Virginia Department of Health Professions
Board of Medicine

Welcome to the Advisory Board on Physician Assistants

The Virginia Board of Medicine will hold an electronic meeting of the Advisory Board on Physician Assistants on **October 8, 2020 at 1:00 P.M**. This meeting will be supported by Cisco WebEx Meetings application.

For the best WebEx experience, you may wish to download the Cisco WebEx Meeting application on your mobile device, tablet or laptop in advance of the meeting. Please note that WebEx will make an audio recording of the meeting for posting

This electronic meeting is deemed warranted under Amendment 28 to HB29 based on that requiring in-person attendance by the Advisory Board members is impracticable or unsafe to assemble in a single location.

Comments will be received during the public hearings and during the board meeting from those persons who have submitted an email to **william.harp@dhp.virginia.gov** no later than 8:00 a.m. on October 5, 2020 indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the chairman.

Whether you are a member of the Advisory Board or a member of the public, you can join the meeting in the following ways.

- **JOIN BY WEBEX**

https://covaconf.webex.com/covaconf/j.php?MTID=mb7f8d892c36233086db0d7068002ddd0
Meeting number (access code): 171 009 5511

- **JOIN BY PHONE**

+1-517-466-2023 US Toll
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Meeting number (access code): 171 009 5511

TECHNICAL DIFFICULTIES: Should you experience technical difficulties, you may call the following number: (804) 367-4558 for assistance. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

The Board of Medicine and the Freedom of Information Act Council are interested in your evaluation of the electronic experience of this meeting. You can provide comment via the following form **HERE**.

Advisory Board on Physician Assistants

Virginia Board of Medicine

October 8, 2020
1:00 p.m.

Advisory Board on Physician Assistants

Board of Medicine

Thursday, October 8, 2020 @ 1:00 p.m.

9960 Mayland Drive, Suite 300, Henrico, VA

Electronic Meeting

---DRAFT UNAPPROVED---

ADVISORY BOARD ON PHYSICIAN ASSISTANTS
Board of Medicine
May 23, 2019, 1:00 PM

The Advisory Board on Physician Assistants met Thursday, May 23, 2019 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT:	Portia Tomlinson, PA-C, Chair Kathleen A. Scarbalis, PA-C James B. Carr, PA-C Tracey Dunn, Citizen
MEMBERS ABSENT:	Frazier W. Frantz, MD
STAFF PRESENT:	William L. Harp, MD, Executive Director Colanthia M. Opher, Deputy Director, Administration Elaine Yeatts, Senior Regulatory Analyst ShaRon Clanton, Licensing Specialist
GUESTS PRESENT:	Jonathan Williams, VAPA Tim Faerber, Medical Society of VA

Call to Order-Portia Tomlinson, PA-C Chair

Ms. Tomlinson called the meeting to order at 1:08 p.m.

Emergency Egress Procedures-William Harp, MD

Dr. Harp provided the emergency egress instructions.

Roll Call-ShaRon Clanton

Ms. Clanton called the roll, and a quorum was declared.

Approval of Minutes October 4, 2018

Ms. Tomlinson requested an amendment to the minutes in item #1. Periodic review of regulations – 18VAC85-50-10 to read as follows:

… and can be physically present or accessible for consultation with the physician assistant within one hour.

---DRAFT UNAPPROVED---

Ms. Scarbalis moved to adopt the amended minutes; the motion was seconded and carried.

Adoption of Agenda

Ms. Tomlinson moved to adopt the agenda. The motion was seconded and carried.

Public Comment on Agenda Items (15 minutes)

None

NEW BUSINESS

1. Report of the 2019 General Assembly

   Ms. Yeatts reviewed the Report of the 2019 General Assembly and provided historical background on the bills that were of interest to the members.

   Ms. Yeatts also provided a brief update on the status of the Board's emergency regulations, APA regulatory actions, and future policy actions.

   Both of these reports were for information only and did not require any action.

2. Amendment to Code Chapters 137, 664, 224, and 68

   Ms. Yeatts walked the members through the amendments, and how the changes will affect the physician assistants' current practice.

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

3. E-mail from Donnie Orfield and Response

   Dr. Harp discussed the questions submitted by Mr. Orfield concerning changes in the language of the regulations and the requirements for a practice agreement.

4. State-by-State Physician Assistant Licensing
   Ms. Tomlinson informed the Board of AAPA use of the PA portal for multiple state verification.

5. Regulations Governing the Practice of Physician Assistants *(for reference only)*

---DRAFT UNAPPROVED---

6. Dr. Harp and Mrs. Yeatts discussed how the language in the regulations will be changed to be consistent with the Law.

Announcements

Dr. Harp informed the Board of an e-mail sent concerning fluoroscopy training. It stated that the AAPA has stopped providing the training and certification for PA's wishing to pursue fluoroscopy. Ms. Tomlinson will research this issue and get back with Board staff. She then recognized the new Advisory Board members, Mr. Carr and Ms. Scarbalis, and asked them to introduce themselves.

Dr. Harp then provided a mini-orientation to the Advisory to help acquaint the new members with the processes of the Board of Medicine.

Next Scheduled Meeting: October 3, 2019 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting adjourned at 2:31 p.m.

_____
Portia Tomlinson, PA-C, Chair

_____
William L. Harp, M.D., Executive Director

_____
ShaRon Clanton, Licensing Specialist

DRAFT

Virginia's Physician Assistant Workforce: 2019

Healthcare Workforce Data Center

February 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 3,000 Physician Assistants voluntarily participated in this survey. *Without their efforts, the work of the Center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson, MSHSA	Rajana Siva, MBA	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	*Data Analyst*	*Research Assistant*

Physician Assistant Advisory Board

Chair

Portia Tomlinson, PA-C
Roanoke

Members

James B. Carr, PA-C
Woodbridge

Tracey Dunn
North Chesterfield

Frazier W. Frantz, MD
Norfolk

Kathleen A. Scarbalis, MPAS, PA-C, DFAAPA
Fairfax

Executive Director

William L. Harp, MD

Contents

The Physician Assistant Workforce: At a Glance:

The Workforce	
Licensees	4,605
Virginia's Workforce:	3,777
FTEs:	3,472

Survey Response Rate	
All Licensees:	70%
Renewing Practitioners:	88%

Demographics	
Female:	74%
Diversity Index:	29%
Median Age:	37

Background	
Rural Childhood:	31%
HS Degree in VA:	42%
Prof. Degree in VA:	37%

Education	
Master's:	81%
Baccalaureate:	9%

Finances	
Median Inc.:	$100k-$110k
Health Benefits:	73%
Under 40 w/ Ed. Debt:	67%

Current Employment	
Employed in Prof.:	97%
Hold 1 Full-Time Job:	73%
Satisfied?:	96%

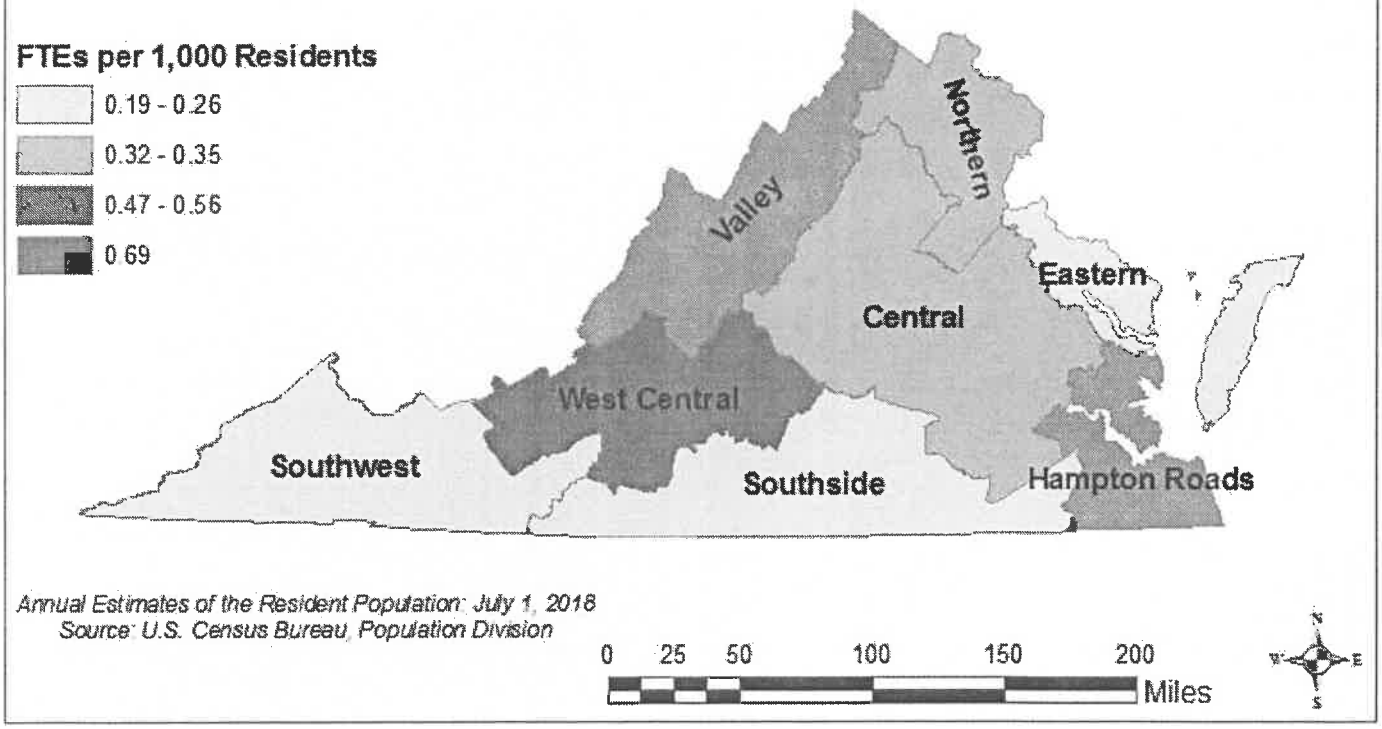
Job Turnover	
Switched Jobs:	9%
Employed Over 2 Yrs.:	53%

Time Allocation	
Patient Care:	70%-79%
Patient Care Role:	91%
Admin. Role:	2%

Source: Va. Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2019 Physician Assistant Workforce Survey. More than 3,000 physician assistants voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during the birth month of each physician assistant on odd-numbered years. These survey respondents represent 70% of the 4,605 physician assistants who are licensed in the state and 88% of renewing practitioners.

The HWDC estimates that 3,777 physician assistants participated in Virginia's workforce during the survey period, which is defined as those professionals who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's physician assistants provided 3,472 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

Nearly three-quarters of all physician assistants are female, including 83% of those who are under the age of 40. In a random encounter between two physician assistants, there is a 29% chance that they would be of different races or ethnicities, a measure known as the diversity index. This is well below the diversity index of 57% for Virginia's population as a whole. Nearly one-third of all physician assistants grew up in rural areas, and 13% of these professionals currently work in non-metro areas of the state. In total, 6% of all physician assistants work in non-metro areas of Virginia.

Nearly all physician assistants are currently employed in the profession, 73% hold one full-time job, and 50% work between 40 and 49 hours per week. Nearly 30% of professionals work in a single specialty group practice. In addition, another 24% work in either the inpatient or emergency department of a hospital. The typical physician assistant earns between $100,000 and $110,000 per year. In addition, 89% of physician assistants receive at least one employer-sponsored benefit, including 73% who have access to health insurance. Nearly all physician assistants indicate that they are satisfied with their current work situation, including 65% who indicate that they are "very satisfied".

Summary of Trends

In this section, the physician assistant workforce statistics for the current year are compared to those of 2015. The number of licensed physician assistants in the state has increased by 30% (4,605 vs. 3,530). In addition, the size of Virginia's physician assistant workforce has increased by an even larger 35% (3,777 vs. 2,801), and the number of FTEs provided by this workforce has increased by 26% (3,472 vs, 2,753). Virginia's licensed physician assistants are also more likely to respond to this survey (70% vs. 65%).

Virginia's physician assistants are more likely to be female (74% vs. 71%). However, the diversity index of this workforce has fallen (29% vs. 31%). This decline in the diversity index is even larger among those who are under the age of 40 (24% vs. 28%). There has also been a decline in the percentage of physician assistants who work in non-metro areas of the state (6% vs. 8%). Meanwhile, physician assistants are more likely to hold a master's degree (81% vs. 76%) as their highest professional degree. Although physician assistants are less likely to carry education debt (57% vs. 64%), the median debt amount among those professionals with education debt has increased ($80k-$90k vs. $60k-$70k).

Physician assistants are relatively more likely to work in the non-profit sector (31% vs. 28%) than in the for-profit sector (59% vs. 61%). At their primary work location, the typical physician assistant spends relatively less time in patient care activities (70%-79% vs. 90%-99%) and more time in administrative tasks (10%-19% vs. 1%-9%). This can also be observed in a decline in the median number of weekly patient visits (40-49 vs. 50+). The percentage of physician assistants without any hospital privileges has increased as well (42% vs. 39%).

