT:** M. Brent Saunders, JD – Senior Assistant Attorney General
- STAFF PRESENT:** William L. Harp, MD - Executive Director
Jennifer Deschenes, JD – Dep. Executive Director for Discipline
Michael Sobowale, LLM – Dep. Executive Director for Allied Professions Licensing
Colanithia Morton Opher – Dep. Executive Director for Medical Licensing and Administration
Barbara Matusiak, MD - Medical Review Coordinator
David Brown, DC - DHP Agency Director
Erin Barrett, JD - Director for DHP Legis & Reg Affairs
Deirdre Brown – Board of Medicine Executive Assistant
- OTHERS PRESENT:** Tamika Hines – Board of Medicine Case Manager
Roslyn Nickens – Board of Medicine Licensing Supervisor
Kathleen LaMotte – Board of Medicine Administrator
Denise Christian – Board of Medicine Licensing Specialist
Sonya Armstead – Board of Medicine Licensing Specialist
W. Scott Johnson, JD – Hancock Daniel & Johnson, LLC
Allyson Flinn – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

Dr. Apel provided the emergency egress instructions.

PUBLIC HEARING ON PROPOSED REGULATIONS FOR REMOVING PHYSICIAN NAMES FROM PA PRESCRIPTIONS

Dr. Apel opened the floor for a public hearing on proposed regulations regarding the removal of physician names from PA prescriptions. No public comment was offered. Dr. Apel closed the hearing.

APPROVAL OF MINUTES FROM AUGUST 1, 2025

Dr. Vaughan moved to approve the meeting minutes from August 1, 2025, as presented. The motion was seconded by Dr. Clements and carried unanimously.

ADOPTION OF AGENDA

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

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Brown shared that during the terms he has served as DHP Director, each Governor has been challenged with a specific healthcare focus. Governor McAuliffe focused on the opioid crisis, Governor Northam on the COVID epidemic, and now the current Governor will continue the progress that the former administration under Governor Younkin made in strengthening the Healthcare Workforce in Virginia.

Dr. Brown questioned the Board Certification requirement for physicians who apply through the endorsement pathway, since this is not a requirement for those who go through the traditional pathway.

Lastly, Dr. Brown outlined several strategies to support employees who wish to advance in a healthcare career while remaining in their current positions. He also discussed creating opportunities for high school students to shadow professionals in healthcare fields in which they are interested.

PRESIDENT'S REPORT

There was no President's report.

EXECUTIVE DIRECTOR'S REPORT

There was no Director's report.

NEW BUSINESS

1. Legislative Report as of March 18, 2026

Ms. Barrett reviewed the legislative update as of March 18, 2026. She mentioned that Governor Spanberger has until April 13th to sign or veto bills from the General Assembly. If the Governor takes no action on a bill by 4/13, it will become law on July 1, 2026.

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

2. Regulatory Actions as of March 16, 2026

Ms. Barrett reviewed the Current Regulatory Actions as of March 16, 2026.

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

3. Consideration of Petition for Rulemaking – Implanted Medical Devices

Ms. Barrett reviewed the letter that former DHP Director Owens had received from Ms. Lozano requesting the Board of Medicine amend its regulations to require physicians to record serial numbers and other pertinent information about implanted medical devices in their records and to make such information available to patients.

Dr. Hutchens stated that this information is better handled by hospitals and the Virginia Department of Health (VDH). Ms. Barrett agreed that any regulations should come from VDH.

Mr. Marchese noted that if the doctors were required to maintain these records, it would only be for 6 years.

Dr. Apel shared that maintaining such information has not been the province of physicians, but rather the hospitals which do retain medical implant device

information. Device manufacturers also retain records on their products.

MOTION: Dr. Hutchens moved to recommend that the full Board take no action on the petition. The motion was seconded by Dr. McDowell and carried unanimously.

4. Consideration of amendment to election date, terms of office for officers of the Board

Ms. Barrett reviewed Article V of the Board of Medicine's bylaws which explains the current process of elections.

Dr. Apel said that if the date was changed to the October meeting, it would allow members who were reappointed in June to be considered for nomination. After discussion and consideration by the Board members, no motion was made to amend the current bylaws.

5. Possible Consideration of Pre-Hearing Consent Orders

Ms. Deschenes presented two Consent Orders for reinstatement. The Committee approved both by unanimous vote.

ANNOUNCEMENTS

Dr. Apel informed the Board of the updated guideline for travel reimbursement. Effective immediately, Board members need to submit their request for reimbursement within 30 days for approval. After 30 days, no exceptions will be granted.

The next meeting of the Executive Committee will be August 7, 2026, at 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 9:37 a.m.

William L. Harp, MD
Executive Director
Virginia Board of Medicine

<<DRAFT>>

ADVISORY BOARD ON RESPIRATORY CARE

Minutes

May 12, 2026

The Advisory Board on Respiratory Care met on Tuesday, May 12, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:

Daniel Grinnan, MD

Todd Zischke, RRT

MEMBERS ABSENT:

Santiera Brown-Yearling, RRT - Chair

Kimberly B. Headley – Citizen Member

Shari Toomey, RRT – Vice Chair

STAFF PRESENT:

William Harp, MD - Executive Director

Colanthia Morton-Opher - Deputy Executive Director for Medical Licensure & Administration

Erin Barrett, JD - Director of DHP Legislative and Regulatory Affairs

Roslyn Nickens - Licensing Supervisor

Sonia Armistead - Licensing Specialist

Yetty Shobo, PhD - Director for the Healthcare Workforce Data Center

Kathleen LaMotte - Board Administrator

GUESTS PRESENT:

None

Call to Order

William Harp, MD, called the meeting to order at 1:02 pm.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

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

Introduction of Members

Introductions were led by William Harp, MD.

Public Comment on Agenda Items

There was no public comment.

NEW BUSINESS

Healthcare Workforce Data Presentation - Yetty Shobo, PhD

Dr. Shobo presented key findings from the 2025 Respiratory Therapist Workforce Survey. Highlights included:

Growth in licensees and workforce participation: The total number of licensed respiratory therapists continues to rise, with 5,645 licensees in 2025. However, the number working in Virginia (4,238 RTs providing 3,590 full-time equivalency units) has not increased at the same pace.

Demographic trends: Approximately 74% of the workforce is female, a proportion that has steadily increased. The median age remains 46, consistent with prior years. Roughly 36% of the workforce is under age 40. The diversity index has increased, though it remains below the statewide population diversity measure.

Educational trends: Most RT's continue to hold associate degrees, though the percentage with baccalaureate degrees has grown. Fewer RT's report carrying educational debt, and the proportion of those under 40 with debt has also declined since 2023.

Income and employment characteristics: Median income has risen since 2021. Education debt levels have remained stable. RT's most commonly work in inpatient hospital settings with modest increases in the proportion working in children's hospitals and outpatient hospitals. RT's role in home health has declined.

Language services: About one in four RT's provide services in Spanish, with additional services available in French and Chinese. Virtual platforms are the most common method for translation services.

Future plans: There is a decline in the percentage of RT's planning to retire by 65 and a decrease in those intending to pursue additional education.

Geographic distribution: Northern and Eastern Virginia continue to have lower numbers of RT's per 1,000 residents than other regions of the state.

Board members discussed the discrepancy between the total number of licensees and those working in the Commonwealth. Dr. Shobo noted that some licensees are military-affiliated or work in bordering states. Members also discussed potential future shortages related to retirement trends and the increasing prevalence of baccalaureate degrees.

Dr. Harp thanked Dr. Shobo for her presentation.

Regulatory Update - Erin Barrett, JD

Ms. Barrett provided an overview of legislative and regulatory matters relevant to the Advisory Board:

Respiratory Care Interstate Compact: The Compact legislation passed and was signed by the Governor. It will become state law on July 1, 2026. Full implementation could take up to five years. A potential issue exists because the Compact requires a criminal background check, which is not currently required in Virginia law. Legislative action to add this requirement is anticipated, and the General Assembly is aware of the need to correct this.

Continuing Education Requirements (HB 1147): Recent legislation requires that all licensees of the Boards of Medicine and Nursing complete specific continuing education for reduction of bias in healthcare. Regulations will need to be promulgated, and additional information will be provided to licensees once timelines are established.

Regulatory Action from the 2022 Periodic Review: One regulatory action remains in progress concerning implementation of changes identified during the 2022 periodic review. After returning from Executive Branch review, the Board will be required to vote again before the action can proceed.

Ms. Barrett noted that other legislative items pertaining to other professions were included in the Advisory Board's packet for informational purposes.

Draft Amendments for Licensure by Endorsement - Erin Barrett, JD

The Advisory Board reviewed draft amendments establishing a streamlined pathway for licensure by endorsement consistent with an agency bill introduced during the 2025 General Assembly Session. The amendments remove active practice requirements and align respiratory therapy endorsement with the regulations for licensure by endorsement in other allied health professions.

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

Announcements

Chair Santiera Brown-Yearling is rotating off the Board and may not be at the September meeting. Elections for a new Chair will occur at that time.

Licensure Statistics

Total license count - 3,012

Licenses issued from 1/1/26 through 5/12/26 - 120

Average processing time to issue a license - 18 days

Clearance rate - 87%

Next Meeting

The next meeting is scheduled for **Tuesday, September 29, 2026, at 1:00 p.m.**

Adjournment

The meeting was adjourned at 1:45 p.m.

<< DRAFT >>

ADVISORY BOARD ON RADIOLOGICAL TECHNOLOGY

Minutes

May 13, 2026

The Advisory Board on Radiological Technology met on Wednesday, May 13, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Training Room 2, Henrico, Virginia.

MEMBERS PRESENT:

Uma Prasad, MD – Vice Chair
Sandra J. Catchings, DDS
Cheryl Cunningham, RT
David L. Roberts, RT

MEMBERS ABSENT:

None

STAFF PRESENT:

William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director for Allied Licensure
Jennifer Deschenes, JD - Deputy Executive Director for Discipline
Kathleen LaMotte - Board Administrator
Barbara Hodgdon, PhD - Deputy Director for the Healthcare Workforce Data Center
Roslyn Nickens - Licensing Supervisor
Denise Christian - Licensing Specialist

GUESTS PRESENT:

Tom Berry

Call to Order

Dr. Prasad called the meeting to order at 1:03.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

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

Introduction of Members

Members and staff introduced themselves.

Approval of Minutes

Approval of minutes from June 5, 2024; October 22, 2025; and February 4, 2026, was unanimously approved upon a motion by Ms. Cunningham and a second by Dr. Catchings.