Virginia's physician assistants are more likely to receive their income as a salary or commission (72% vs. 69%) in lieu of an hourly wage (25% vs. 30%). The median annual income of this workforce has increased ($100k-$110k vs. $90k-$100k), and these professionals are more likely to receive at least one employer-sponsored benefit (89% vs. 86%). The percentage of physician assistants who indicate that they are satisfied at their primary work location has fallen (96% vs. 97%), and this decline is even larger among those who indicate that they are "very satisfied" (65% vs. 69%).

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,677	80%
New Licensees	492	11%
Non-Renewals	436	9%
All Licensees	4,605	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly 90% of renewing physician assistants submitted a survey. These represent 70% of the physician assistants who held a license at some point in the past year.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2019 on the birth month of each practitioner.
2. **Target Population:** All physician assistants who held a Virginia license at some point in 2019.
3. **Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some professionals newly licensed in 2019.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	423	296	41%
30 to 34	346	686	67%
35 to 39	220	670	75%
40 to 44	142	488	78%
45 to 49	86	383	82%
50 to 54	50	269	84%
55 to 59	38	208	85%
60 and Over	72	228	76%
Total	1,377	3,228	70%
New Licenses			
Issued in 2019	492	0	0%
Metro Status			
Non-Metro	57	179	76%
Metro	769	2,362	75%
Not in Virginia	551	687	55%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,228
Response Rate, All Licensees	70%
Response Rate, Renewals	88%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Physician Asst.

Number:	4,605
New:	11%
Not Renewed:	9%

Survey Response Rates

All Licensees:	70%
Renewing Practitioners:	88%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2019 Workforce:	3,777
FTEs:	3,472

Utilization Ratios

Licensees in VA Workforce:	82%
Licensees per FTE:	1.33
Workers per FTE:	1.09

Source: Va. Healthcare Workforce Data Center

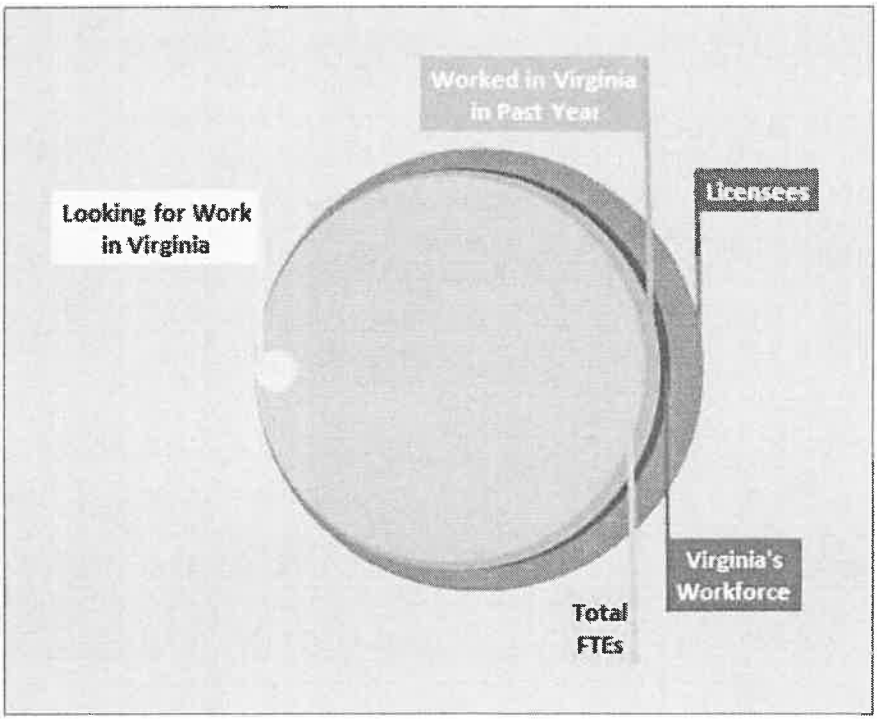
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in 2019 or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Physician Assistant Workforce

Status	#	%
Worked in Virginia in Past Year	3,735	99%
Looking for Work in Virginia	42	1%
Virginia's Workforce	**3,777**	**100%**
Total FTEs	**3,472**	
Licensees	**4,605**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	77	12%	575	88%	652	19%
30 to 34	132	17%	660	83%	792	23%
35 to 39	139	22%	489	78%	629	18%
40 to 44	132	30%	312	70%	444	13%
45 to 49	129	41%	189	59%	318	9%
50 to 54	92	44%	119	57%	211	6%
55 to 59	81	50%	80	50%	161	5%
60 and Over	122	63%	73	38%	194	6%
Total	**903**	**27%**	**2,498**	**74%**	**3,402**	**100%**

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Physician Asst.		Physician Asst. Under 40	
	%	#	%	#	%
White	61%	2,830	84%	1,784	87%
Black	19%	153	5%	65	3%
Asian	7%	147	4%	85	4%
Other Race	0%	29	1%	7	0%
Two or More Races	3%	76	2%	43	2%
Hispanic	10%	129	4%	69	3%
Total	**100%**	**3,364**	**100%**	**2,053**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	74%
% Under 40 Female:	83%

Age

Median Age:	37
% Under 40:	61%
% 55 and Over:	10%

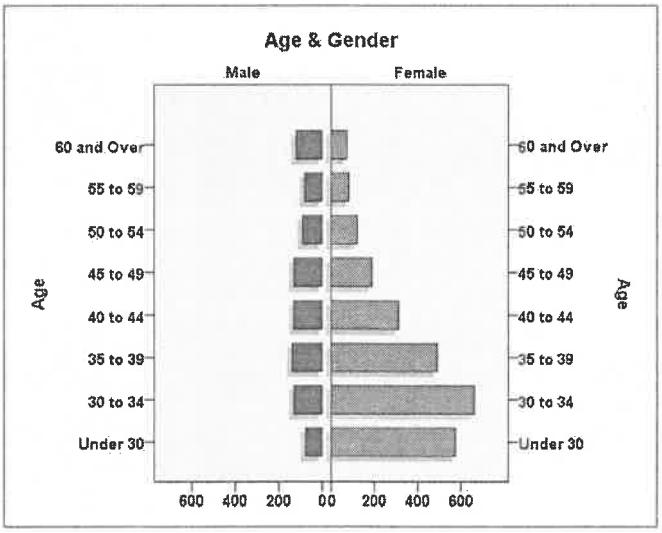
Diversity

Diversity Index:	29%
Under 40 Div. Index:	24%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two physician assistants, there is a 29% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 57%.

Among the 61% of physician assistants who are under the age of 40, 83% are female. In addition, the diversity index among these professionals is 24%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	9%
Rural Childhood:	31%

Virginia Background

HS in Virginia:	42%
Prof. Education in VA:	37%
HS/Prof. Edu. in VA:	53%

Location Choice

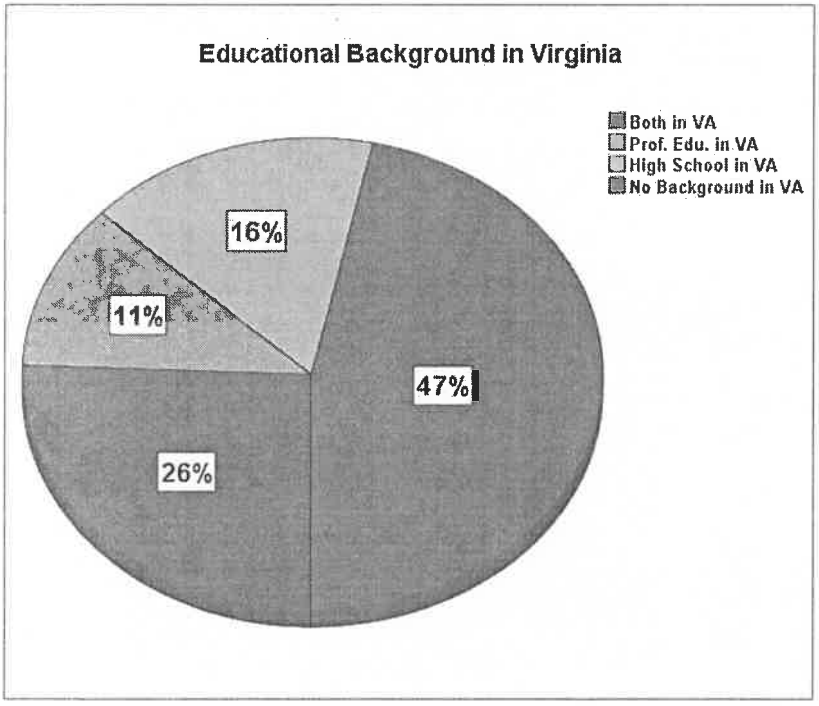
% Rural to Non-Metro:	13%
% Urban/Suburban to Non-Metro:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	22%	68%	11%
2	Metro, 250,000 to 1 Million	48%	45%	8%
3	Metro, 250,000 or Less	43%	51%	6%
	Non-Metro Counties			
4	Urban Pop., 20,000+, Metro Adjacent	30%	53%	17%
6	Urban Pop., 2,500-19,999, Metro Adjacent	68%	25%	7%
7	Urban Pop., 2,500-19,999, Non-Adjacent	92%	4%	4%
8	Rural, Metro Adjacent	53%	34%	13%
9	Rural, Non-Adjacent	40%	60%	0%
	Overall	**31%**	**60%**	**9%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly one-third of all physician assistants grew up in a rural area, and 13% of these professionals work in non-metro areas of Virginia. Overall, 6% of all physician assistants work in non-metro areas of the state.

Top Ten States for Physician Assistant Recruitment

Rank	All Physician Assistants			
	High School	#	Professional School	#
1	Virginia	1,410	Virginia	1,221
2	Pennsylvania	344	Pennsylvania	435
3	New York	207	Washington, D.C.	287
4	Maryland	140	North Carolina	190
5	North Carolina	126	New York	175
6	West Virginia	118	West Virginia	163
7	Outside U.S./Canada	89	Tennessee	92
8	Florida	87	Florida	86
9	New Jersey	77	Georgia	80
10	Michigan	70	Nebraska	63

Source: Va. Healthcare Workforce Data Center

More than 40% of all physician assistants received their high school degree in Virginia, while 37% earned their initial professional degree in the state.

Among physician assistants who were licensed in the past five years, 39% received their high school degree in Virginia, while 37% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	549	Virginia	516
2	Pennsylvania	154	Pennsylvania	189
3	New York	86	North Carolina	93
4	North Carolina	66	New York	75
5	Maryland	49	Washington, D.C.	71
6	West Virginia	39	Tennessee	58
7	New Jersey	37	West Virginia	54
8	Michigan	36	Florida	40
9	Florida	34	Georgia	33
10	Ohio	33	Texas	21

Source: Va. Healthcare Workforce Data Center

Nearly 20% of licensed physician assistants did not participate in Virginia's workforce in 2019. Nearly all of these professionals worked at some point in the past year, including 90% who currently work as a physician assistant.

At a Glance:

Not in VA Workforce

Total:	832
% of Licensees:	18%
Federal/Military:	19%
Va. Border State/D.C.:	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
PA Certificate (Undergraduate)	58	2%
Associate	21	1%
Baccalaureate	297	9%
PA Certificate (Postgraduate)	165	5%
Master's	2,648	81%
Doctorate	64	2%
Total	3,253	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

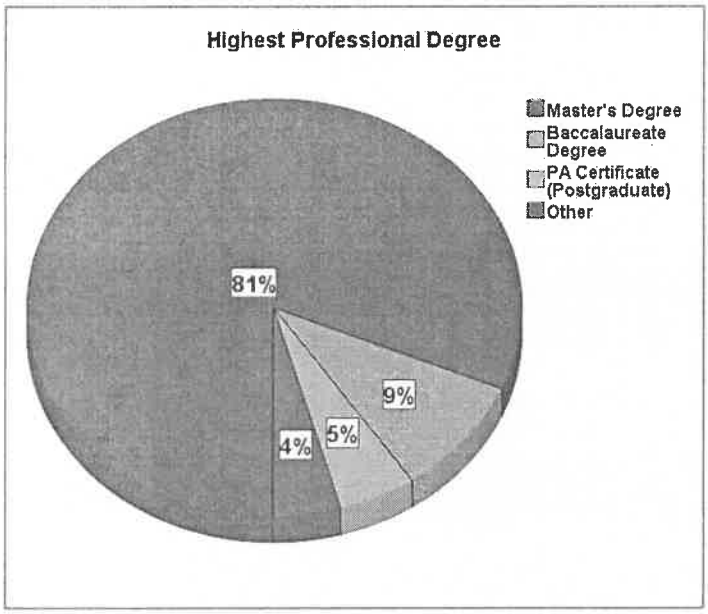
Education

Master's Degree: 81%
Baccalaureate Degree: 9%

Education Debt

Carry Debt: 57%
Under Age 40 w/ Debt: 67%
Median Debt: $80k-$90k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 80% of all physician assistants hold a master's degree as their highest professional degree.

Nearly 60% of all physician assistants carry education debt, including 67% of those under the age of 40. For those with education debt, the median amount is between $80,000 and $90,000.