Adoption of the Agenda

The agenda for today's meeting was unanimously approved upon a motion by Ms. Cunningham and seconded by Dr. Catchings.

Public Comment on Agenda Items (15 minutes)

Tom Berry, who is working on healthcare workforce issues in GoVirginia Region 9 specifically with rad techs, came to hear the HWDC presentation.

Healthcare Workforce Data Center Presentation

Presentation by **Barbara Hodgdon, PhD**

Dr. Hodgdon presented key findings from the 2025 Radiologic Technologist Workforce. Data is collected during license renewal cycles and analyzed by the HWDC.

- The number of radiologic technologists and the total FTE's have both increased.
- The workforce continues to skew younger, with more than two in five under age 40. The diversity index has risen over time.
- Median income has increased and remains higher than median educational debt.
- A growing share of technologists now work in hospital departments.

- Approximately one in five technologists intend to retire within ten years.

Members discussed factors influencing workforce participation, shifts from physician offices to hospitals, and the challenges related to training, experience, and employer needs.

New Business

Legislative and Regulatory Report – William Harp, MD

Dr. Harp reviewed relevant legislation, including HB452, which permits individuals to practice in certain hospital and health system clinics and urgent care centers without DHP licensure. The Board discussed implications for training quality and patient safety and noted the bill contains a sunset clause for 2029. Dr. Harp indicated legislative action may be needed when the law sunsets. He also noted the high volume of out-of-state temporary 90-day licensure requests for rad techs and noted that specific “traveler” data is limited.

SB22 requiring implicit bias continuing education for Board of Medicine licensees calls for regulations for implementation. Regulations may not become final for two years or more.

Licensure by endorsement regulations for Radiologic Technologists remain in the fast-track process and are currently with the Office of the Attorney General.

Election of Officers – Uma Prasad, MD, Vice-Chair

As Dr. Prasad will rotate off the Board in July, members proceeded with officer elections. Nominations to elect Cheryl Cunningham as Chair and Sandra Catchings as Vice-Chair were approved by acclamation. Dr. Harp thanked Dr. Prasad and Mr. Roberts for their service should they not be at the October Advisory Board meeting.

Licensure Report

- Licenses issued since 1/1/26
 - Limited Rad Techs - 28
 - Radiologic Technologists - 288
- Total licensee counts:
 - Limited - 537
 - Radiologic Technologists - 5,734
 - Radiologist Assistants - 15

- Processing times and clearance rates:
 - Radiologic Technologists - 30 days - 95% clearance
 - Radiologist Assistants - 32 days - 100%
 - Limited Rad Techs - 60 days - 47% clearance

Announcements

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

Next Scheduled Meeting

Next meeting: Wednesday, September 30, 2026, at 1:00 p.m.

Adjournment

Dr. Prasad adjourned the meeting at 2:03 p.m.

William L. Harp, MD, Executive Director

<< DRAFT >>

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

<< DRAFT >>

ADVISORY BOARD ON MIDWIFERY

Minutes

May 15, 2026

The Advisory Board on Midwifery met on Friday, May 15, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Training Room 2, Henrico, Virginia.

MEMBERS PRESENT:

Ildiko Baugus, CPM, LM – Vice-Chair
Jennifer Green, CPM
Story Jones, CNM
Savannah F. Lam, CPM

MEMBERS ABSENT:

Katie Greene – Citizen Member

STAFF PRESENT:

William L. Harp, M.D. - Executive Director
Michael Sobowale, LLM - Deputy Executive Director for Allied Health Licensure
Kathleen LaMotte - Board Administrator
Roslyn Nickens - Licensing Supervisor
Erin Barrett - Director for DHP Legislative and Regulatory Affairs
Colanithia Morton Opher - Deputy Executive Director for Medical Licensure and Administration
Erin Pollard, Licensing Specialist

GUESTS PRESENT:

Jannifer Sayegh, DPOR

Call to Order

Ildiko Baugus called the meeting to order at 10:00 a.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

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

Introduction of Members

Ms. Baugus invited members and staff to introduce themselves.

Approval of Minutes

Jennifer Green moved to approve the minutes of October 11, 2024, which were seconded by Story Jones. The minutes were approved by unanimous vote.

Adoption of the Agenda

Approval of the agenda was moved by Story Jones, seconded by Jennifer Green, and passed unanimously.

Public Comment on Agenda Items (15 minutes)

There was no public comment.

New Business

Legislative Update – Erin Barrett

Ms. Barrett reviewed legislative actions affecting the Board of Medicine, including those summarized in the agenda packet. Key items included:

- **HB1147/SB22**, which will require continuing education in implicit bias for all licensees of the Board of Medicine. Implementation will require regulation and may take several years.
- **DPOR/DHP Agency Bill**: While not directly impacting midwifery, Ms. Barrett explained that other boards within the Department have been affected by inflation

and cost increases. This legislation changes how fee adjustments can be made more expeditiously. It also allows board to recover costs for disciplinary cases.

Recommendation of Draft Amendments for Licensure by Endorsement – Erin Barrett

The Board reviewed draft regulatory amendments for licensure by endorsement under **18VAC85-130-41**, as required by SB1438.

Key points discussed:

- After discussion, it was decided that the draft regulations for licensure by endorsement did not reduce the burden on an applicant but rather increased it. The current regulations for initial licensure do not require verification of licensure in another state.
- Board members expressed the view that a separate endorsement pathway is unnecessary and may deter applicants.

Election of Officers – Ildiko Baugus, LM, Vice-Chair

Officer elections were held in accordance with Advisory Board bylaws.

- **Chair:** Jennifer Green nominated Ildiko Baugus; seconded by Savannah Lam. Ms. Baugus was elected unanimously.
- **Vice-Chair:** Ildiko Baugus nominated Jennifer Green; seconded by Story Jones. Ms. Green was elected unanimously.

Licensure Report

- Licenses issued since 1/1/26 -10
- Total licensee count - 148
 - 100 current active with Virginia addresses
 - 48 current active out-of-state
- Average processing time - 8 days
- Clearance rate - 111%

Announcements

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

Next Scheduled Meeting

Next meeting: Friday, October 2, 2026, at 10:00 a.m.

Adjournment

Ms. Baugus adjourned the meeting at 10:39 a.m.

William L. Harp, MD, Executive Director

DRAFT

<< DRAFT >>

ADVISORY BOARD ON SURGICAL ASSISTING

Minutes

May 18, 2026

The Advisory Board on Radiological Technology met on Monday, May 18, 2026, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Training Room 2, Henrico, Virginia.

MEMBERS PRESENT:

Jessica Wilhelm, SA, Chair
Thomas Gochenour, CST, Vice-Chair

MEMBERS ABSENT:

Christine Holt
Srikanth Mahavadi, DPM
Deborah Redmond, SA

STAFF PRESENT:

William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director for Allied Licensure
Kathleen LaMotte - Board Administrator
Matthew Novak - Agency Regulatory Coordinator
Colanithia Morton-Opher - Deputy Executive Director for Medical Licensure and Administration
Roslyn Nickens - Licensing Supervisor
Joshlynn Jones - Licensing Specialist

GUESTS PRESENT:

None

Call to Order

Chair Jessica Wilhelm, SA called the meeting to order at 10:01 a.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

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

Public Comment on Agenda Items (15 minutes)

There was no comment.

New Business

Legislative and Regulatory Report – Matthew Novak

Mr. Novak provided updates on several bills impacting the professions:

- **SB22/HB1147 - Implicit Bias Reduction Training**
Licensees will be required to complete one or more hours of implicit bias education biennially. The Board needs to promulgate regulations and will initiate regulatory action in June. Final regulations may take several years. Ms. Wilhelm expressed support for including Surgical Assistants in this requirement.
 - **HB796 – Fee Adjustments & Recovery of Disciplinary Costs:**
This bill allows the Board to implement fee increases more efficiently and recoup up to \$1,500 in disciplinary-related administrative costs for matters resolved through hearings or consent orders. The full Board is scheduled to review this matter in October.
 - **HB1223 – Suicide Assessment and Training (continued):**
This bill was continued to the next session. It would require one-time suicide assessment training for most health professions and may return in future sessions.
-

Recommendation of Draft Amendments for Licensure by Endorsement – Matthew Novak

Draft regulatory amendments (pursuant to SB1438) were reviewed. Key points:

- Only eight U.S. jurisdictions regulate Surgical Assistants; of these, only five use credentialing similar to Virginia. Most applicants would still apply via initial licensure.
- Surgical Technologists are regulated in far more states, but many require only registration, not certification.
- Proposed change for ST endorsement: add “or registration” after “licensure,” acknowledging differing state systems.
- SA endorsement language remains unchanged.
- With no quorum, no motion could be taken; however, members present **voiced support** for forwarding endorsement recommendations to the full Board of Medicine.

Consideration of a Six-Month Grace Period for New Surgical Technologist Graduates – Chair Jessica Wilhelm

The Board discussed whether to recommend a temporary grace period for new graduates entering the field. A similar exemption exists for Surgical Assistants.

Dr. Harp spoke to how legislation was handled in the Executive Branch. He suggested that the state professional association secure a patron for such a bill. The rationale for a bill is sound, and there is a precedent with the Surgical Assistants.

Licensure Report

Surgical Assistants

- Licenses issued since January 1, 2026 - 40
- Total active licensees - 916 (including 258 out-of-state)
- Processing time - 19 days; clearance rate -91%

Surgical Technologists

- Total active certificates - 2,945 (including 1,207 out-of-state)
- Certificates issued since January 1, 2026: -165
- Processing time - 30 days; clearance rate - 79%

Announcements

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

Next Scheduled Meeting

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

Adjournment

Ms. Wilhelm adjourned the meeting at 10:40 a.m.

William L. Harp, MD, Executive Director

DRAFT

Agenda Item: Other Reports

- ◆ Board Counsel*
- ◆ Podiatry Report*
- ◆ Chiropractic Report*
- ◆ Committee of the Joint Boards of Nursing and Medicine

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

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

**VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
April 22, 2026**

- TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was called to order at 9:01 A.M., April 22, 2026, in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS' PRESENT:** Helen M. Parke, DNP, FNP-BC; Board of Nursing - **Chair**
Delia Acuna, FNP-C; Board of Nursing
Blanton Marchese; Board of Medicine
Bo Vaughan, Jr., MD; Board of Medicine
- STAFF PRESENT:** Claire Morris, R.N., L.N.H.A.; Executive Director; Board of Nursing
William L. Harp, MD; Executive Director; Board of Medicine
Randall Mangrum, DNP, R.N.; Deputy Executive Director for Advanced Practice
Shannon Alexander, Senior Licensing and Discipline Case Specialist
Jennifer Deschenes, Deputy Executive Director; Board of Medicine
- OTHERS PRESENT:** Sarah Blose, Assistant Attorney General; Board Counsel
Erin Barrett, DHP Director of Legislative Affairs and Policy
- INTRODUCTIONS:** Committee members and staff members introduced themselves.
- ESTABLISHMENT OF A QUORUM:** Dr. Parke called the meeting to order and established that a quorum was present.
- PUBLIC COMMENT:** No public comments were received.
- DISCUSSION/
ACTION ITEM:** Mr. Marchese made a motion to close the periodic reviews for 18VAC90-30 and 18VAC90-40 with the intent to amend and to recommend the adoption of a NOIRA by the Board of Medicine and the Board of Nursing for Chapters 30 and 40 to do the Following:
- Clean up regulatory language for clarity;
 - Remove obsolete language and sections related to issuance of prescriptive authority and previous legislative requirements;
 - Remove copied and pasted language from the code;
 - Coordinate provisions with the legislative changes made in the last ten years; and
 - Update opioid and buprenorphine prescribing regulations consistent with federal changes, Board of Medicine changes, and the recommendations of the 2024 regulatory advisory panel on opioid and buprenorphine prescribing.
- The motion was seconded by Dr. Vaughan and carried unanimously.

Virginia Committee of the Joint Boards of Nursing and Medicine – Business Meeting
April 22, 2026

NEW BUSINESS: No new business

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 9:15
A.M.



Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

DRAFT

Agenda Item: Current Regulatory Actions

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

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

Board of Medicine
Regulatory Actions
As of May 8, 2026

In the Governor's Office

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	3 days	Pursuant to 2025 legislation, creates a licensure by endorsement pathway
18VAC85-101	Exempt/ Final	Licensure by endorsement for radiologic technologists et al.	2/25/2026	3 days	Pursuant to 2025 legislation, creates a licensure by endorsement pathway
18VAC85-110	Exempt/ Final	Licensure by endorsement for acupuncturists	2/25/2026	3 days	Pursuant to 2025 legislation, creates a licensure by endorsement pathway
18VAC85-120	Exempt/ Final	Licensure by endorsement for athletic trainers	2/25/2026	3 days	Pursuant to 2025 legislation, creates a licensure by endorsement pathway

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	382 days	Facilitates entry into the PA Compact
18VAC85-180	NOIRA	Licensure of Anesthesiologist Assistants	8/18/2025	253 days	Begins the process to license Anesthesiologist Assistants as required by legislation
18VAC85-40	Proposed	Implementation of 2022 Periodic	4/8/2025	57 days	Implements changes following 2022

		Review for Chapter 40			periodic review. Fast-track received an objection from a legislator pursuant to Va. Code § 2.2-4012.1., which converted the fast-track into a NOIRA. This action will now undergo the full regulatory process.
18VAC85-20	Proposed	Licensure of foreign physicians through provisional and restricted licenses	11/14/2025	9 days	Creates a provisional and restricted license pathway for foreign physicians as required by HB995 of the 2024 General Assembly.
18VAC85-20	Fast-Track	Clean up of continuing education requirement references following regulatory reduction	4/8/2025	4 days	Removes references to CE requirements that were removed in a previous regulatory action

At DPB

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-50	Proposed	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	2/25/2026	2 days	Regulatory change pursuant to a petition for rulemaking received by the Board.

At OAG

None.

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Submitted for publication	Publication Date	Effective Date and Notes
18VAC85-50	Fast-Track	Creation of reinstatement process for physician assistants with lapsed licenses	2/23/2026	2/23/2026	Effective 4/9/2026
18VAC85-20	Fast-Track	Removal of requirement to provide documentation of continuing competency for reactivation of a license	2/17/2026	3/9/2026	Effective 4/23/2026
18VAC85-50	Proposed	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	2/17/2026	3/9/2026	Public comment period lasts 3/9/2026 – 5/8/2026. Public hearing on 4/3. Final stage before the Board for action.

Agenda Item: Adoption of final stage regulatory action

Included in your agenda package:

- Proposed regulatory amendments regarding inclusion of physician names on prescriptions written by physician assistants;
- Public comments received on Town Hall;

Staff note: This regulatory action was the result of a petition for rulemaking. The Board adopted the petition for rulemaking and initiated regulatory action in 2023.

Action needed:

- Motion to adopt final regulatory language regarding physician assistant prescriptions.

Project 7655 - Final

Board of Medicine

**Removal of patient care team physician or podiatrist name from prescriptions issued by
physician assistants**

18VAC85-50-160. Disclosure.

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

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



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Agency
Department of Health Professions

Board
Board of Medicine

Chapter Regulations Governing the Practice of Physician Assistants [[18 VAC 85 - 50](#)]

Action	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants
Stage	Proposed
Comment Period	Ended on 5/8/2026

5 comments

All good comments for this forum [Show Only Flagged](#)

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Commenter: William Lombardi 3/9/26 12:21 pm

For removal of supervising physician on prescription

Physician assistants are adequately trained in advanced pharmacology to be able to prescribe medications for patients without need of their supervising physician's name on the prescription. Their supervising practice protocols with their physicians adequately outline the scope of their prescription practices. Requiring that the supervising physician be attached to all prescriptions creates redundant and inefficient workflows that ultimately leads to delays in care for patients.

CommentID: **240352**

Commenter: Anonymous 3/11/26 8:58 am

Proponent of removing physician/podiatry name requirement.

The requirement for prescriptions for controlled substances written by physician assistants to include the name of the supervising physician is increasingly outdated and creates unnecessary administrative complexity without improving patient safety. Each PA already has a unique DEA registration number and National Provider Identifier (NPI), which clearly identifies the prescribing clinician and provides full traceability and accountability. Including the care team physician's name therefore adds redundancy rather than meaningful oversight. Requiring the physician's name on the prescription can cause confusion at pharmacies, delay medication dispensing, and create avoidable administrative burdens for both providers and pharmacists. Removing the supervising

physician name requirement would align Virginia with modern team-based care models and with practices adopted in many other states. PAs in Virginia would continue to practice under collaborative agreements and remain subject to all applicable prescribing laws, DEA regulations, and state oversight. Overall, removing this requirement would streamline clinical workflows, reduce confusion at pharmacies, and better reflect the modern role of PAs in delivering safe, high-quality patient care.

CommentID: 240362

Commenter: Chris van Eyck, DMSc, PA-C

4/2/26 12:12 pm

In support of removing this requirement

The requirement for Physician Associate/Assistant to have supervising MD/practice included on each Shedule II-V medication prescription is outdated, and only serves to slow down care to patients.

PAs carry their own DEA number, and engage in a collaborative relationship with their SP/practice, and prescriptive rights are well-defined.

As such, there is no need for this information to be required. Many EMRs used to submit these prescriptions don't include an easy way to do this (as they serve multiple states where this information isn't required), or require extra steps, slowing down workflow. There is no added safety with this requirement, as the requested info is readily available anyway.

This would be a big step forward in modernizing PA practice in Virginia, and increasing access for patients affected

CommentID: 240423

Commenter: Anonymous

4/2/26 2:44 pm

In support of removing this requirement

Let's remove this stumbling block.

PAs have their own DEA number and with the SP agreement continuing to require this is duplicitous. Let's do better by our patients.

CommentID: 240424

Commenter: Carl Hoegerl, DO - Virginia Osteopathic Medical Association

4/9/26 4:36 pm

Opposition to Proposed Removal of Signature Requirement

The Virginia Osteopathic Medical Association (VOMA) respectfully opposes the proposed removal of the requirement that the supervising or collaborating physician's or podiatrist's name appear on prescriptions issued by physician assistants for Schedule II–V medications.

This requirement serves as an important safeguard that reinforces the physician-led, team-based model of care and ensures transparency in prescribing practices—particularly for controlled substances. Removing the physician's name from these prescriptions risks blurring the distinction between physician and non-physician prescribing, which may lead to confusion for patients, pharmacists, and regulators.

Moreover, physicians remain ultimately responsible ⁼⁼⁵³⁼⁼ and legally liable for the care delivered under their supervision. Eliminating this requirement creates a misalignment between accountability and visibility, whereby physicians retain liability without clear identification on the prescription itself.

At a time when the Commonwealth continues to address concerns related to controlled substance prescribing and patient safety, maintaining clear lines of authority and accountability is essential. Preserving the inclusion of the supervising physician's name supports patient safety, reinforces appropriate oversight, and upholds the integrity of the physician-led care model.

For these reasons, VOMA strongly urges that this requirement remain in place.

CommentID: **240453**

Agenda Item: Adoption of exempt regulatory action regarding medication-assisted treatment

Included in your agenda package:

- HB712 (identical to SB641) of the 2026 General Assembly Session; and
- Draft regulatory language implementing HB712.

Action needed:

- Adoption of the included regulatory amendment as an exempt action.

VIRGINIA ACTS OF ASSEMBLY - 2026 SESSION

CHAPTER 207

An Act to direct the Board of Medicine to amend its regulations regarding office-based buprenorphine treatment to require providers to offer counseling or referral to counseling.

[H 712]

Approved April 6, 2026

Be it enacted by the General Assembly of Virginia:

1. § 1. *That the Board of Medicine shall 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. Under such regulations, a patient's refusal shall not preclude the patient from receiving office-based buprenorphine treatment for opioid use disorder.*

Project 8656 - Exempt Final

Board of Medicine

Exempt action to comply with HB712 of the 2026 General Assembly Session

18VAC85-21-130. General provisions pertaining to prescribing of buprenorphine for opioid use disorder.

A. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

B. Physician assistants shall prescribe buprenorphine for opioid use disorder pursuant to a practice agreement with a patient care team doctor of medicine or doctor of osteopathic medicine.

C. Practitioners engaged in medication-assisted treatment shall ~~either provide~~ offer counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling or provide a referral for counseling to each patient as clinically indicated. The practitioner shall document ~~provision of counseling or referral~~ the patient's consent to counseling or the provision of a referral for counseling in the medical record. A patient's failure to consent to counseling does not prohibit the practitioner from providing medication-assisted treatment.

Agenda Item: Fast-track regulatory action to change reference to athletic trainer national body

Included in your agenda package:

- Draft fast-track changes to 18VAC85-120 changing “National Athletic Trainers’ Association Board of Certification,” or “NATABOC,” to “Board of Certification for the Athletic Trainer,” or “BOC.”