Education Debt				
Amount Carried	All		Under 40	
	#	%	#	%
None	1,293	43%	601	33%
Less than $10,000	123	4%	57	3%
$10,000-$19,999	93	3%	50	3%
$20,000-$29,999	106	3%	59	3%
$30,000-$39,999	125	4%	68	4%
$40,000-$49,999	111	4%	68	4%
$50,000-$59,999	120	4%	76	4%
$60,000-$69,999	89	3%	66	4%
$70,000-$79,999	78	3%	57	3%
$80,000-$89,999	99	3%	72	4%
$90,000-$99,999	79	3%	57	3%
$100,000-$109,999	129	4%	105	6%
$110,000 and More	597	20%	505	27%
Total	3,042	100%	1,840	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialties

Emergency Medicine:	16%
Family Medicine:	15%
Orthopedics:	12%

Secondary Specialties

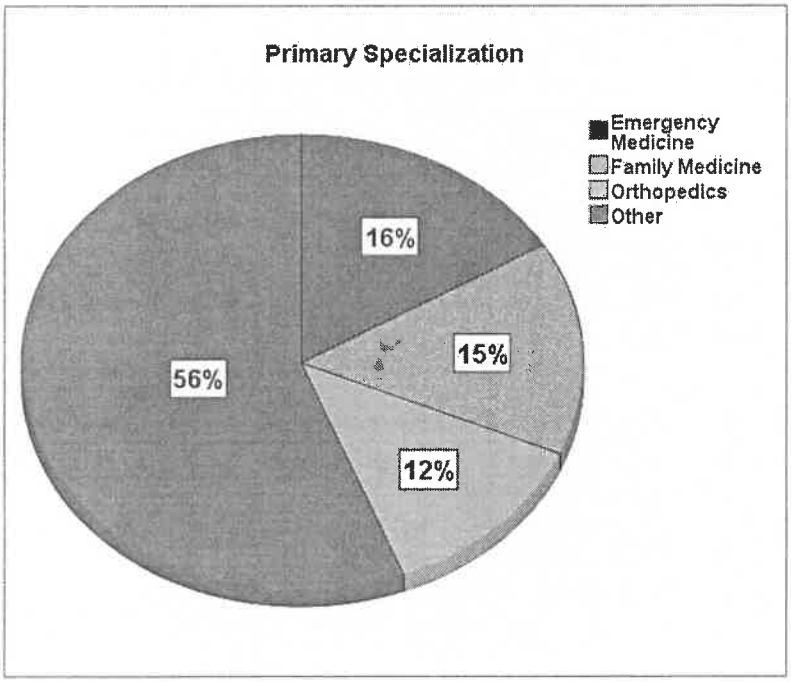
Emergency Medicine:	8%
Family Medicine:	7%
Orthopedics:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialties				
Specialty	Primary Specialty		Secondary Specialty	
	#	%	#	%
Emergency Medicine	543	16%	224	8%
Family Medicine	505	15%	176	7%
Orthopedics	415	12%	94	4%
Internal Medicine, General	157	5%	92	3%
Dermatology	138	4%	29	1%
Cardiology	117	4%	42	2%
Hospital Medicine	113	3%	59	2%
Cardiovascular Surgery	111	3%	34	1%
General Surgery	82	2%	50	2%
Neurosurgery	78	2%	28	1%
Psychiatry	75	2%	10	0%
Gastroenterology & Hepatology	73	2%	20	1%
All Other Specialties	729	22%	518	19%
No Specialty	184	6%	1,291	48%
Total	**3,322**	**100%**	**2,667**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than 40% of all physician assistants hold a primary specialty in emergency medicine, family medicine, or orthopedics.

At a Glance:

Employment

Employed in Profession:	97%
Involuntarily Unemployed:	< 1%

Positions Held

1 Full-Time:	73%
2 or More Positions:	15%

Weekly Hours:

40 to 49:	50%
60 or More:	5%
Less than 30:	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in Profession	3,233	97%
Employed, NOT in Profession	19	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	7	< 1%
Voluntarily Unemployed	68	2%
Retired	11	0%
Total	**3,338**	**100%**

Source: Va. Healthcare Workforce Data Center

Nearly all physician assistants are currently employed in the profession, and less than 1% are involuntarily unemployed. In addition, nearly three-quarters of all physician assistants hold one full-time job, and one-half work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	86	3%
One Part-Time Position	312	9%
Two Part-Time Positions	52	2%
One Full-Time Position	2,406	73%
One Full-Time Position & One Part-Time Position	389	12%
Two Full-Time Positions	5	0%
More than Two Positions	41	1%
Total	**3,291**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	86	3%
1 to 9 Hours	28	1%
10 to 19 Hours	76	2%
20 to 29 Hours	169	5%
30 to 39 Hours	647	20%
40 to 49 Hours	1,650	50%
50 to 59 Hours	463	14%
60 to 69 Hours	123	4%
70 to 79 Hours	21	1%
80 or More Hours	30	1%
Total	**3,293**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	**#**	**%**
Volunteer Work Only	12	1%
Less than $20,000	13	1%
$20,000-$29,999	21	1%
$30,000-$39,999	22	1%
$40,000-$49,999	28	1%
$50,000-$59,999	42	2%
$60,000-$69,999	76	3%
$70,000-$79,999	74	3%
$80,000-$89,999	206	8%
$90,000-$99,999	403	15%
$100,000-$109,999	514	19%
$110,000-$119,999	388	14%
$120,000 or More	911	34%
Total	**2,713**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: $100k-$110k

Benefits
Health Insurance: 73%
Retirement: 75%

Satisfaction
Satisfied: 96%
Very Satisfied: 65%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	2,114	65%
Somewhat Satisfied	1,003	31%
Somewhat Dissatisfied	123	4%
Very Dissatisfied	20	1%
Total	**3,260**	**100%**

Source: Va. Healthcare Workforce Data Center

The median annual income for physician assistants is between $100,000 and $110,000. In addition, 89% receive at least one employer-sponsored benefit, including 73% who receive health insurance.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Paid Vacation	2,579	80%	83%
Retirement	2,413	75%	77%
Health Insurance	2,358	73%	76%
Dental Insurance	2,162	67%	69%
Paid Sick Leave	1,741	54%	56%
Group Life Insurance	1,615	50%	52%
Signing/Retention Bonus	581	18%	19%
At Least One Benefit	**2,873**	**89%**	**92%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the Past Year, Did You . . .?	#	%
Work Two or More Positions at the Same Time?	563	15%
Switch Employers or Practices?	354	9%
Experience Voluntary Unemployment?	169	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	62	2%
Experience Involuntary Unemployment?	31	1%
Experienced At Least One	994	26%

Source: Va. Healthcare Workforce Data Center

Only 1% of physician assistants were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 2.8%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	68	2%	57	6%
Less than 6 Months	153	5%	84	9%
6 Months to 1 Year	344	11%	107	12%
1 to 2 Years	943	29%	217	24%
3 to 5 Years	830	26%	246	28%
6 to 10 Years	464	14%	101	11%
More than 10 Years	419	13%	79	9%
Subtotal	3,221	100%	891	100%
Did Not Have Location	49		2,864	
Item Missing	508		23	
Total	3,777		3,777	

Source: Va. Healthcare Workforce Data Center

More than 70% of physician assistants receive a salary or work on commission at their primary work location, while 25% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched: 9%
New Location: 21%
Over 2 Years: 53%
Over 2 Yrs., 2nd Location: 48%

Employment Type

Salary/Commission: 72%
Hourly Wage: 25%

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,978	72%
Hourly Wage	698	25%
Business/Practice Income	37	1%
By Contract/Per Diem	31	1%
Unpaid	12	0%
Subtotal	2,756	100%

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.2%. The unemployment rate from December 2019 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	69%
Lowest Region:	1%

Locations

2 or More (Past Year):	28%
2 or More (Now*):	26%

Source: Va. Healthcare Workforce Data Center

Nearly 70% of physician assistants work in Northern Virginia, Hampton Roads and Central Virginia.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location #	Primary Location %	Secondary Location #	Secondary Location %
Northern	944	29%	216	24%
Hampton Roads	706	22%	198	22%
Central	564	18%	128	14%
West Central	485	15%	112	12%
Valley	265	8%	70	8%
Southwest	82	3%	32	4%
Southside	62	2%	28	3%
Eastern	34	1%	12	1%
Virginia Border State/D.C.	31	1%	36	4%
Other U.S. State	39	1%	64	7%
Outside of the U.S.	3	0%	2	0%
Total	**3,215**	**100%**	**898**	**100%**
Item Missing	514		15	

Source: Va. Healthcare Workforce Data Center

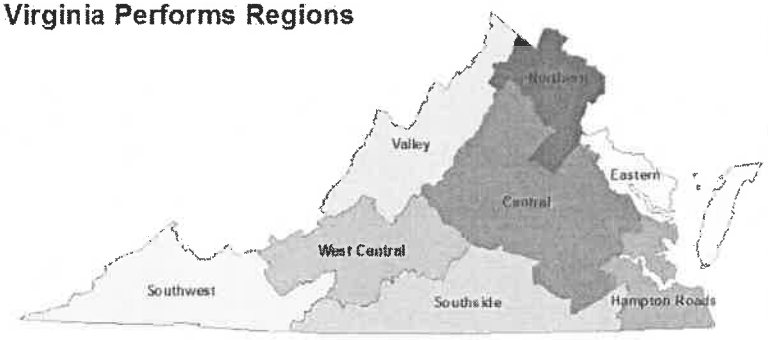
Number of Work Locations

Locations	Work Locations in Past Year #	Work Locations in Past Year %	Work Locations Now* #	Work Locations Now* %
0	42	1%	82	3%
1	2,293	71%	2,317	71%
2	425	13%	415	13%
3	344	11%	320	10%
4	58	2%	52	2%
5	41	1%	31	1%
6 or More	42	1%	29	1%
Total	**3,245**	**100%**	**3,245**	**100%**

*At the time of survey completion, January-December 2019.

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



More than one-quarter of all physician assistants currently have multiple work locations, while nearly 30% have had multiple work locations in the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,818	59%	548	63%
Non-Profit	950	31%	258	30%
State/Local Government	105	3%	21	2%
Veterans Administration	65	2%	7	1%
U.S. Military	93	3%	33	4%
Other Federal Gov't	36	1%	7	1%
Total	3,067	100%	874	100%
Did Not Have Location	49		2,864	
Item Missing	663		40	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

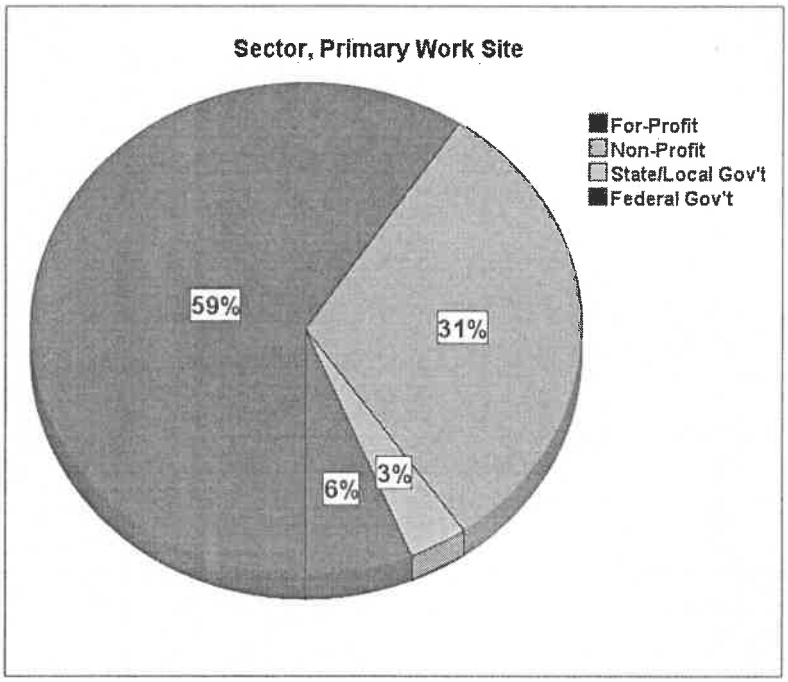
For-Profit: 59%
Federal: 6%

Top Establishments

Group Practice: (Single Specialty) 29%
Hospital: (Inpatient Dept.) 12%
Hospital: (Emergency) 12%

Source: Va. Healthcare Workforce Data Center

Nine out of every ten physician assistants work in the private sector, including 59% who work in the for-profit sector. Another 3% work for a state or local government.