Action needed:

- Motion to amend 18VAC85-120 by fast-track regulatory action as presented.

Project 8614 - None

Board of Medicine

Update of terminology for national certifying body for athletic trainers

18VAC85-120-10. Definitions.

In addition to words and terms defined in § 54.1-2900 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Athletic trainer" means a person licensed by the Virginia Board of Medicine to engage in the practice of athletic training as defined in § 54.1-2900 of the Code of Virginia.

"Board" means the Virginia Board of Medicine.

"BOC" means the Board of Certification for the Athletic Trainer.

"Direction" means authorization by a doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry for care and treatment by a verbal order if the doctor or dentist is present or by written order, telecommunication, plans of care, protocols, or standing orders if the doctor or dentist is not present.

~~"NATABOC" means the National Athletic Trainers' Association Board of Certification.~~

"Student athletic trainer" means a person enrolled in an accredited bachelor's or master's level educational program in athletic training.

18VAC85-120-50. Requirements for licensure.

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

1. A completed application and fee as prescribed in 18VAC85-130-150;

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

18VAC85-120-75. Temporary authorization to practice.

Upon written request from an applicant and an applicant's employer and for good cause shown, an applicant who provides documentation of current ~~NATABOC~~ BOC certification may be granted temporary authorization to practice as an athletic trainer for 45 days pending submission of all other required documentation and issuance of a license. At the discretion of the board, additional time, not to exceed 15 days, may be allowed to complete the application process.

18VAC85-120-80. Provisional licensure.

A. An applicant who has been approved by ~~NATABOC~~ BOC to sit for the certification examination may be granted a provisional license to practice athletic training under the supervision of an athletic trainer.

B. The graduate shall submit an application for a provisional license to the board for review and approval by the Chair of the Advisory Board on Athletic Training or the chair's designee.

C. The provisional license shall expire six months from issuance or upon receipt of notification of a failing score on the ~~NATABOC~~ BOC certification examination or upon licensure as an athletic trainer by the board, whichever comes first.

18VAC85-120-90. Renewal of license.

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

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

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

18VAC85-120-95. Inactive licensure.

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

1. The holder of an inactive license shall not be required to maintain ~~NATABOC~~ BOC certification.
2. An inactive licensee shall not be entitled to practice as an athletic trainer in Virginia.

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

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

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

18VAC85-120-100. Reinstatement.

A. In order to reinstate a license that has been lapsed for more than two years, an athletic trainer shall file an application for reinstatement, pay the fee for reinstatement of his license as prescribed in 18VAC85-120-150, and submit to the board evidence of current certification by ~~NATABOC~~ BOC.

B. An athletic trainer whose license has been revoked by the board and who wishes to be reinstated shall file a new application to the board and pay the fee for reinstatement of his license as prescribed in 18VAC85-120-150 pursuant to § 54.1-2408.2 of the Code of Virginia.

Agenda Item: Fast-track regulatory action to change reference to acupuncture national body

Included in your agenda package:

- Draft fast-track changes to 18VAC85-110 changing “National Certification Commission for Acupuncture and Oriental Medicine,” or “NCCAOM,” to “National Certification Board for Acupuncture and Herbal Medicine,” or “NCBAHM.”

Action needed:

- Motion to amend 18VAC85-110 by fast-track regulatory action as presented.

Project 8613 - None

Board of Medicine

Update of terminology for national certifying body

18VAC85-110-10. Definitions.

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

Acupuncturist

Board

Licensed acupuncturist

Practice of acupuncture

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

"ACAHM" means the Accreditation Commission for Acupuncture and Herbal Medicine.

"CCAHM" means the Council of Colleges of Acupuncture and Herbal Medicine.

"CNT course" means a Clean Needle Technique Course as administered by the CCAHM.

~~"NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine.~~

"NCBAHM" means the National Certification Board for Acupuncture and Herbal Medicine.

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

The examination requirements for licensure shall consist of:

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

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

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

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

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

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

18VAC85-110-155. Inactive licensure.

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

1. The holder of an inactive license shall not be required to maintain current, active certification by the ~~NCCAOM~~ NCBAHM.
2. An inactive licensee shall not be entitled to perform any act requiring a license to practice acupuncture in Virginia.

B. An inactive licensee may reactivate his license by:

1. Submission of the required application;

2. Payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure for the biennium in which the license is being reactivated; and

3. Submission of documentation of having maintained current certification or having been recertified by the ~~NCCAOM~~ NCBAHM.

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

18VAC85-110-160. Reinstatement.

A. A licensed acupuncturist who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit to the board a reinstatement application, information on practice and licensure in other jurisdictions for the period in which the license was lapsed in Virginia, proof of current, active certification by the ~~NCCAOM~~ NCBAHM, and the fee for reinstatement of his license as prescribed in subdivision 4 of 18VAC85-110-35.

B. A licensed acupuncturist whose license has been revoked by the board and who wishes to be reinstated must make a new application to the board, hold current, active certification by the ~~NCCAOM~~ NCBAHM, and pay the fee for reinstatement of his license as prescribed in subdivision 6 of 18VAC85-110-35.

18VAC85-110-161. Restricted volunteer license.

A. A licensed acupuncturist who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with § 54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, a licensed acupuncturist shall submit an application to the board that documents compliance with requirements of § 54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-110-35.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-110-35.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to obtaining 20 hours of continuing education acceptable to the ~~NCCAOM~~ NCBAHM, obtained within the last biennium.

Agenda Item: Consideration of petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received by the Board;
- PDF of Town Hall summary page, showing no online comments received; and
- Emailed public comment.

Staff note: The petition requests that the Board promulgate regulations to: (1) state that cosmetic injections constitute the practice of medicine; (2) establish documentation standards for cosmetic injection consultations and procedures; (3) define supervision requirements, including emergency protocols; and (4) evaluate supervision standards for cosmetic injection services, including off-site supervision and on-site supervision.

The Board should be aware that promulgating regulations surrounding this topic, particularly stating that an action is the practice of medicine, may have unintended consequences for other practitioners and for healthcare systems.

Action needed:

- Motion to either:
 - Accept the petition and initiate a rulemaking (NOIRA); **or**
 - Deny the petition, clearly stating why.

Petition for Regulatory Clarification

To: Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Re: Petition for Regulatory Clarification Regarding Cosmetic Injection Services

Dear Chair and Members of the Board:

I respectfully submit this petition requesting regulatory clarification and guidance concerning cosmetic injection services performed within the Commonwealth of Virginia. Cosmetic injections, including neuromodulators, dermal fillers, and platelet-derived injectables, involve penetration of living tissue and administration of prescription medications or biologics. These procedures carry recognized risks including vascular occlusion, infection, nerve injury, and systemic complications requiring immediate recognition and response.

As cosmetic procedures continue to expand in retail medical spa environments, supervision structures and delegation practices vary significantly. Clear regulatory standards would enhance patient protection, improve consistency of care, and reduce ambiguity in enforcement of existing statutes governing the practice of medicine.

Under existing Virginia law, cosmetic injections involving prescription medications and penetration of living tissue fall within the practice of medicine. However, ambiguity persists in certain retail aesthetic settings regarding which licensees may lawfully perform such procedures. Clear regulatory guidance would help ensure that delegation does not expand statutory scope of practice and that only appropriately licensed medical professionals perform cosmetic injections consistent with existing law.

I respectfully request that the Board consider promulgating regulations that:

1. Clarify that cosmetic injections constitute the practice of medicine under Virginia law;
2. Establish minimum documentation standards for cosmetic injection consultations and procedures;
3. Define supervision expectations, including real-time physician availability and emergency protocols; and

4. Evaluate off-site supervision standards applicable specifically to cosmetic injection services.

The objective of this petition is not to alter scope of practice or restrict licensed clinicians, but rather to ensure that supervision and safety standards appropriately reflect the medical nature and risk profile of cosmetic injection procedures.

I would welcome the opportunity to provide clinical insight, participate in stakeholder discussions, or assist in any rulemaking process the Board deems appropriate.

Respectfully submitted,

Dr. Timothy Mountcastle
Double Board-Certified Plastic Surgeon
Mountcastle Medical Spa & Laser Center
Ashburn, Virginia



- Secretariat** Health and Human Resources
- Agency** Department of Health Professions
- Board** Board of Medicine
- [● Edit Petition](#)

Petition 451

Petition Information	
Petition Title	Requirements for cosmetic injections
Date Filed	3/2/2026 [Transmittal Sheet]
Petitioner	Dr. Timothy Mountcastle
Petitioner's Request	The petitioner requests that the Board of Medicine promulgate regulations that: (1) state that cosmetic injections constitute the practice of medicine; (2) establish documentation standards for cosmetic injection consultations and procedures; (3) define supervision requirements, including emergency protocols; and (4) evaluate supervision standards for cosmetic injection services, including off-site supervision and on-site supervision.
Agency's Plan	The petition for rulemaking will be published in the Virginia Register of Regulations on March 23, 2026. The petition will also be published on the Virginia Regulatory Town Hall to receive public comment, which will open on March 23, 2026 and will close on April 22, 2026. The Board will consider the petition and all comments in support or opposition at the next meeting after the close of public comment, currently scheduled for June 4, 2026. The petitioner will be notified of the Board's decision after that meeting.
Comment Period	Began 3/23/2026 Ended 4/22/2026 0 comments
Virginia Register Announcement	Submitted on 3/2/2026 The Virginia Register of Regulations Published on: 3/23/2026 Volume: 42 Issue: 16
Agency Decision	Pending

Contact Information	
Name / Title:	Erin Barrett / <i>Director of Legislative and Regulatory Affairs</i>
Address:	Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, 23233
Email Address:	erin.barrett@dhp.virginia.gov

Telephone:	(804)750-3912	FAX: (804)915-0382	TDD: (-)
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This petition was created by Erin Barrett on 03/02/2026 at 2:49pm

From: [Dr. Khatira Safari](#)
To: [Barrett, Erin \(DHP\)](#)
Subject: Public Comment on Proposed Cosmetic Injection Regulations
Date: Saturday, March 28, 2026 1:48:51 PM

Hello,

I am writing in response to the petition requesting that the Board of Medicine promulgate regulations related to cosmetic injections. While I support the development of clear standards for patient safety, I strongly advocate for the inclusion of licensed acupuncturists in the provision of cosmetic procedures, including cosmetic injections.

As a practitioner at Harmony Integrative Health, my training, and that of licensed acupuncturists more broadly, is deeply rooted in comprehensive anatomical education, including detailed study of musculoskeletal structure, vascular pathways, and safe needling techniques. Acupuncturists are uniquely skilled in precision-based techniques involving the insertion of instruments into the body, often in areas overlapping with those used in cosmetic procedures.

Given this extensive training, it is both reasonable and appropriate that qualified acupuncturists be permitted to perform cosmetic procedures within a clearly defined regulatory framework. Excluding acupuncturists overlooks a highly trained group of professionals who already demonstrate competency in patient assessment, sterile technique, and anatomical safety.

Regarding the petition's specific requests:

1. Classification of Cosmetic Injections as the Practice of Medicine

While cosmetic injections may fall under the practice of medicine, this classification should not automatically exclude other licensed healthcare providers. Instead, regulations should allow for appropriately trained and certified practitioners—including acupuncturists—to perform these procedures within their scope of competency.

2. Documentation Standards

I support establishing clear and consistent documentation standards for consultations and procedures. Acupuncturists are already trained in maintaining thorough patient records, informed consent, and treatment planning, and can readily meet these requirements.

3. Supervision Requirements and Emergency Protocols

Patient safety is paramount. Reasonable supervision guidelines and clearly defined emergency protocols should be established; however, these should not be unnecessarily restrictive. With proper training in cosmetic injections and emergency response, acupuncturists are fully capable of practicing safely, whether under collaborative agreements or appropriate levels of supervision.

4. Evaluation of Supervision Models (On-site and Off-site)

Flexible supervision models, including off-site supervision, should be considered. Many healthcare professions safely operate under such models, and similar approaches could be applied to cosmetic procedures without compromising patient safety.

In conclusion, I urge the Board to adopt regulations that prioritize safety while also recognizing the qualifications of licensed acupuncturists. Allowing trained acupuncturists to perform cosmetic procedures expands patient access to care, supports integrative healthcare, and reflects the realities of modern clinical training.

Thank you for your consideration.

Sincerely,

Dr. Khatira Safari, D.Ac., MSA, L.Ac., Dipl. Ac.,
Office: (703) 570-6914
Email: drsafari@harmonyintegrativehealth.com & hihacupuncture@gmail.com
Web: www.harmonyintegrativehealth.com
19415 Deerfield Ave. Suite 201 Lansdowne VA 20176

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Agenda Item: Consideration of petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received by the Board;
- PDF of Town Hall summary page, showing no online comments received;
- Email from Ms. Lozano, which is the only public comment received during the public comment period;
- Applicable agenda portion from the January 2026 Legislative Committee meeting, at which the topic of the petition for rulemaking was discussed (prior to the filing of the petition for rulemaking); and
- Minutes of the January 2026 Legislative Committee, which reflect the discussion of the Committee on this topic.

Staff note: The petitioner requests that the Board amend its regulations to impose requirements on physicians regarding implanted medical devices and the communication of information related to those implants. The petitioner's form requesting the regulatory change is not clear; please review the letter received by Arne Owens from Senator Favola for a description of the petitioner's issue.

The Legislative Committee, as noted in the minutes, declined to recommend that the full Board initiate a regulatory action regarding this issue.

Following a review of the petition, the Executive Committee recommends that the full Board deny the petition for rulemaking because the information sought is available from entities that are not under the jurisdiction of the Board, and that any request for change should be directed to the agency that oversees those entities, which is the Virginia Department of Health.

Action needed:

- Motion to either:
 - Accept the recommendation of the Executive Committee, denying the petition for the reasons stated by the Executive Committee; **or**
 - Initiate rulemaking.



COMMONWEALTH OF VIRGINIA

Board of Medicine

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4600 (Tel)
(804) 527-4426 (Fax)

Coco.Morton@dhp.virginia.gov

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix,)		
LOZANO, BERNADETTE, D. ✓		
Street Address	Area Code and Telephone Number	
1200 SOUTH COURTHOUSE, APT. 138	(703)-901-9349	
City	State	Zip Code
ARLINGTON	VA	22204
Email Address (optional)	Fax (optional)	
bvdlozano01@gmail.com	n/a	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.
 There is no VA State Regulation on the following: Serial#, Manufactured or Expiration date information about a Medical Implant Device is never provided to a patient upon discharge from a Hospital or Surgery Center in Virginia. A Legislative Meeting on this topic for possible consideration as a NOIRA was discussed on 01/09/2026, but not enough support from those in attendance was obtained.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.
 I bring this Medical Item to the attention of the VA State Medical Board, because four years ago, my first Right Hip Medical Implant Device prematurely collapsed and exploded within 1 1/2 years of its first installation while I was taking a leisurely stroll with a neighbor. It was only at the time of this incident, that I decided to ask this Surgeon about identifying Serial# and other specifics about the entire Implant. It was a struggle for me to acquire the information from this Surgeon when I needed it most badly; especially, after the Surgeon had initially told me that the Implant Device would last 'forever'.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.
 During the week of 01/23/2026, the Director of the VA State Board of Medicine telephonically advised me of the results of mentioned Legislative meeting of 01/09/2026; the support for such a measure was lukewarmly accepted, but would not be further supported.

Signature:	Date:
Bernadette D. Lozano, dated January 26, 2026	



Secretariat Health and Human Resources

Agency Department of Health Professions

Board Board of Medicine

[Edit Petition](#)

Petition 450

Petition Information	
Petition Title	Addition of requirement for practitioners to provide patient certain information relating to medical implant devices
Date Filed	2/2/2026 [Transmittal Sheet]
Petitioner	Bernadette Lozano
Petitioner's Request	The petitioner requests that the board amend 18VAC85-20 to insert a requirement that a practitioner must disclose the serial number, manufactured date, and expiration date information of a medical implant device upon discharge from a hospital or surgery center when one has been inserted.
Agency's Plan	The petition for rulemaking will be published in the Virginia Register of Regulations on February 23, 2026. The petition will also be published on the Virginia Regulatory Town Hall to receive public comment, which will open on February 23, 2026 and will close on March 16, 2026. The Board will consider the petition and all comments in support or opposition at the next meeting after the close of public comment, currently scheduled for April 3, 2026. The petitioner will be notified of the Board's decision after that meeting.
Comment Period	Began 2/23/2026 Ended 3/16/2026 0 comments
Virginia Register Announcement	Submitted on 2/2/2026 <u>The Virginia Register of Regulations</u> Published on: 2/23/2026 Volume: 42 Issue: 14
Agency Decision	Pending

Contact Information	
Name / Title:	Erin Barrett / <i>Director of Legislative and Regulatory Affairs</i>
Address:	Perimeter Center 9960 Mayland Drive, Suite 300 Henrico, 23233
Email Address:	erin.barrett@dhp.virginia.gov
Telephone:	(804)750-3912 FAX: (804)915-0382 TDD: (-)

==77==

This petition was created by Matthew Novak on 02/02/2026 at 8:36am

From: b.lozano
To: [Barrett, Erin \(DHP\); matthew.novak@dhp.virgi](mailto:Barrett_Erin(DHP); matthew.novak@dhp.virgi)
Subject: Note from VA Resident/Petitioner to Amend VA Statute 18VAC85-20
Date: Wednesday, February 25, 2026 9:30:36 AM

Dear Erin Barrett & Matt Novak,

Re Dept. of Health Professions letter dated Feb. 2, 2026, outlining the approval of a Petition for Rulemaking for noted VA State Medical Regulation.

Captioned letter listed both your names as being copied on captioned letter. There is a noted period for Public Comment from 2/23/2026 to 3/16/2026.

I am the Petitioner who submitted captioned Petition.

For the past four (4) years, it seems as if I have been the only Advocate to change noted regulation.

The disastrous results of a Medical Device Implant Surgery that took place 4 years ago on my Right Hip, all because of one part of the device being too small and subsequently, this was verified by a second surgery done by a Revision Surgeon to correct the noted first surgery. What bothered me the most, was that each Surgeon told me there is NO Mandate by State or Federal Law to give device implant identifiers to a patient about their Medical Device Implant. To me, this was NOT correct.

No matter what type of Medical Device Implant Surgery there is, there should be a medical regulation MANDATE for Surgeons across the board in Virginia to provide specific identifiers of the Implant, to a patient upon discharge from any Hospital or Surgery Center. The patient shouldn't be the one to BEG a Surgeon for this data.

As a constituent and for the past four (4) years, I contacted both of my elected VA State Legislators from Arlington, VA, about this medical issue and the LACK OF A MANDATE, but there was minimal interest by both of them to pursue all avenues to Amend noted regulation. To conclude, neither one of these Legislators advised me of a 'Petition For RuleMaking' pathway.

Nonetheless, it is my hope that our newly elected Governor would be interested in this type of Advocacy, most especially, wherein, some Surgeons can use the 'lack of mandates' to MINIMIZE their interest or level of commitment to ensuring concrete Medical Transparency with all patients.

In closing, I hope your offices will monitor the progress of this Petition and, that a final outcome to AMEND noted regulation will be realized after 4/3/2026.

Cordially,
Bernadette Lozano
Arlington, VA

Agenda Item: Consideration of potential regulatory action regarding medical device implant identifying information

Included in your agenda package:

- Letter from Senator Favola regarding a constituent's concern;
- Letter in response from Director Owens; and
- 18VAC85-20-26.

Staff notes: The Committee to discuss whether this issue should be regulated. If this issue is not appropriate for regulation, specific information regarding the reasons why regulation is inappropriate should be identified by the Committee.

Action needed:

- If the Committee believes this issue should be regulated, recommendation that the Full Board file a notice of intended regulatory action at the February 2026 meeting.

From January 2026 Legislative Committee
Notice for Action by June 2026 Board

SENATE OF VIRGINIA

BARBARA A. FAVOLA
40TH SENATORIAL DISTRICT
PART OF ARLINGTON COUNTY

P.O. BOX 687
ARLINGTON, VA 22216



COMMITTEE ASSIGNMENTS:
REHABILITATION AND SOCIAL
SERVICES, CHAIR
COURTS OF JUSTICE
EDUCATION AND HEALTH
FINANCE AND APPROPRIATIONS
RULES

Director Arne Owens
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Director Owens:

I write to you to urge the Department of Health Professions to amend its regulations to ensure that patients in Virginia receiving medical device implants have access to the necessary identifying information about those devices, including manufacturer, brand, serial number, and expiration date.

One of my constituents, Ms. Bernadette Lozano of Arlington, experienced the failure of her first hip replacement surgery because one part used in her implant was too small. It was only after a revision surgery that she learned the true cause of the surgery's failure. To obtain basic details about the failed implant, Ms. Lozano had to demand documentation from her original surgeon and personally contact the manufacturer.