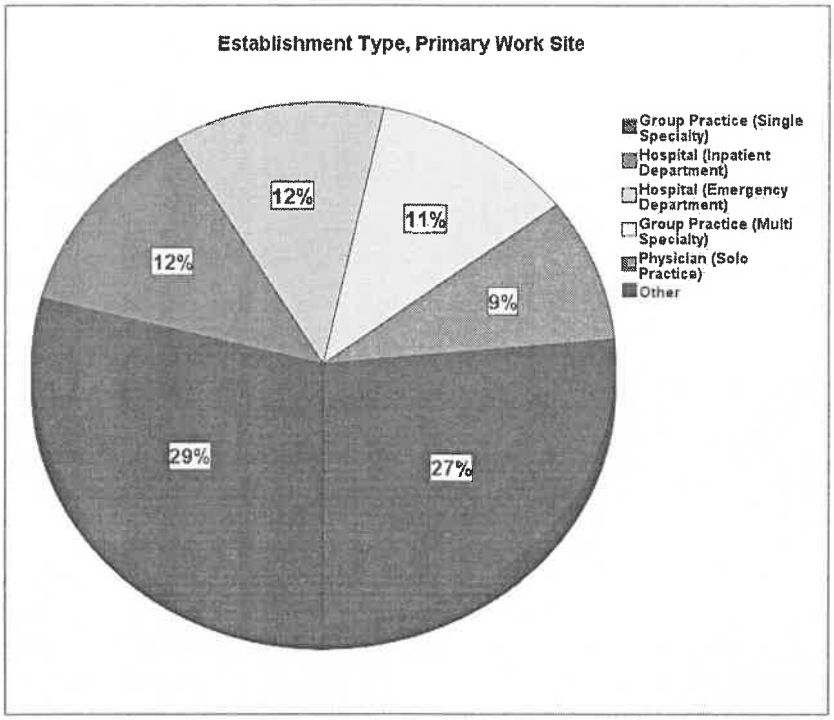
Source: Va. Healthcare Workforce Data Center

Top Ten Location Types				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Group Practice (Single Specialty)	870	29%	183	21%
Hospital (Inpatient Department)	374	12%	109	13%
Hospital (Emergency Department)	352	12%	149	17%
Group Practice (Multi Specialty)	340	11%	72	8%
Physician (Solo Practice)	265	9%	87	10%
Hospital (Outpatient Department)	193	6%	46	5%
Community Clinic/Outpatient Care Center	139	5%	52	6%
Academic Institution (Teaching or Research)	100	3%	21	2%
Academic institution (Patient Care Role)	93	3%	8	1%
Nursing Home/Long-Term Care Facility	21	1%	11	1%
Independent Contractor	19	1%	20	2%
Other	229	8%	99	12%
Total	**2,995**	**100%**	**857**	**100%**
Did Not Have Location	49		2,864	

Source: Va. Healthcare Workforce Data Center

Nearly 30% of physician assistants work in a single specialty group practice, while nearly one-quarter of physician assistants work in either the inpatient or emergency department of a hospital.

For physician assistants who also have a secondary work location, 21% are employed at a single specialty group practice, while 17% work at the emergency department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Tasks Performed

Managed Care of Patients (Outpatient):	51%
Minor Surgical Procedures:	40%

# of Hospitals w/ Privileges

None:	42%
One:	33%
Two or More:	25%

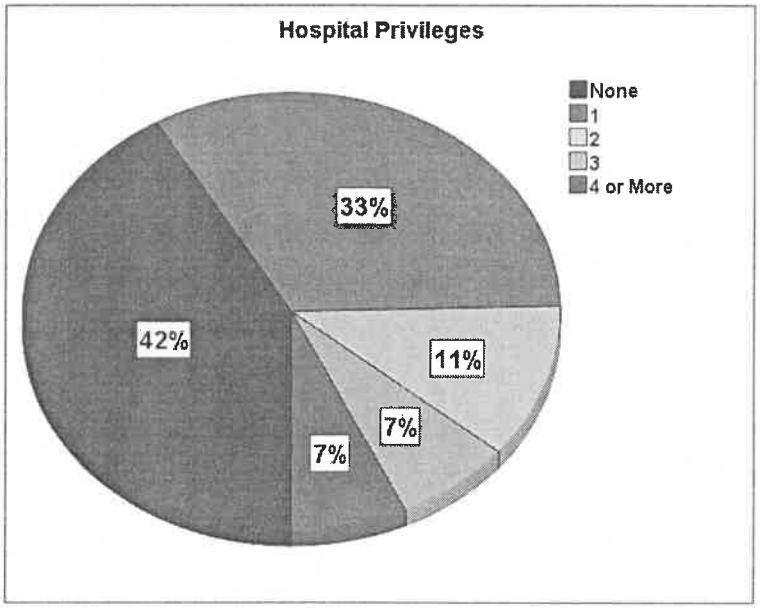
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Tasks Performed		
Task	**#**	**% of Workforce**
Manage Care of Patients (Outpatient)	1,935	51%
Minor Surgical Procedures	1,505	40%
Manage Care of Patients (Inpatient)	1,045	28%
Supervise/Manage Other Clinical Staff	745	20%
First Assist at Surgery	673	18%
Supervise/Manage Other PAs	409	11%
At Least One Task Performed	**2,747**	**73%**

Source: Va. Healthcare Workforce Data Center

More than half of all physician assistants manage outpatient care, and 40% participate in minor surgical procedures.



Source: Va. Healthcare Workforce Data Center

Hospital Privileges		
# of Hospitals	**#**	**%**
None	1,304	42%
1	1,032	33%
2	358	11%
3	220	7%
4 or More	219	7%
Total	**3,135**	**100%**

Source: Va. Healthcare Workforce Data Center

Nearly 60% of all physician assistants have hospital privileges with at least one hospital.

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	70%-79%
Administration:	10%-19%
Education:	1%-9%

Roles

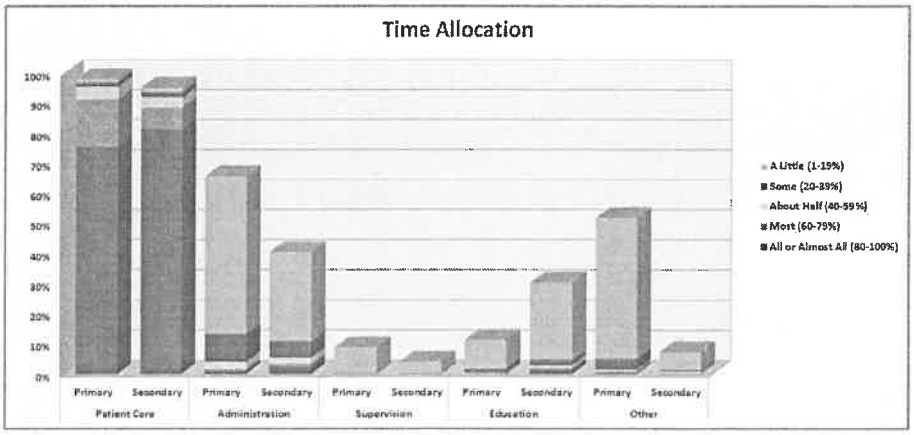
Patient Care:	91%
Administration:	2%

Patient Care PAs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical physician assistant spends most of her time in patient care activities. More than 90% of physician assistants fill a patient care role, defined as spending 60% or more of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Research		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	76%	82%	1%	3%	0%	0%	0%	2%	0%	0%
Most (60-79%)	16%	7%	1%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	4%	3%	2%	2%	0%	0%	0%	1%	1%	1%
Some (20-39%)	1%	2%	9%	6%	0%	0%	1%	2%	4%	1%
A Little (1-19%)	1%	2%	52%	29%	9%	4%	10%	26%	47%	6%
None (0%)	2%	5%	34%	60%	91%	96%	89%	70%	48%	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Median Weekly Visits

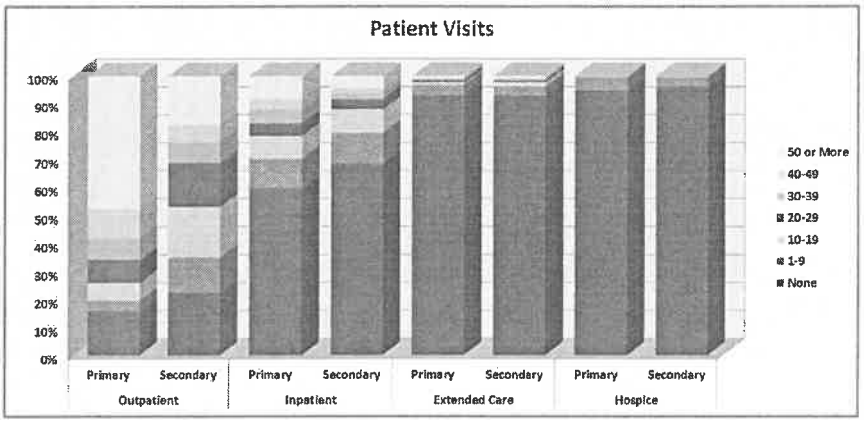
Outpatient:	40-49
Inpatient:	None
Extended Care:	None
Hospice:	None

% With Visits

Outpatient:	84%
Inpatient:	40%
Extended Care:	7%
Hospice:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical physician assistant treats between 40 and 49 patients per week in an outpatient setting. In addition, more than 80% of all physician assistants treat at least one patient per week in an outpatient setting.

Weekly Patient Visits								
Visits Per Week	Outpatient		Inpatient		Extended Care		Hospice	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
None	16%	23%	60%	69%	93%	93%	95%	96%
1-9 Visits	4%	13%	11%	11%	4%	3%	5%	3%
10-19 Visits	6%	18%	8%	8%	1%	1%	0%	0%
20-29 Visits	8%	16%	5%	4%	1%	1%	0%	0%
30-39 Visits	8%	7%	5%	2%	0%	1%	0%	0%
40-49 Visits	10%	6%	4%	2%	0%	0%	0%	0%
50 or More Visits	48%	17%	8%	4%	1%	1%	0%	0%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	93	3%	-	-
50 to 54	129	4%	1	0%
55 to 59	312	11%	25	5%
60 to 64	893	30%	106	21%
65 to 69	1,038	35%	213	42%
70 to 74	270	9%	94	18%
75 to 79	49	2%	15	3%
80 and Over	25	1%	3	1%
I Do Not Intend to Retire	138	5%	52	10%
Total	2,949	100%	509	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Professionals

Under 65: 48%
Under 60: 18%

50 and Over

Under 65: 26%
Under 60: 5%

Time Until Retirement

Within 2 Years: 2%
Within 10 Years: 9%
Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

Nearly half of all physician assistants expect to retire by the age of 65. Among physician assistants who are age 50 and over, 26% expect to retire by the age of 65.

Within the next two years, 11% of all physician assistants expect to pursue additional educational opportunities, and 11% also expect to increase their teaching hours.

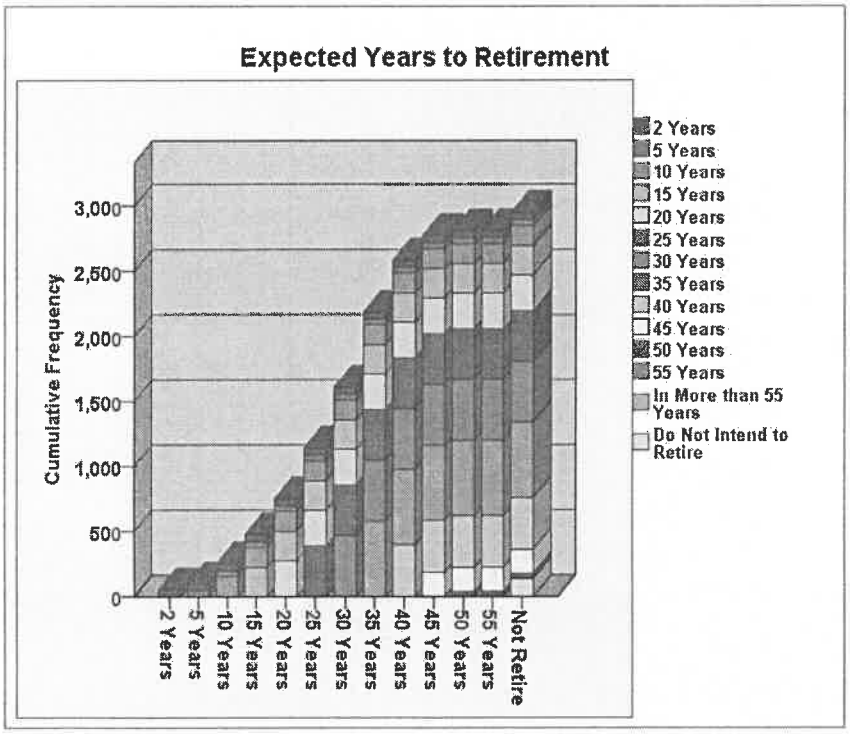
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	282	7%
Leave Virginia	146	4%
Leave Profession	43	1%
Decrease Teaching Hours	6	0%
Increase Participation		
Pursue Additional Education	428	11%
Increase Teaching Hours	402	11%
Increase Patient Care Hours	280	7%
Return to Virginia's Workforce	26	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for physician assistants. Only 2% of physician assistants expect to retire in the next two years, while 9% expect to retire within the next ten years. Half of the current workforce expect to retire by 2049.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	52	2%	2%
5 Years	46	2%	3%
10 Years	154	5%	9%
15 Years	225	8%	16%
20 Years	275	9%	26%
25 Years	389	13%	39%
30 Years	468	16%	55%
35 Years	580	20%	74%
40 Years	398	13%	88%
45 Years	186	6%	94%
50 Years	37	1%	95%
55 Years	1	0%	95%
In More than 55 Years	0	0%	95%
Do Not Intend to Retire	138	5%	100%
Total	2,949	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2044. Retirement will peak at 20% of the current workforce around 2054 before declining to under 10% of the current workforce again around 2064.