I understand that many healthcare professionals in the Commonwealth already distribute this information to patients routinely and accurately, and I am grateful for their diligence. However, this instance highlights the gap created by the absence of a regulatory requirement. Despite many physicians following this best practice voluntarily, there remain bad actors who leave patients vulnerable and uninformed. Amending the regulations to require facilities and providers to record identifying information for implanted devices and provide it to patients will close this gap and protect Virginians.

Please provide a written response confirming whether the Department has the ability to address this issue by modifying existing regulations. If this cannot be accomplished through the regulatory process and would instead require legislative action directing the Department to include identifying information in its regulations, please let my office know. Ensuring that every patient has access to this information about devices implanted in their bodies is a commonsense step toward safety, transparency, and trust in our healthcare system.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Favola".

Senator Barbara A. Favola
Representing District 40



COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
PHONE (804) 367- 4400

September 8, 2025

The Honorable Barbara Favola
Senate of Virginia
P.O. Box 687
Arlington, Virginia 22216
senatorfavola@senate.virginia.gov

Re: Requirements for facilities and providers to record identifying information of implanted devices

Dear Senator Favola,

Thank you for contacting me about your constituent, Ms. Bernadette Lozano, and the issues she faced locating information regarding an implanted device. You asked whether the Department of Health Professions can address the issue Ms. Lozano experienced by modifying existing regulations.

After discussing the matter with the Executive Director of the Board of Medicine and the Executive Director of the Board of Pharmacy, I can share that the Department, through the Board of Medicine, can address this issue through regulation. Any such change would likely be added to the existing regulation governing requirements for patient records, 18VAC85-20-26.

Such a regulatory change would only impact licensed practitioners under the jurisdiction of the Department of Health Professions, however, and would not impact facilities, which you also asked about. The Virginia Department of Health may have jurisdiction over such recording requirements of facilities.

Should you need anything further, please let me know.

Sincerely,

Arne W. Owens

Arne W. Owens
Director

cc: Erin Barrett, Director of Legislative and Regulatory Affairs

Virginia Administrative Code

Title 18. Professional And Occupational Licensing

Agency 85. Board of Medicine

Chapter 20. Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic

Part II. Standards of Professional Conduct

18VAC85-20-26. Patient records.

- A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.
- B. Practitioners shall provide patient records to another practitioner or to the patient or the patient's personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.
- C. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible, and complete patient records.
- D. Practitioners shall maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:
1. Records of a minor child, including immunizations, shall be maintained until the child reaches 18 years of age or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;
 2. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or the patient's personal representative; or
 3. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.
- E. Practitioners shall post information or in some manner inform all patients concerning the timeframe for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 22, Issue 1, eff. October 19, 2005; amended, Virginia Register Volume 35, Issue 24, eff. September 26, 2019; Volume 41, Issue 11, eff. February 27, 2025.

VIRGINIA BOARD OF MEDICINE
LEGISLATIVE COMMITTEE MINUTES

FRIDAY, JANUARY 9, 2026

DEPARTMENT OF HEALTH PROFESSIONS

HENRICO, VA

- CALL TO ORDER:** Dr. Vaughan called the meeting of the Legislative Committee to order at 8:31 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** Peter Apel, MD, President
Krishna Madiraju, MD
Patrick McManus, MD
Michele Nedelka, MD
Jennifer Rathmann, DC
Leroy Vaughan, Jr., MD, Vice-President, Chair
- MEMBERS ABSENT:** Randy Clements, DPM, Past President
- STAFF PRESENT:** William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Director, Discipline
Colanthia Morton Opher - Deputy Director, Administration
Michael Sobowale, LLM - Deputy Director, Licensing
Arne Owens – DHP Director
Erin Barrett, JD – Director of Legislative and Regulatory Affairs
Deirdre Brown - Executive Assistant
Mandy Addison – Team Lead, Customer Service Representative
- COUNCIL PRESENT:** Brent Saunders, JD - Senior Assistant Attorney General
- OTHERS PRESENT:** Tamika Hines - Discipline Case Manager
Coleen Grady-Koerner – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

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

APPROVAL OF MINUTES OF SEPTEMBER 5, 2025

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

ADOPTION OF AGENDA

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

PUBLIC COMMENT

There was no public comment.

DHP AGENCY DIRECTOR'S REPORT

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

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

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

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

NEW BUSINESS

1. Regulatory Chart

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

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

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

2. 2026 Legislative Update

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

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

3. Medical Device Implant Information

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

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

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

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

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

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

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

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

In conclusion, Dr. Vaughan stated that no regulatory changes are necessary because hospital operative records already document all required information and is available to patients. The Legislative Committee declined to recommend any regulatory action to the Full Board. Ms. Barrett said she appreciated the Committee's discussion.

ANNOUNCEMENTS

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

NEXT MEETING

May 8, 2026

ADJOURNMENT

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

William L. Harp, MD
Executive Director

Agenda Item: Closure of periodic reviews and issuance of NOIRA

Included in your agenda package:

- Comments received via Town Hall for periodic review of Chapter 30; and
- Town Hall summary page for periodic review of Chapter 40, showing no comments.

Staff Notes: The twelve comments received regarding the periodic review of Chapter 30 were from clinical nurse specialists requesting independent practice and elimination of joint oversight by the Boards of Nursing and Medicine. Both requests require statutory change and cannot be achieved by regulatory language. Therefore, these comments will not be reflected in any proposed stage changes to the regulatory language.

The Committee of the Joint Boards of Nursing and Medicine recommended the following:

- Closure of the periodic review of Chapters 30 and 40 with the decision of retain with the intent to amend; and
- Issuance of a notice of intended regulatory action for Chapters 30 and 40 to identify the following intended changes:
 - Clean up regulatory language for clarity;
 - Remove obsolete language and sections related to issuance of prescriptive authority and previous legislative requirements;
 - Remove copied and pasted language from the Code;
 - Coordinate provisions with legislative changes made in the last ten years; and
 - Update opioid and buprenorphine prescribing regulations consistent with federal changes, Board of Medicine changes, and the recommendations of the 2024 regulatory advisory panel on opioid and buprenorphine prescribing.

Action needed:

- Acceptance of the recommendation by the Committee of the Joint Boards to close the periodic reviews of Chapters 30 and 40 and to issue a notice of intended regulatory action as described above.



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Agency
Department of Health Professions

Board
Board of Nursing

Chapter
Regulations Governing the Licensure of Advanced Practice Registered Nurses [18 VAC 90 - 30]

12 comments

All good comments for this forum [Show Only Flagged](#)

[Back to List of Comments](#)

Commenter: Linda Thurby-Hay

3/25/26 10:03 am

Joint Board regulation of APRNs is not necessary

I am a practicing Clinical Nurse Specialist with decades of experience delivering high-quality diabetes and endocrine care. In Virginia, my prescriptive authority depends on a collaborative agreement with a physician. My most recent physician collaborator fulfilled the required review of medical records but never questioned my clinical decision-making. This reflects my expertise and competence in providing specialty nursing care, including medication prescribing and adjustment.

A 2021 report on APRN oversight, commissioned by the Virginia General Assembly, recommended aligning state laws and regulations with the APRN Consensus Model. This would grant all APRNs in Virginia independent practice and prescriptive authority, while placing regulatory authority solely under the Virginia Board of Nursing. The report also noted that 34 jurisdictions across the United States allow Clinical Nurse Specialists to practice independently, without evidence of reduced quality of care or breaches in scope of practice. Claims by organizations such as the American Medical Association and the Medical Society of Virginia that APRNs require physician oversight are not supported by evidence. Despite this, the report's recommendations have not been implemented.

I believe the Virginia Board of Nursing is fully equipped to regulate professional nursing practice.

In my work, I provide expert nursing care, education, and support for individuals living with diabetes. I do not seek to function as a physician. Instead, I approach patient care through a nursing lens—focusing on therapeutic communication, assessment of physical and psychological status, and consideration of socioeconomic challenges. My goal is to improve health outcomes through timely care, ongoing support, and a whole-person approach that identifies and addresses gaps in self-management.

This perspective differs from the traditional physician model, which emphasizes diagnosis, medication management, and procedural interventions. Both roles are essential but distinct.

From a workforce standpoint, there are simply not ~~enough~~⁼⁼⁸⁹⁼⁼ endocrinologists—293 as of 2026—to meet the needs of the 733,302 Virginians living with diabetes (2021 data). As the healthcare workforce ages, this gap is likely to widen.

Finally, nursing has been ranked the most trusted profession for 23 consecutive years. This trust reflects the public's confidence in nurses' honesty and ethical standards. Nursing should regulate nursing, and physicians should regulate physicians.

CommentID: 240385

Commenter: Cynthia W. Ward

4/1/26 9:08 pm

Regulations Governing the Licensure of APRNs

I am an advanced practice registered nurse - clinical nurse specialist (APRN-CNS) practicing in Virginia in a non-prescribing role focused on patient safety and the prevention of hospital-acquired conditions. I appreciate the opportunity to comment on the periodic review of 18 VAC 90-30.

Regulations should protect patient safety while recognizing APRN-CNS advanced education, national certification, and specialized expertise. Duplicative supervision or joint regulation delays CNS-led interventions without improving safety. CNSs have consistently demonstrated safe patient care and outcomes, are trained and educated by nurses, and as such, should be regulated by nurses rather than physicians. This model has been proven to be safe and effective in the majority of states.

CNSs who desire prescriptive authority should have a clear, structured pathway to independent practice following 1,000 hours of supervised practice by experienced prescribing CNSs or physicians. I respectfully urge modernization of APRN-related regulations to support safe, efficient, and effective patient care across Virginia.

CommentID: 240417

Commenter: Erin Marie Smith

4/3/26 8:40 am

Nurse regulations by nurses. Joint regulation is an unnecessary waste of government resources.

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)—Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of **18 VAC 90-30** pursuant to Executive Order 19. My comments address public health and safety, economic impact, and regulatory clarity as they relate to CNS practice within hospital-based pressure injury prevention programs.

Public Health and Safety:

Wound Care Clinical Nurse Specialists play a critical role in hospital-based pressure injury prevention through risk assessment, staff education, protocol development, product evaluation, and oversight of prevention and early intervention strategies. CNS-led programs are central to reducing hospital-acquired pressure injuries (HAPIs), improving patient outcomes, and supporting evidence-based practice. Regulations should protect patient safety while recognizing CNS advanced education, specialty certification, and clinical leadership. The role of CNS specifically focuses on secondary prevention and chronic disease management. The CNS role was specifically designed to improve patient outcomes that are impacted by NURSING interventions. Requirements that do not add clear safety benefit delay prevention efforts and consultation.