At a Glance:

FTEs

Total:	3,472
FTEs/1,000 Residents[2]:	0.408
Average:	0.93

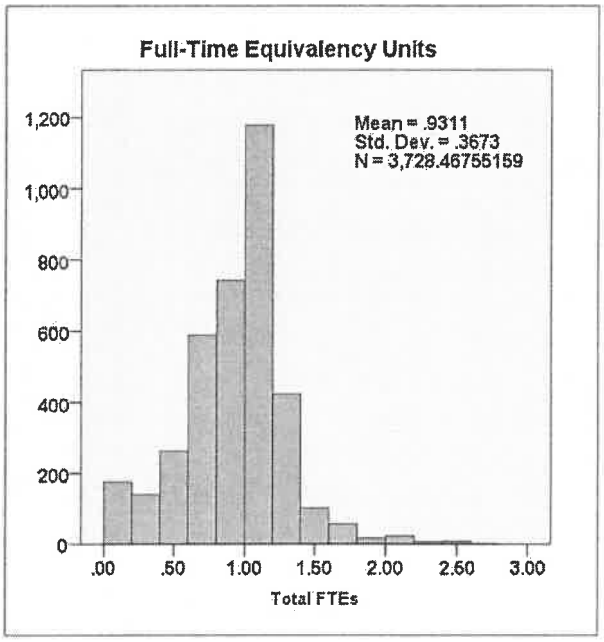
Age & Gender Effect

Age, Partial Eta[3]:	Small
Gender, Partial Eta[3]:	Small

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

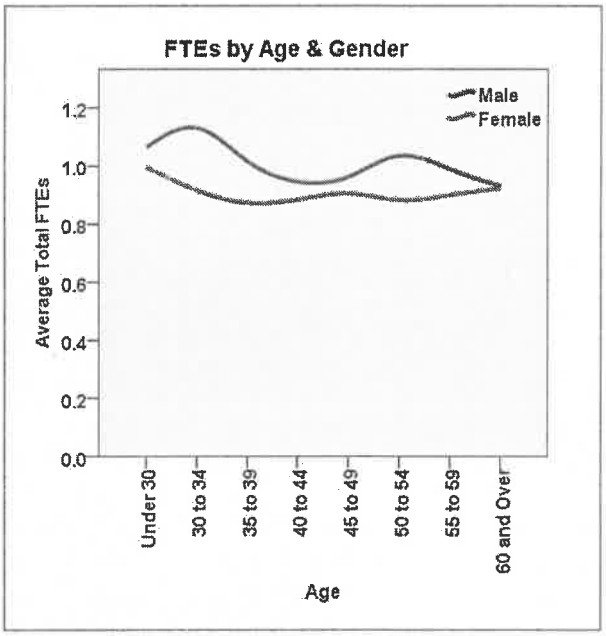


Source: Va. Healthcare Workforce Data Center

The typical physician assistant provided 0.99 FTEs in 2019, or about 40 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units	Average	Median
Age		
Under 30	1.00	1.05
30 to 34	0.96	1.04
35 to 39	0.87	0.88
40 to 44	0.89	0.90
45 to 49	0.89	0.92
50 to 54	0.95	0.99
55 to 59	0.88	0.96
60 and Over	0.97	1.05
Gender		
Male	1.01	1.06
Female	0.92	0.97

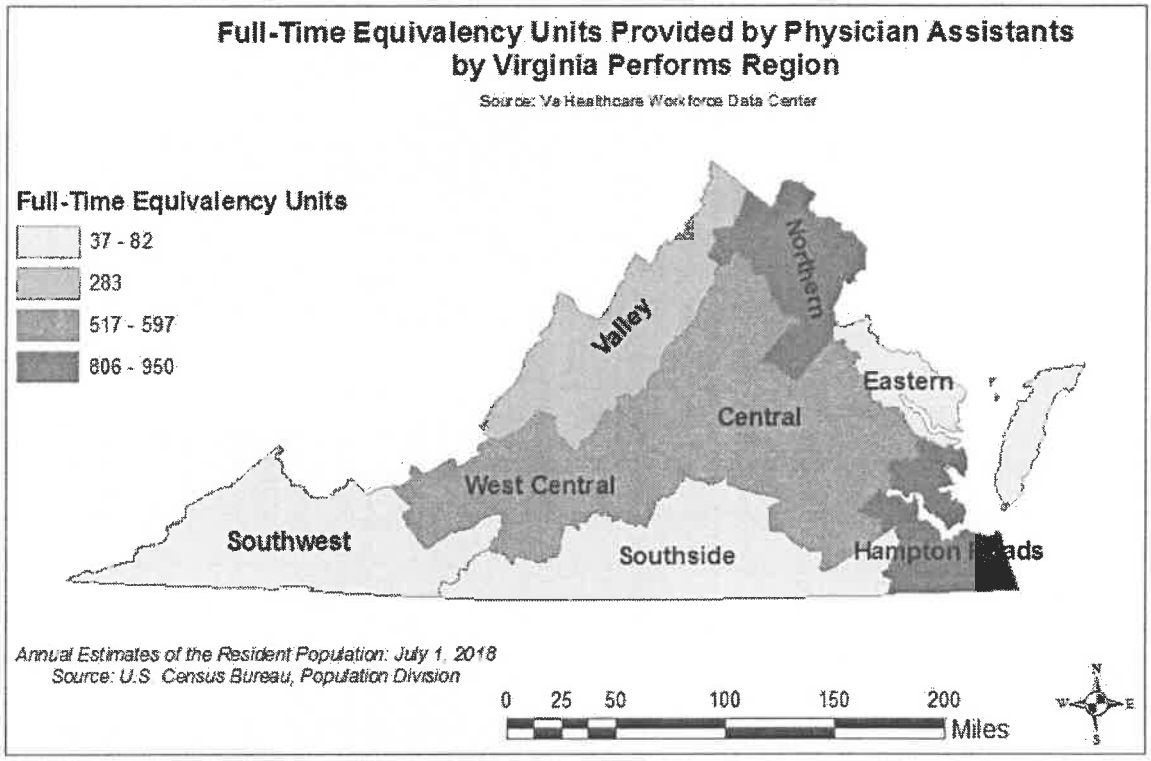
Source: Va. Healthcare Workforce Data Center

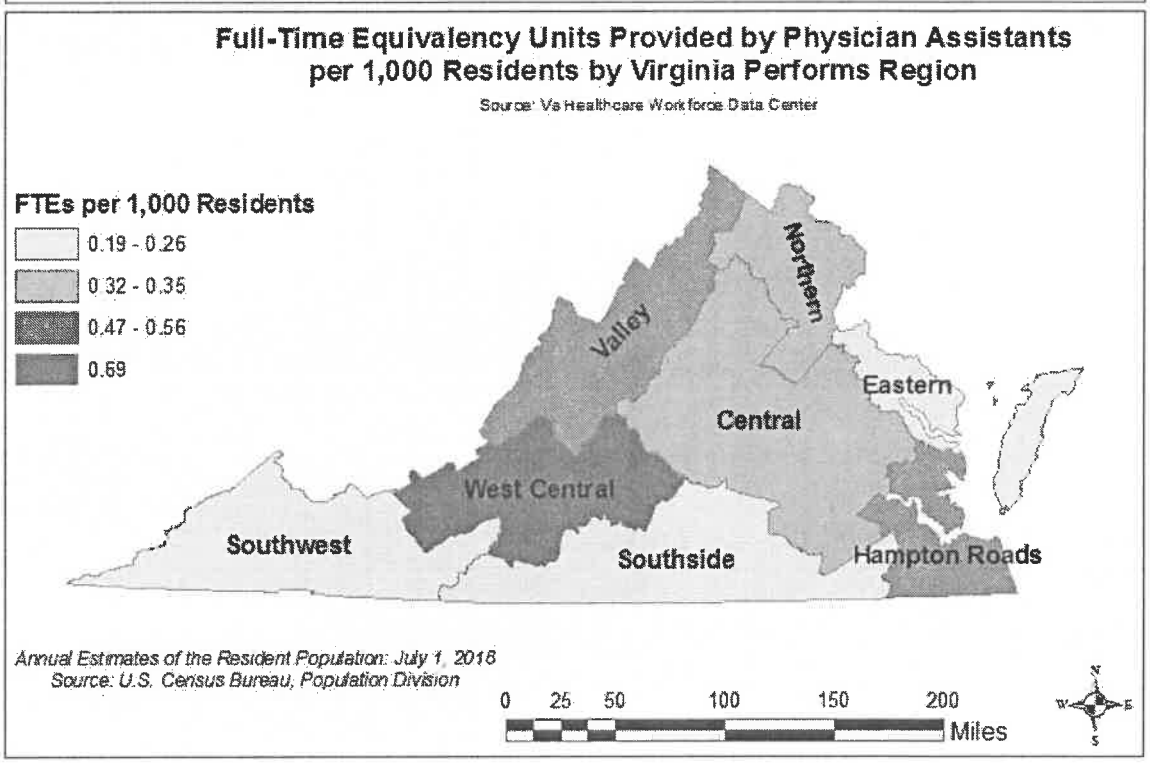


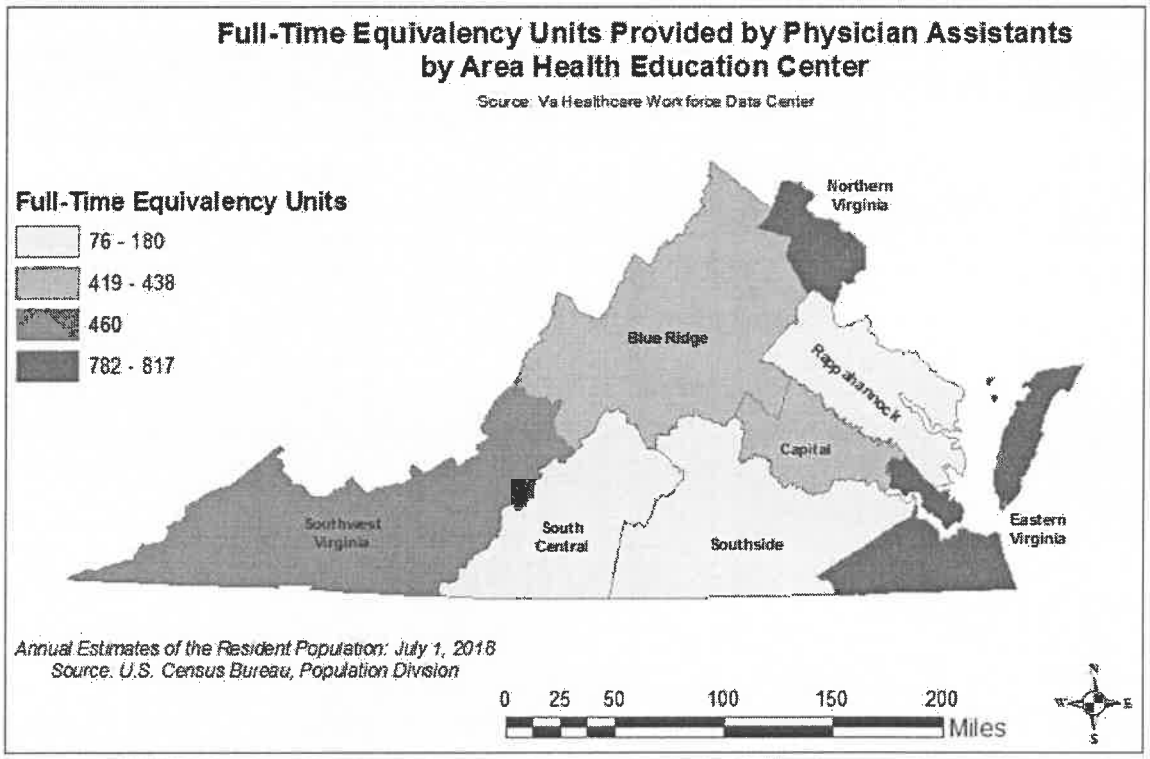
Source: Va. Healthcare Workforce Data Center