Economic Impact and Regulatory Burden: ==90==

Pressure injuries are associated with increased length of stay, higher treatment costs, and negative quality outcomes. Regulatory barriers that delay or limit CNS practice—such as duplicative supervision or joint regulation by the Board of Nursing and Board of Medicine—undermine prevention efforts and increase avoidable costs. Streamlined, nurse-led regulation supports efficiency and high-value care.

Clarity and Structured Practice Pathways:

Clear, CNS-specific regulatory language and alignment between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, are essential. A defined, competency-based transition to independent practice is appropriate when prior inpatient and prevention experience is recognized.

Conclusion:

I urge modernization of APRN-related regulations to that will only serve to improve patient safety and financial burden across Virginia's health systems.

CommentID: **240426**

Commenter: Citizen of Virginia

4/5/26 12:27 am

Regulations Governing the Licensure of Clinical Nurse Specialist

I am a Virginia-licensed registered nurse who hopes to undertake Advanced Practice Registered Nursing and appreciate the opportunity to comment on the periodic review of 18 VAC 90?30 pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings.

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse-led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between 18 VAC 90?30 and 18 VAC 90?40, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency-based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

CommentID: **240427**

Commenter: Jennifer Matthews, Shenandoah University

4/5/26 4:36 pm

RE: Regulation on the Practice of APRNs-CNSs by the Joint Board

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate this opportunity to comment on the periodic review of **18 VAC 90?30** pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

Public Health and Safety:

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and in Virginia's multiple underserved settings - rural, semi-rural and urban areas.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Modernized, streamlined, nurse-led regulations support workforce stability, employer efficiency, and patient access while maintaining safety and care standards.

Clarity and Readability:

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, would reduce confusion and support effective implementation of the standards of care and needed CNS-led interventions.

Structured Pathway to Independent Practice (SB 811):

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable when it is competency-based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

Conclusion

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

Thank you,

Jennifer H. Matthews, Ph.D, APRN-CNS, FAAN

CommentID: **240429**

Commenter: Sarah Taylor

4/6/26 9:28 am

Regulations pertaining to APRN

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 90?30 pursuant to Executive Order 19.

As a doctoral-educated, nationally certified APRN, I provide high-quality, evidence-based care within the defined populations and specialties for which I am licensed. Regulations should protect public safety while recognizing CNS education, certification, and clinical expertise. Requirements that do not meaningfully improve patient safety, limit access to care, and increase unnecessary regulatory and economic burden.

CNS-specific regulatory language and alignment between 18 VAC 90?30 and 18 VAC 90?40 are essential. A defined pathway to independent practice that recognizes education and advanced healthcare experience is essential. In the 2021 DHP REPORT ON ADVANCED PRACTICE REGISTERED NURSES: 2021 BUDGET BILL, the following actions were supported:

i. Regulation of APRNs according to the National Council of State Boards of Nursing, which presents recommendations for state legislatures and boards regarding the regulatory structure for APRNs (Certified Nurse Practitioners, Certified Nurse Midwives, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists).

ii. Granting all APRNs the ability to practice independently,

iii. Regulate APRNs solely through the Board of Nursing,

iv. Further recommendations from DHP are:

1) Amend statutory and regulatory definitions to conform to those in the APRN Consensus Model;

2) Consider amending Virginia laws and regulations to align with the APRN Consensus Model;

3) Follow *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine that recommends nurses practice to the full extent of their education and skills. under the Board of Nursing.

I respectfully urge modernization of APRN -related regulations to support safe, efficient, and effective patient care across Virginia. APRNs are nurses and regulation should be wholly managed by nurses.

CommentID: 240430

Commenter: Phyllis Whitehead

4/7/26 7:29 am

Regulations Governing the Licensure of Advanced Practice Registered Nurses [18 VAC 90 ? 30]

I am a practicing Clinical Nurse Specialist with prescriptive authority that started a rural hospice, a pain management service, and a palliative care service in an acute care setting. In Virginia, my prescriptive authority depends on a collaborative agreement with a physician. I work with countless physicians who all trust my clinical expertise and prescriptive authority competency.

A 2021 report on APRN oversight, commissioned by the Virginia General Assembly, recommended aligning state laws and regulations with the APRN Consensus Model. This would grant all APRNs in Virginia independent practice and prescriptive authority, while placing regulatory authority solely under the Virginia Board of Nursing. The report also noted that 34 jurisdictions across the United States allow Clinical Nurse Specialists to practice independently, without evidence of reduced quality of care or breaches in scope of practice. Claims by organizations such as the American Medical Association and the Medical Society of Virginia that APRNs require physician oversight are not supported by evidence. Despite this, the report's recommendations have not been implemented.

Palliative care in Virginia's underserved communities faces significant disparities, with minority-serving hospitals showing a 33% lower likelihood of providing these services compared to others.

Rural and low-income areas, particularly in Southern Virginia, face high symptom burdens due to limited access and workforce shortages. Patients with metastatic cancer or chronic, life-limiting illnesses in these areas often experience late referrals, impacting their quality of life. There are numerous factors that contribute to Palliative care disparities in Virginia including access barriers. In Virginia, particularly in rural or low-income areas like those in the Southwest or Southern part of the state, access to palliative care is restricted by limited infrastructure and fewer healthcare providers. Furthermore, racial and socioeconomic disparities exist. Patients in primarily minority-serving hospitals are 33% less likely to receive palliative care. Studies also indicate that lower-income zip codes and, in some cases, Hispanic, Black, and American Indian/Alaska Native populations show disparities in utilization. In the Hampton Roads region, while 35.5% of Black Medicare beneficiaries utilized hospice in 2021, disparities in access for palliative services (non-hospice) remain. In Appalachian regions, including parts of Virginia, significant barriers exist regarding geography, workforce shortages, and cultural differences, which hinder timely access to palliative services. Lower-income communities, such as those in the Southern Suffolk Health District (SSHD), often have higher rates of uninsured or underinsured residents, reducing access to specialized care such as palliative care. Patients with Sickle Cell Disease (SCD) or other chronic illnesses, often in underserved communities, frequently lack access to palliative care despite experiencing high symptom burdens.

Clinical Nurse Specialists can and should address these barriers safely while providing high quality care for seriously ill patients and their families. With autonomous practice after 1000 hours (as approved for nurse midwives last year) of collaborative practice with prescriptive authority, CNSs would be well positioned to care for patients in these underserved areas as described above.

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

CommentID: 240438

Commenter: Magdalys Ortiz

4/7/26 8:11 am

Review of 18 VAC 90?30

I am a Virginia licensed Advanced Practice Registered Nurse (APRN)—Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 90?30 pursuant to Executive Order 19.

As a doctoral-educated, nationally certified APRN, and Nurse Manager with over 20 years of healthcare experience and a deep passion for nursing—particularly in serving vulnerable populations I've gained valuable insight into the barriers that impact both patient outcomes, nursing practice and organizations.

Regulation of APRNs according to the National Council of State Boards of Nursing, and CNS specific regulatory language and alignment between 18 VAC 90?30 and 18 VAC 90?40 are essential. In the 2021 DHP REPORT ON ADVANCED PRACTICE REGISTERED NURSES: 2021 BUDGET BILL, supported the following actions:

(for the full list of supported actions, see this link, pg. 17) <https://rga.lis.virginia.gov/Published/2021/HD18/PDF>

-Granting all APRNs the ability to practice independently,

-Regulate APRNs solely through the Board of Nursing **==94==**

-Pursue participation in the APRN Licensure Compact

These are essential to improve access to care in an already overwhelmed healthcare environment with decreased providers.

CommentID: 240439

Commenter: Michelle Milburn

4/7/26 8:15 am

APRN -CNS comment

Public Comment on 18 VAC 90?30

Regulations Governing the Licensure of Advanced Practice Registered Nurses

Comment

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of **18 VAC 90?30** pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

Public Health and Safety:

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings. The population I care for, those living with diabetes, need an APRN-CNS who is trained and certified to care for them while they are hospitalized without barriers to independent practice.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse-led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clarity and Readability:

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

Structured Pathway to Independent Practice (SB 811):

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency-based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

Conclusion

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting

a fair, competency-based pathway to independent practice while maintaining patient safety. **==95==**

CommentID: 240440

Commenter: Daniell Kempton

4/13/26 9:34 am

Regulations Governing the Licensure of Advanced Practice Registered Nurses

Public Comment on 18 VAC 9030

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 9030 pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice.

Public Health and Safety:

CNSs are graduate educated, nationally certified APRNs who provide high quality, evidence based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clarity and Readability:

Clear, CNSs specific regulatory language would improve understanding and compliance. Greater consistency between 18 VAC 9030 and 18 VAC 9040, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

Structured Pathway to Independent Practice (SB 811):

A defined, time limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency based, recognizes prior experience, and allows supervision by experienced prescribing CNSs or physicians. Clear criteria for completion and progression to independent practice are essential.

Conclusion I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency based pathway to independent practice while maintaining patient safety.

CommentID: 240457

Commenter: Holly Tenaglia

4/13/26 10:15 am

Comment on 18 VAC 90 30: Regulations Governing the Licensure of Advanced Practice Registered Nurses

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of 18 VAC 90-30 pursuant to Executive Order 19.

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should protect public safety while recognizing CNS education, certification, and clinical expertise. Requirements that do not meaningfully improve patient safety limit access to care and increase unnecessary regulatory and economic burden.

Clear, CNS-specific regulatory language and alignment between 18 VAC 90-30 and 18 VAC 90-40, particularly regarding prescriptive authority, are essential. A defined, competency-based pathway to independent practice that recognizes prior experience is appropriate. In its landmark report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine recommended that nurses be able to practice to the full extent of their education and skills. Regulatory actions should be managed exclusively by the Board of Nursing.

I respectfully urge modernization of APRN-related regulations to support safe, efficient, and effective patient care across Virginia. APRNs are nurses and regulation should be wholly managed by nurses.

CommentID: **240458**

Commenter: Ellen M Harvey DNP, APRN, ACNS-BC, CCRN, TCRN, SCRNP, FCNS, FCCM, FAAN

4/13/26 12:32 pm

Regulations Governing the Licensure of APRNs

I am a Virginia-licensed Advanced Practice Registered Nurse (APRN)-Clinical Nurse Specialist (CNS) and appreciate the opportunity to comment on the periodic review of **18 VAC 90?30** pursuant to Executive Order 19. My comments address public safety, economic impact, and regulatory clarity as they relate to CNS practice. My area of clinical practice is neurosciences with a heavy emphasis on the stroke population. There is a significant stroke population in southwest Virginia and access to Neurology services is of ongoing concern.