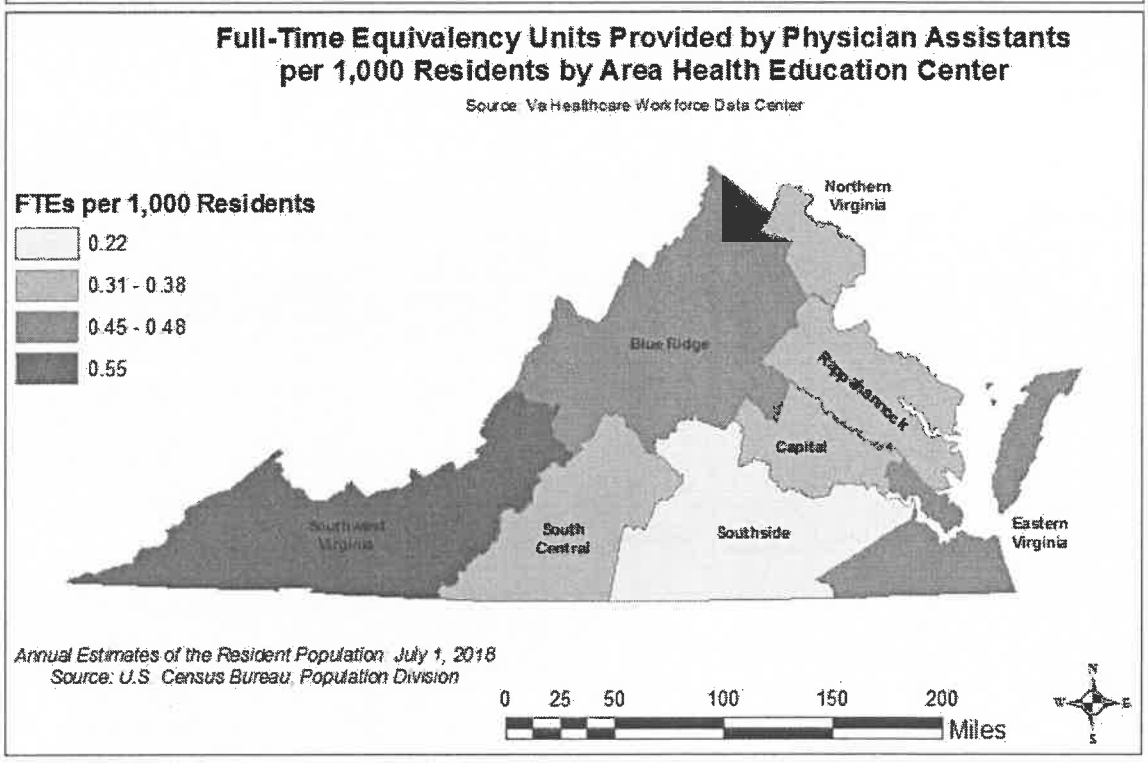
[2] Number of residents in 2018 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).

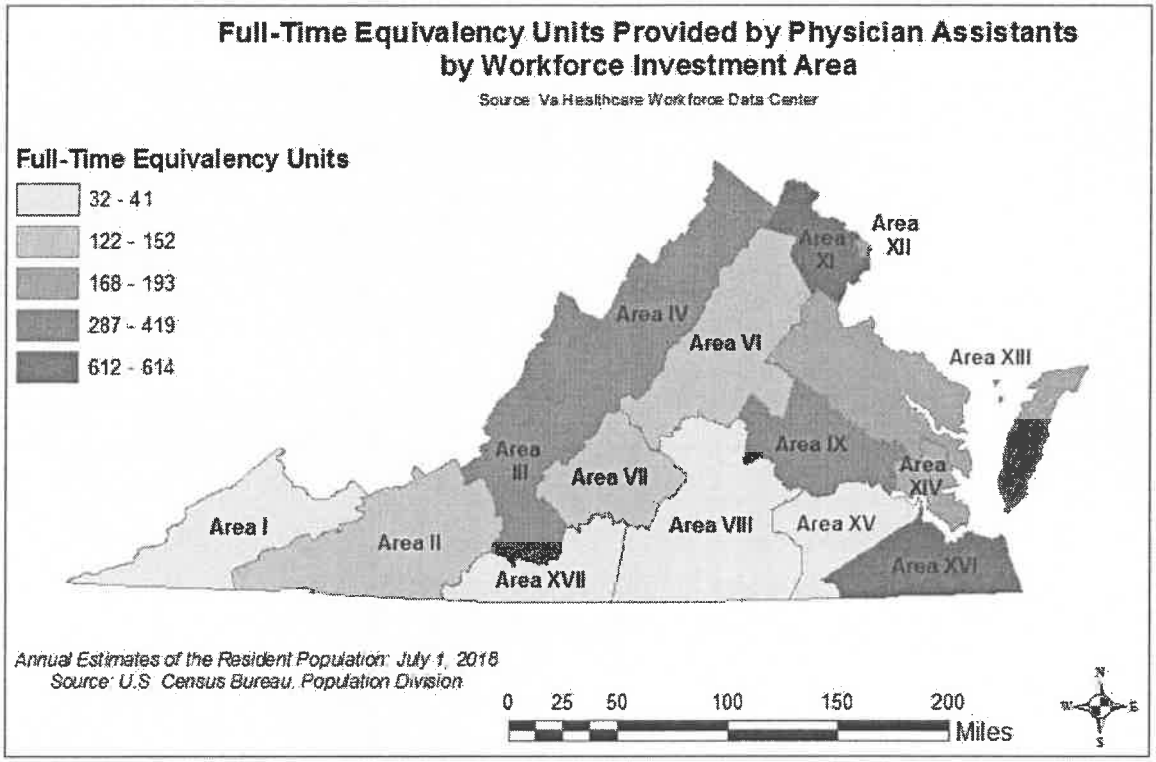
Virginia Performs Regions

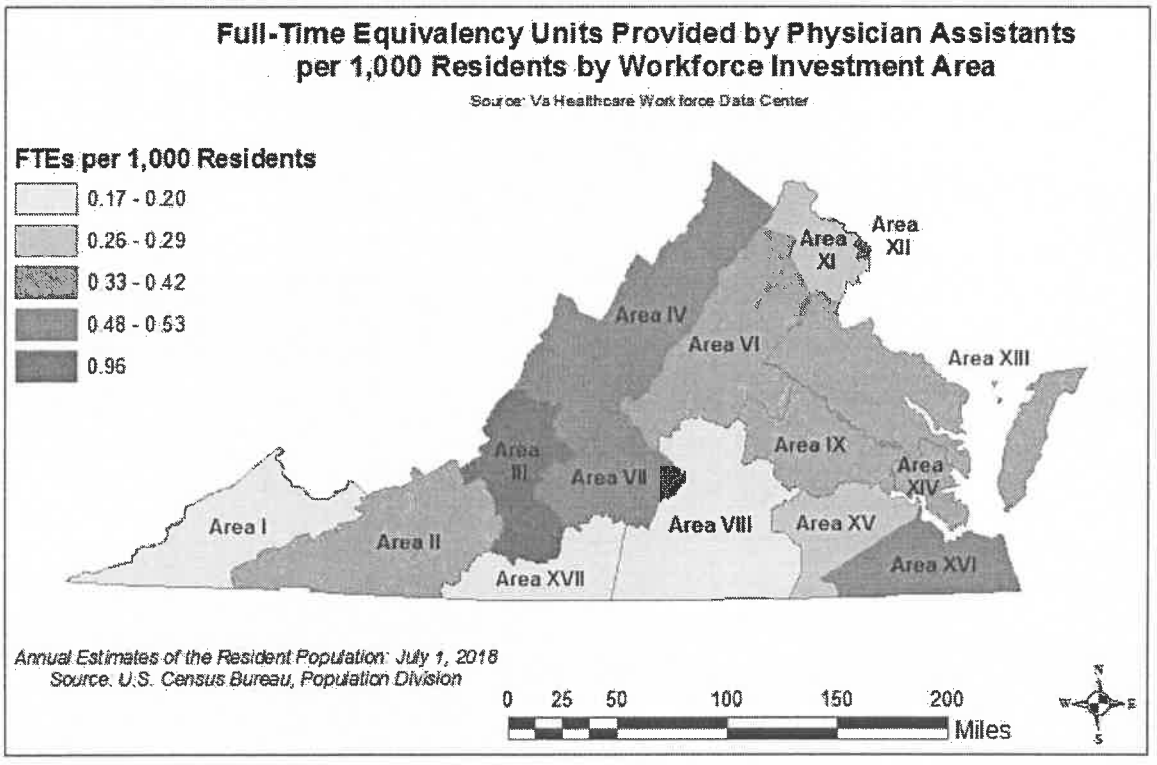


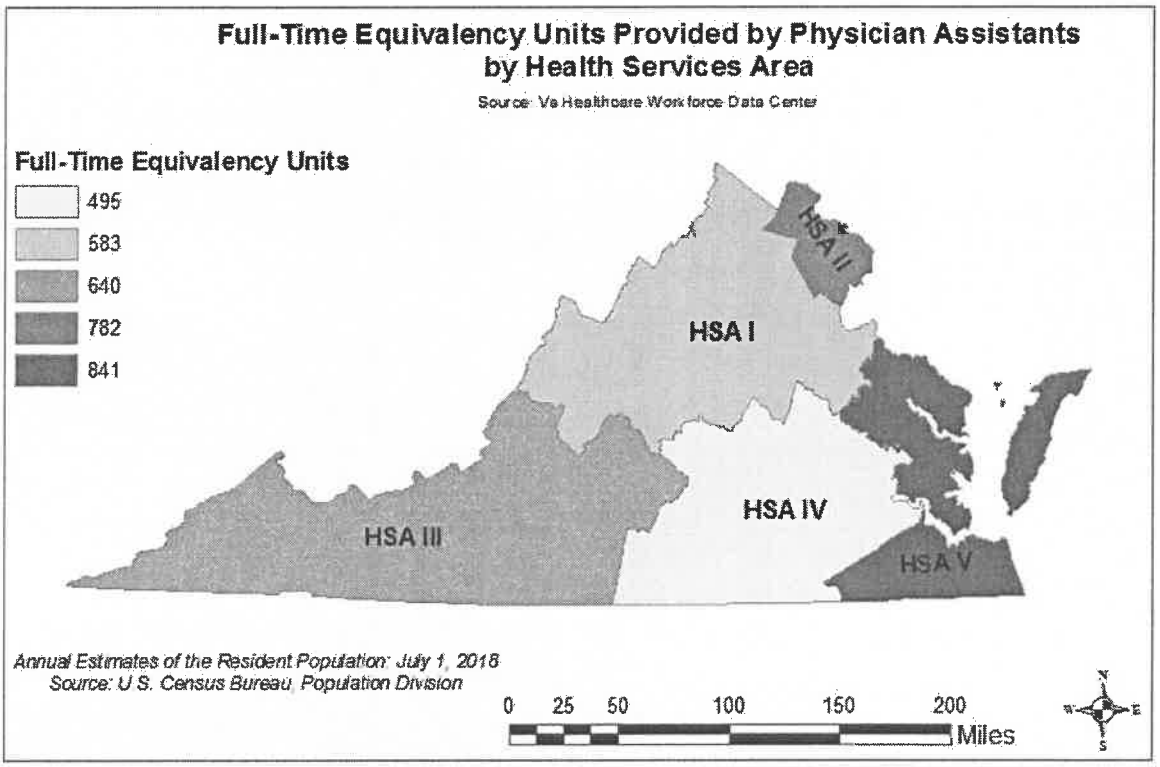


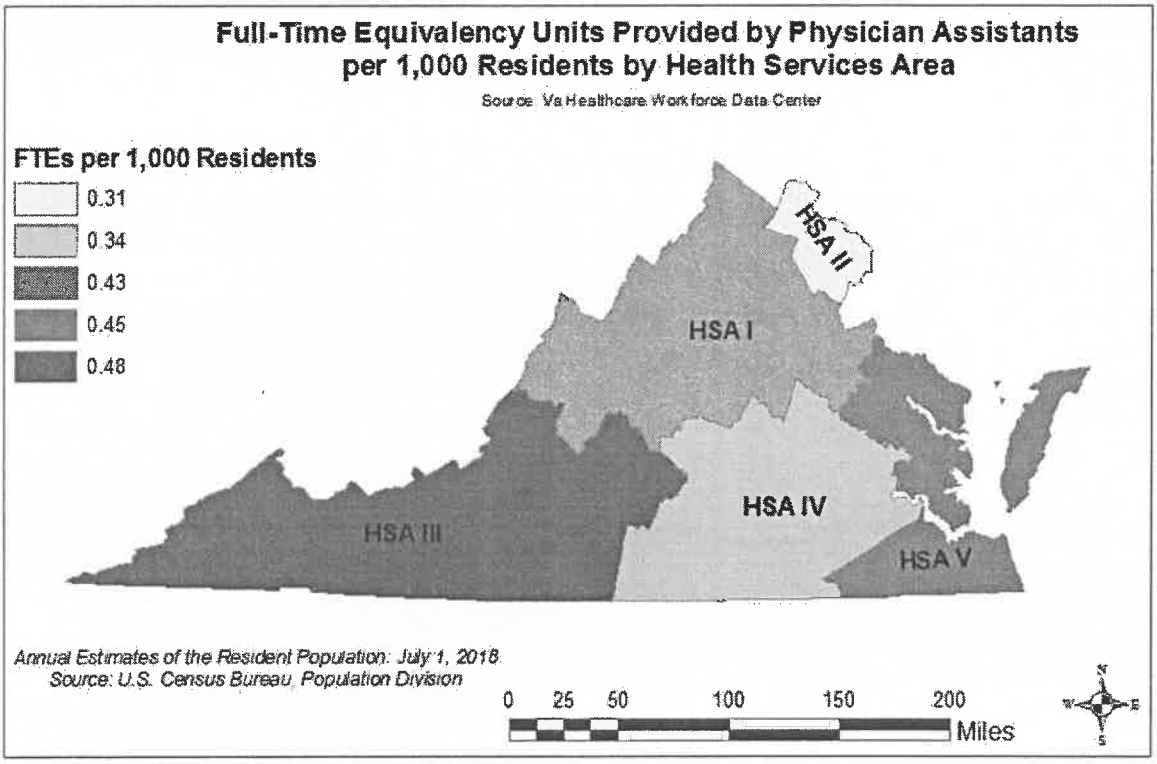

Full-Time Equivalency Units Provided by Physician Assistants
by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
76 - 180
419 - 438
460
782 - 817
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

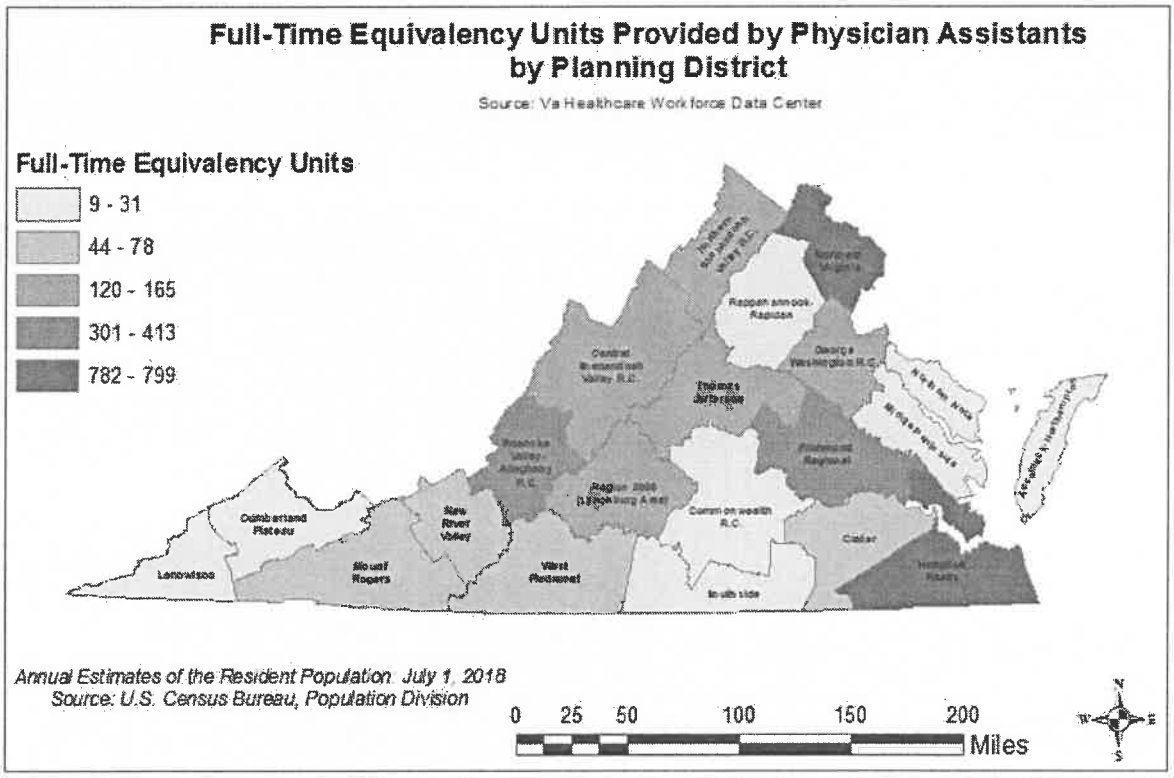

Full-Time Equivalency Units Provided by Physician Assistants
per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.22
0.31 - 0.38
0.45 - 0.48
0.55
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

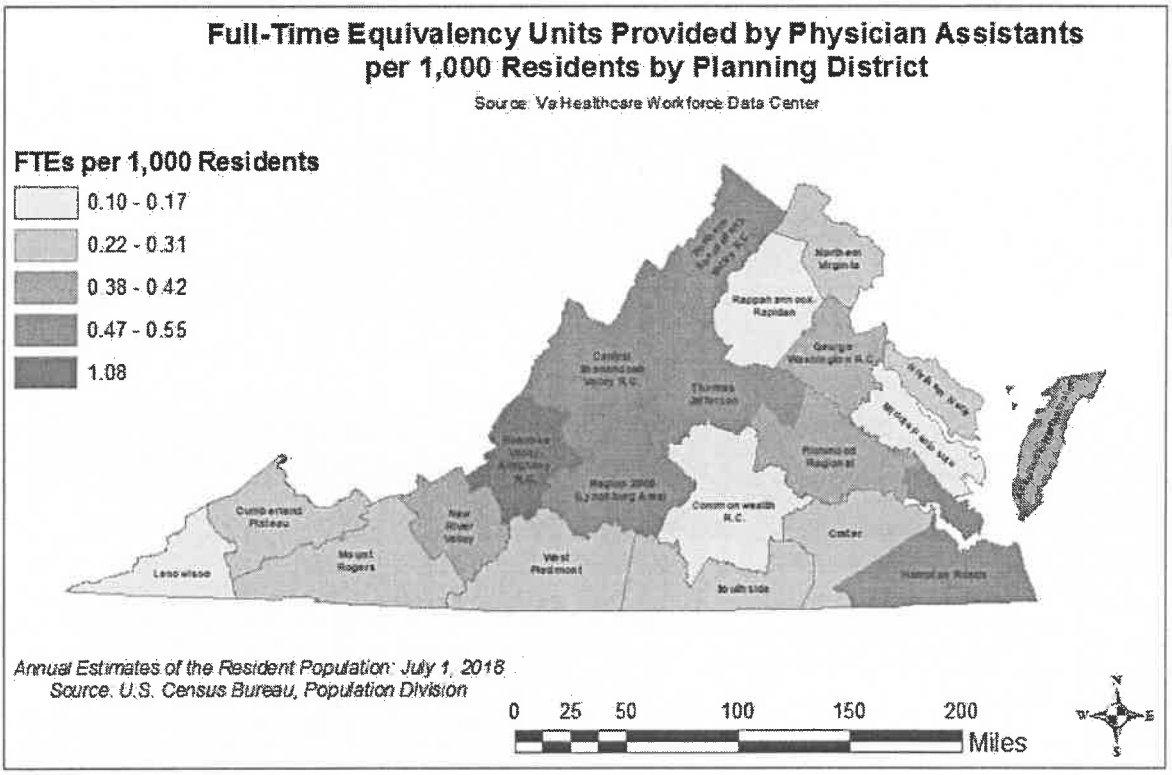

Full-Time Equivalency Units Provided by Physician Assistants by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
32 - 41
122 - 152
168 - 193
287 - 419
612 - 614
Area XII
Area XI
Area IV
Area VI
Area XIII
Area IX
Area III
Area VII
Area XIV
Area I
Area II
Area VIII
Area XV
Area XVII
Area XVI
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Physician Assistants per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.17 - 0.20
0.26 - 0.29
0.33 - 0.42
0.48 - 0.53
0.96
Area XII
Area XI
Area IV
Area VI
Area XIII
Area IX
Area III
Area VII
Area XIV
Area I
Area II
Area VIII
Area XV
Area XVII
Area XVI
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Physician Assistants by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
495
583
640
782
841
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Physician Assistants per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.31
0.34
0.43
0.45
0.48
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full-Time Equivalency Units Provided by Physician Assistants by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
9 - 31
44 - 78
120 - 165
301 - 413
782 - 799
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Commonwealth R.C.
Southside
Crater
Annual Estimates of the Resident Population July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Physician Assistants per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.10 - 0.17
0.22 - 0.31
0 38 - 0 42
0.47 - 0.55
1.08
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Commonwealth R.C.
Southside
Crater
Annual Estimates of the Resident Population July 1, 2018
Source. U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,355	75.63%	1.322291	1.096232	2.25148
Metro, 250,000 to 1 Million	418	75.12%	1.33121	1.103627	2.266667
Metro, 250,000 or Less	358	74.58%	1.340824	1.111597	2.283036
Urban Pop., 20,000+, Metro Adj.	26	76.92%	1.3	1.080651	1.370891
Urban Pop., 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	88	77.27%	1.294118	1.072876	2.203509
Urban Pop., 2,500-19,999, Non-Adj.	51	80.39%	1.243902	1.031245	2.118007
Rural, Metro Adj.	55	69.09%	1.447368	1.199927	2.464451
Rural, Non-Adj.	16	75.00%	1.333333	1.10836	2.270282
Virginia Border State/D.C.	585	55.90%	1.788991	1.483146	3.046135
Other U.S. State	653	55.13%	1.813889	1.503787	3.088529

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	719	41.17%	2.429054	2.118007	3.088529
30 to 34	1,032	66.47%	1.504373	1.311734	1.912803
35 to 39	890	75.28%	1.328358	1.158258	1.689
40 to 44	630	77.46%	1.290984	1.12567	1.641479
45 to 49	469	81.66%	1.224543	1.067737	1.557
50 to 54	319	84.33%	1.185874	1.034019	1.507832
55 to 59	246	84.55%	1.182692	1.031245	1.503787
60 and Over	300	76.00%	1.315789	1.147299	1.673019

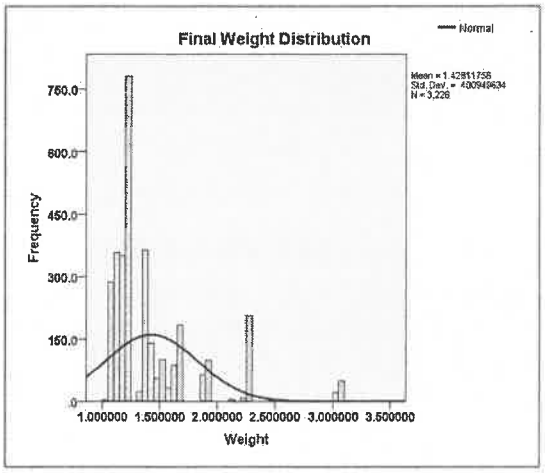
Source: Va. Healthcare Workforce Data Center

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

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

Age Weight x Rural Weight x Response Rate = Final Weight.

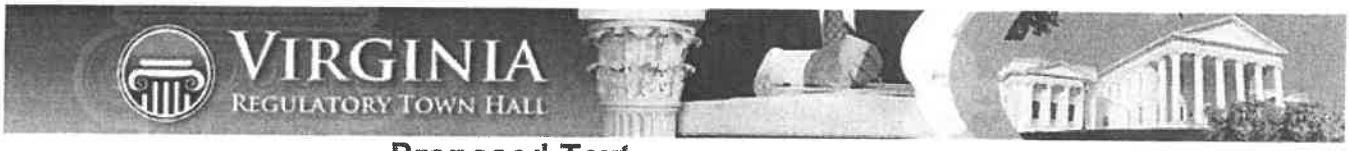
Overall Response Rate: 0.700977



Source: Va. Healthcare Workforce Data Center

Proposed Regulations for Public Hearing

Replacement of emergency regulations in effect from 10/1/19 to 3/31/21



Proposed Text

highlight

Action: Practice with patient care team physician
Stage: Proposed 2/6/20 8:49 AM [latest]

Part I
General Provisions

18VAC85-50-10. Definitions.

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

"Board."

"Collaboration."

"Consultation."

"Patient care team physician."

"Patient care team podiatrist."

"Physician assistant."

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

"Group practice" means the practice of a group of two or more doctors of medicine, osteopathy, or podiatry licensed by the board who practice as a partnership or professional corporation.

"Institution" means a hospital, nursing home or other health care facility, community health center, public health center, industrial medicine or corporation clinic, a medical service facility, student health center, or other setting approved by the board.

"NCCPA" means the National Commission on Certification of Physician Assistants.

"Practice agreement" means a written or electronic agreement developed by the ~~supervising~~ patient care team physician or podiatrist and the physician assistant that defines the ~~supervisory~~ relationship between the physician assistant and the physician or podiatrist, the prescriptive authority of the physician assistant, and the circumstances under which the physician or podiatrist will see and evaluate the patient.

~~"Supervision" means the supervising physician has on-going, regular communication with the physician assistant on the care and treatment of patients, is easily available, and can be physically present or accessible for consultation with the physician assistant within one hour.~~

18VAC85-50-35. Fees.

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

1. The initial application fee for a license, payable at the time application is filed, shall be $130.

2. The biennial fee for renewal of an active license shall be $135 and for renewal of an inactive license shall be $70, payable in each odd-numbered year in the birth month of the licensee. For 2021, the fee for renewal of an active license shall be $108, and the fee for renewal of an inactive license shall be $54.