Public Health and Safety:

CNSs are graduate-educated, nationally certified APRNs who provide high-quality, evidence-based care within defined populations and specialties. Regulations should continue to protect public health while recognizing CNS education, training, and competencies. Requirements that do not meaningfully improve patient safety unnecessarily limit access to care, particularly in specialty and underserved settings.

Economic Impact and Regulatory Burden:

Duplicative or prolonged supervision and joint regulation by both the Board of Nursing and the Board of Medicine imposes avoidable administrative and financial burdens without clear benefit. Streamlined, nurse-led regulation supports workforce stability, employer efficiency, and patient access while maintaining safety standards.

Clarity and Readability:

Clear, CNS-specific regulatory language would improve understanding and compliance. Greater consistency between **18 VAC 90?30** and **18 VAC 90?40**, particularly regarding prescriptive authority, would reduce confusion and support effective implementation.

Structured Pathway to Independent Practice (SB 811):

A defined, time-limited transition period—such as the proposed 1,000 supervised hours—may be reasonable if it is competency-based, recognizes prior experience, and allows supervision by

experienced prescribing CNSs or physicians. ~~Clear~~⁼⁼⁹⁷⁼⁼ criteria for completion and progression to independent practice are essential.

Conclusion

I respectfully urge the Department of Health Professions and the Board of Nursing to modernize CNS-related regulations by reducing unnecessary burden, clarifying requirements, and supporting a fair, competency-based pathway to independent practice while maintaining patient safety.

Thank you.

CommentID: **240459**



Agency Department of Health Professions

Board Board of Nursing

Chapter Regulations for Prescriptive Authority for Advanced Practice Registered Nurses
[18 VAC 90 - 40]

[Edit Review](#)

Review 2652

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 2/19/2026

Notice of Periodic Review

Pursuant to Executive Order 19 (2022) and sections 2.2-4007.1 and 2.2-4017 of the Code of Virginia, this regulation is undergoing a periodic review.

The review of this regulation will be guided by the principles in Executive Order 19
<https://TownHall.Virginia.Gov/EO-19-Development-and-Review-of-State-Agency-Regulations.pdf>.

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

In order for you to receive a response to your comment, your contact information (preferably an email address or, alternatively, a U.S. mailing address) must accompany your comment. Following the close of the public comment period, a report of both reviews will be posted on the Town Hall and a report of the small business impact review will be published in the Virginia Register of Regulations.

Contact Information	
Name / Title:	Claire Morris, RN / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
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Publication of Notice in the Register and Public Comment Period

Published in the Virginia Register on 3/23/2026 [Volume: 42 Issue: 16]

Comment Period begins on the publication date and ended on 4/13/2026

Comments Received: 0

Review Result

Pending

TH-07 Periodic Review Report of Findings *(not yet submitted)*

ORM Economic Review Form *(not yet submitted)*

Attorney General Certification

Submitted to OAG: 2/19/2026

Review Completed: 2/24/2026

Result: Certified

 **Review Memo**

This periodic review was created by Matthew Novak on 02/19/2026 at 2:04pm

Action Item: Consideration of Amendments for Licensure by Endorsement Pursuant to SB1438

Included in your agenda package:

- Draft regulatory changes to licensure requirements, as seen by the Advisory Board on Respiratory Therapy

Staff Note: These amendments were shared with the advisory board on May 12th. There was not a quorum of the advisory board to make a formal recommendation to the Board regarding these amendments, however the members who were present had no comments or feedback regarding these amendments.

Action Needed:

- Motion to adopt an exempt regulatory action to amend regulations regarding respiratory therapists.

Part II. Requirements for Licensure as a Respiratory Therapist.

18VAC85-40-40. Licensure Initial licensure requirements.

An applicant for initial licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-40-35.
2. Verification of professional education in respiratory care as required in 18VAC85-40-45.
3. Verification of practice as required on the application form.
4. Evidence of passage of the national examination as required in 18VAC85-40-50.
5. ~~If licensed or certified in any other jurisdiction, documentation of active practice as a respiratory therapist or documentation of 20 hours of continuing education within the 24-month period immediately preceding application and verification~~ Verification that there has been no disciplinary action taken or pending in ~~that~~ any other jurisdiction.

18VAC85-40-45. Educational requirements for initial licensure.

An applicant for initial licensure shall:

1. Be a graduate of an accredited educational program for respiratory therapists; or
2. Hold current credentialing as a Certified Respiratory Therapist (CRT) or a Registered Respiratory Therapist (RRT) from the NBRC or any other credentialing body determined by the board to be equivalent.

18VAC85-40-50. Examination requirements for initial licensure.

An applicant for ~~a~~ an initial license to practice as a licensed respiratory therapist shall submit to the board evidence that the applicant has passed the NBRC entry level examination for respiratory care, or its equivalent as approved by the board.

18VAC85-40-51. Licensure by endorsement

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Verification of a professional credential as a CRT or RRT from the NBRC; and
4. A current report from the National Practitioner Data Bank.

Action Item: Consideration of Amendments for Licensure by Endorsement Pursuant to SB1438

Included in your agenda package:

- Draft regulatory changes to licensure requirements, as seen by the Advisory Board on Surgical Assisting

Staff Note: These amendments were shared with the advisory board on May 18th. There was not a quorum of the advisory board to make a formal recommendation to the Board regarding these amendments, however the members who were present voiced their support regarding these amendments.

Action Needed:

- Motion to adopt an exempt regulatory action to amend regulations regarding surgical assisting.

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.~~

18VAC85-160-52. 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, certification, or registration 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 an organization recognized by the Board; 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 recognized by the board 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 recognized by the board as a condition of certification shall attest that the credential is current at the time of renewal. Surgical technologists who were certified (i) pursuant to

18VAC85-160-51 B(2), (ii) pursuant to §54.1-2956.12 of the Code of Virginia, or (iii) based on practice prior to October 1, 2022 shall attest to completion of 30 hours of continuing education recognized by the Association of Surgical Technologists at the time of biennial renewal.

Agenda Item: Licensing Report

Staff Note: Ms. Opher will provide information on noteworthy medical licensing matters.

Mr. Sobowale will provide information on note-worthy allied licensing matters.

Action: None anticipated.

Agenda Item: Discipline Report

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

Action: None anticipated.

Agenda Item: Approval of the DRAFT 2027 Meeting Calendar

Staff Note: For your review.

Action: Motion to accept or recommend alternate dates.

VIRGINIA BOARD OF MEDICINE

MEETING CALENDAR

Meeting	Date	Location
Full Board	February 18-20	Board Room 2, 4, TR1
	June 24-26	Board Room 2, 4, TR2
	October 21-23	Board Room 4, TR2, HR5
Executive	April 2	Board Room 4
	August 6	Board Room 4
	December 3	Board Room 4
Legislative	January 8	Board Room 4
	May 7	Board Room 4
	September 10	Board Room 4

Behavioral Analysts		10:00 a.m.
Mon - February 1	June 7	September 27
Genetic Counseling		1:00 p.m.
Mon - February 1	June 7	September 27
Occupational Therapy		10:00 a.m.
Tues - February 2	June 8	September 28
Respiratory Care		1:00 p.m.
Tues - February 2	June 8	September 28
Acupuncture		10:00 a.m.
Wed - February 3	June 9	September 29
Radiological Technology		1:00 p.m.
Wed - February 3	June 9	September 29
Athletic Training		10:00 a.m.
Thurs - February 4	June 10	September 30
Physician Assistants		1:00 p.m.
Thurs - February 4	June 10	September 30
Midwifery		10:00 a.m.
Fri - February 5	June 11	October 1
Polysomnographic Technology		2:30 p.m.
Fri - February 5	June 11	October 1
Surgical Assisting		10:00 a.m.
Mon - February 8	June 14	October 4



Agenda Item: Report of the Nominating Committee

Staff Note: The Committee met at 7:45 a.m. to develop a slate of officers for next year.

Action: Approve the slate as presented or develop an alternate slate.

Agenda Item: Board Member Terms

Staff Note: Dr. Apel will acknowledge.

Action: None anticipated.

Full Board - FY 2026

<p>Peter J. Apel, MD, President 1st Term Expires June 2026 District: 6 - Roanoke</p>	<p>Krishna P. Madiraju, MD 1st Term Expires June 2026 District: 10 – Ashburn</p>
<p>The Honorable David Christian Unexpired Term Expires June 2027 Citizen Member - Buckingham</p>	<p>L. Blanton Marchese 2nd Term Expires June 2029 Citizen Member – N. Chesterfield</p>
<p>John R. Clements, DPM 1st Term Expires June 2026 Podiatrist – Roanoke</p>	<p>Ken McDowell, DO, Secretary/Treasurer 1st Term Expires June 2028 Osteopath – Fredericksburg</p>
<p>Kamlesh Dave, MD 1st Term Expires June 2028 District: 4 - Chester</p>	<p>Patrick McManus, MD 1st Term Expires June 2027 District: 7 Fredericksburg</p>
<p>Hazem A. Elariny, MD 1st Term Expires June 2026 District: 8 – McLean</p>	<p>Michele Nedelka, MD 1st Term Expires June 30, 2028 District: 2 - Virginia Beach</p>
<p>Deborah DeMoss Fonseca 1st Term Expires June 2027 Citizen Member – McLean</p>	<p>Jennifer Rathmann, DC 2nd Term Expires June 2029 Chiropractor - Blacksburg</p>
<p>Dee Gilmore 1st Term Expires June 2029 Citizen Member - Chesapeake</p>	<p>Gertrude Shahady, MD 1st Term Expires June 2029 District: 5 - Lynchburg</p>
<p>William Hutchens, MD 1st Term Expires June 2026 District: 11 – Great Falls</p>	<p>Mark Simcox, MD 1st Term Expires June 2028 District: 9 - Abingdon</p>
<p>Elliott Lucas, MD 1st Term Expires June 2027 District: 3 – Hampton</p>	<p>Leroy Brown Vaughan, Jr., MD Vice-President 1st Term Expires June 2028 District 1 – Henrico</p>



- Next Meeting Date of the Full Board is **October 15-October 17, 2026**. Please check your calendars and advise staff of any known conflicts that may affect your attendance.
- The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip”. (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30-day deadline, please be aware that it cannot be approved.
- In order for the agency to be in compliance with the travel regulations, please submit your request for today's meeting no later than

July 3, 2026