3. The additional fee for late renewal of licensure within one renewal cycle shall be $50.

4. A restricted volunteer license shall expire 12 months from the date of issuance and may be renewed without charge by receipt of a renewal application that verifies that the physician assistant continues to comply with provisions of § 54.1-2951.3 of the Code of Virginia.

~~5. The fee for review and approval of a new protocol submitted following initial licensure shall be $15.~~

~~6.~~ 5. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

~~7.~~ 6. The fee for a duplicate license shall be $5.00, and the fee for a duplicate wall certificate shall be $15.

~~8.~~ 7. The fee for a returned check shall be $35.

~~9.~~ 8. The fee for a letter of good standing or verification to another jurisdiction shall be $10.

~~10.~~ 9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be $35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be $15 for each renewal cycle.

Part II
Requirements for Practice as a Physician's Assistant

18VAC85-50-40. General requirements.

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

B. All services rendered by a physician assistant shall be performed only ~~under the continuous supervision of~~ in accordance with a practice agreement with a doctor of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

18VAC85-50-57. Discontinuation of employment.

If for any reason the physician assistant discontinues working ~~in the employment and under the supervision of a licensed practitioner~~ with a patient care team physician or podiatrist, a new practice agreement shall be entered into in order for the physician assistant either to be reemployed by the same practitioner or to accept new employment with another ~~supervising physician~~ patient care team physician or podiatrist.

Part IV
Practice Requirements

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

A. Prior to initiation of practice, a physician assistant and his ~~supervising~~ patient care team physician or podiatrist shall enter into a written or electronic practice

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

1. The ~~supervising~~ patient care team physician or podiatrist shall be a doctor of medicine, osteopathy, or podiatry licensed in the Commonwealth who has accepted responsibility for ~~the supervision of~~ the service that a physician assistant renders.

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

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

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

B. The board may require information regarding the ~~level~~ degree of ~~supervision with which the supervising~~ collaboration and consultation by the patient care team physician ~~plans to supervise the physician assistant for selected tasks~~ or podiatrist. The board may also require the ~~supervising~~ patient care team physician or podiatrist to document the physician assistant's competence in performing such tasks.

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

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

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

18VAC85-50-110. Responsibilities of the ~~supervisor~~ patient care team physician or podiatrist.

The ~~supervising physician~~ 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. The ~~supervising~~ 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.

2. Be responsible for all invasive procedures.

a. Under supervision, a physician assistant may insert a nasogastric tube, bladder catheter, needle, or peripheral intravenous catheter, but not a flow-directed catheter, and may perform minor suturing, venipuncture, and subcutaneous intramuscular or intravenous injection.

b. All other invasive procedures not listed in subdivision 2 a of this section must be performed under supervision with the physician in the room unless, after directly observing the performance of a specific invasive procedure three times or more, the ~~supervising~~ patient care team physician or podiatrist attests on the practice agreement to the competence of the physician assistant to perform the specific procedure without direct observation and supervision.

3. Be responsible for all prescriptions issued by the physician assistant and attest to the competence of the assistant to prescribe drugs and devices.

4. Be available at all times to collaborate and consult with the physician assistant.

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

A. The physician assistant shall not render independent health care and shall:

1. Perform only those medical care services that are within the scope of the practice and proficiency of the ~~supervising~~ patient care team physician or podiatrist as prescribed in the physician assistant's practice agreement. When a physician assistant is ~~to be supervised by an alternate supervising physician~~ working outside the scope of specialty of the ~~supervising~~ patient care team physician or podiatrist, then the physician assistant's functions shall be limited to those areas not requiring specialized clinical judgment, unless a separate practice agreement has been executed for that alternate ~~supervising~~ patient care team physician or podiatrist.

2. Prescribe only those drugs and devices as allowed in Part V (18VAC85-50-130 et seq.) of this chapter.

3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

B. An alternate ~~supervising~~ patient care team physician or podiatrist shall be a member of the same group, professional corporation, or partnership of any licensee who ~~supervises~~ is the patient care team physician or podiatrist for a physician assistant or shall be a member of the same hospital or commercial enterprise with the ~~supervising~~ patient care team physician or podiatrist. Such alternating ~~supervising~~ physician or podiatrist shall be a physician or podiatrist licensed in the Commonwealth who has accepted responsibility for the ~~supervision of the~~ service that a physician assistant renders.

C. If, due to illness, vacation, or unexpected absence, the ~~supervising~~ patient care team physician or podiatrist or alternate ~~supervising~~ physician or podiatrist is unable to supervise the activities of his physician assistant, such ~~supervising~~ patient care team physician or podiatrist may temporarily delegate the responsibility to another doctor of medicine, osteopathic medicine, or podiatry.

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

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

1. No physician assistant may render care to a patient unless the physician or podiatrist responsible for that patient has signed the practice agreement to act as ~~supervising~~ patient care team physician or podiatrist for that physician assistant.

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

~~3. The physician assistant shall, as soon as circumstances may dictate, report an acute or significant finding or change in clinical status to the supervising physician concerning the examination of the patient. The physician assistant shall also record his findings in appropriate institutional records.~~

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

18VAC85-50-117. Authorization to use fluoroscopy.

A physician assistant working under ~~the supervision of~~ a practice agreement with a licensed doctor of medicine or osteopathy specializing in the field of radiology is authorized to use fluoroscopy for guidance of diagnostic and therapeutic procedures provided such activity is specified in his protocol and he has met the following qualifications:

1. Completion of at least 40 hours of structured didactic educational instruction and at least 40 hours of supervised clinical experience as set forth in the Fluoroscopy Educational Framework for the Physician Assistant created by the American Academy of Physician Assistants (AAPA) and the American Society of Radiologic Technologists (ASRT); and

2. Successful passage of the American Registry of Radiologic Technologists (ARRT) Fluoroscopy Examination.

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

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

B. The physician assistant may prescribe only those categories of drugs and devices included in the practice agreement. The ~~supervising~~ patient care team physician or podiatrist retains the authority to restrict certain drugs within these approved categories.

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

18VAC85-50-160. Disclosure.

A. Each prescription for a Schedule II through V drug shall bear the name of the ~~supervising~~ 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 ~~supervising~~ patient care team physician or podiatrist. Such disclosure shall either be included on the prescription or be given in writing to the patient.

18VAC85-50-181. Pharmacotherapy for weight loss.

A. A practitioner shall not prescribe amphetamine, Schedule II, for the purpose of weight reduction or control.

B. A practitioner shall not prescribe controlled substances, Schedules III through VI, for the purpose of weight reduction or control in the treatment of obesity, unless the following conditions are met:

1. An appropriate history and physical examination are performed and recorded at the time of initiation of pharmacotherapy for obesity by the prescribing physician, and the physician reviews the results of laboratory work, as indicated, including testing for thyroid function;

2. If the drug to be prescribed could adversely affect cardiac function, the physician shall review the results of an electrocardiogram performed and interpreted within 90 days of initial prescribing for treatment of obesity;

3. A diet and exercise program for weight loss is prescribed and recorded;

4. The patient is seen within the first 30 days following initiation of pharmacotherapy for weight loss, by the prescribing physician or a licensed practitioner with prescriptive authority working under the supervision of the prescribing physician, at which time a recording shall be made of blood pressure, pulse, and any other tests as may be necessary for monitoring potential adverse effects of drug therapy; and

5. The treating physician shall direct the follow-up care, including the intervals for patient visits and the continuation of or any subsequent changes in pharmacotherapy. Continuation of prescribing for treatment of obesity shall occur only if the patient has continued progress toward achieving or maintaining a target weight and has no significant adverse effects from the prescribed program.

C. If specifically authorized in his practice agreement with a ~~supervising~~ patient care team physician, a physician assistant may perform the physical examination, review tests, and prescribe Schedules III through VI controlled substances for treatment of obesity as specified in subsection B of this section.

Report of Regulatory Actions

Board of Medicine

Board	Board of Medicine	
Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Conversion therapy [Action 5412] NOIRA - *Register Date: 8/31/20* Comment closes: 9/30/20
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Waiver for e-prescribing of an opioid [Action 5355] Proposed - *Register Date: 9/14/20* *Comment closes: 11/13/20*
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	CE credit for specialty examination [Action 5486] Fast-Track - *Register Date: 8/31/20* *Comment closes: 9/30/20* *Effective: 10/15/20*
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Practice with patient care team physician [Action 5357] Proposed - *Register Date: 8/31/20* Comment closes: 10/30/20 Public hearing: 10/8/20
[18 VAC 85 - 160]	Regulations Governing the Registration of Surgical Assistants and Surgical Technologists	(E) Licensure of surgical assistants [Action 5580] Final - *Register Date: 9/14/20* Effective: 10/14/20

Report of the 2020 General Assembly

Board of Medicine

HB 42 Prenatal and postnatal depression, etc.; importance of screening patients.

Chief patron: Samirah

Summary as passed:

Health care providers; screening of patients for prenatal and postpartum depression; training. Directs the Board of Medicine to annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression and encouraging practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate. The bill requires the Board to include in such communication information about the factors that may increase susceptibility of certain patients to prenatal or postnatal depression or other depression, including racial and economic disparities, and to encourage providers to remain cognizant of the increased risk of depression for such patients.

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as passed House:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant. This bill is identical to SB 544.

HB 471 Health professionals; unprofessional conduct, reporting.

Chief patron: Collins

Summary as passed House:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report

to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public, or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. This bill is identical to SB 540.

HB 517 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.

Chief patron: Bulova

Summary as passed House:

Collaborative practice agreements; nurse practitioners; physician assistants. Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. As introduced, this bill is a recommendation of the Joint Commission on Healthcare. This bill is identical to SB 565.

HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Care Coord. Program.

Chief patron: Hurst

Summary as passed:

Prescription Monitoring Program; information disclosed to the Emergency Department Care Coordination Program; redisclosure. Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Care Coordination Program and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Care Coordination Program to a prescriber in an electronic report generated by the Emergency Department Care Coordination Program so long as the electronic report complies with relevant federal law and regulations governing privacy of health information. This bill is identical to SB 575.

HB 908 Naloxone; possession and administration by employee or person acting on behalf of a public place.

Chief patron: Hayes

Summary as passed House:

Naloxone; possession and administration; employee or person acting on behalf of a public place. Authorizes an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465, and HB 1466.

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate. (Bill not passed; study by the Board of Health Professions)

Chief patron: Rasoul

Summary as introduced:
Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

HB 1059 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Adams, D.M.

Summary as passed House:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. This bill is identical to SB 264.

HB 1084 Surgical assistants; definition, licensure.

Chief patron: Hayes

Summary as enacted with Governor's Recommendations:

Surgical assistants; licensure. Defines "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. Currently, the Board may issue a registration as a surgical assistant to eligible individuals. The bill clarifies that requiring the licensure of surgical assistants shall not be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his practice. The bill also establishes the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

HB 1147 Epinephrine; every public place may make available for administration.

Chief patron: Keam

Summary as passed:

Epinephrine permitted in certain public places. Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. The bill directs the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in public places. Such policies and guidelines shall be provided to the Commissioner of Health no later than July 1, 2021.

HB 1260 Athletic Training, Advisory Board on; membership.

Chief patron: Hodges

Summary as introduced:

Advisory Board on Athletic Training; membership. Provides that the one member of the Advisory Board on Athletic Training required to be an athletic trainer who is currently licensed by the Board on Athletic Training and who has practiced in the Commonwealth for not less than three years may be employed in the public or private sector. Currently, the law requires that the member be employed in the private sector.

HB 1261 Athletic trainers; naloxone or other opioid antagonist.

Chief patron: Hodges

Summary as introduced:
Athletic trainers; naloxone or other opioid antagonist. Authorizes licensed athletic trainers to possess and administer naloxone or other opioid antagonist for overdose reversal pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice.

HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.

Chief patron: Sickles

Summary as passed:

Pharmacists; prescribing, dispensing, and administration of controlled substances. Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, to promulgate emergency regulations to implement the provisions of the bill, and to convene a work group to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

HB 1683 Diagnostic medical sonography; definition, certification. (Bill not passed; study by Board of Health Professions)

Chief patron: Hope

Summary as introduced:
Diagnostic medical sonography; certification. Defines the practice of "diagnostic medical sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

SB 530 Epinephrine; possession and administration by a restaurant employee.

Chief patron: Edwards

Summary as passed:

Possession and administration of epinephrine; restaurant employee. Authorizes any employee of a licensed restaurant to possess and administer epinephrine on the premises of the restaurant at which the employee is employed, provided that such employee is authorized by a prescriber and trained in the administration of epinephrine. The bill also requires the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in restaurants.

SB 757 Medical Excellence Zone Program; VDH to determine feasibility of establishment.

Chief patron: Favola

Summary as passed Senate:

Department of Health; Department of Health Professions Medical Excellence Zone Program; telemedicine; reciprocal agreements. Directs the Department of Health to determine the feasibility of establishing a Medical Excellence Zone Program to allow citizens of the Commonwealth living in rural underserved areas to receive medical treatment via telemedicine services from providers licensed or registered in a state that is contiguous with the Commonwealth and directs the Department of Health Professions to pursue reciprocal agreements with such states for licensure for certain primary care practitioners licensed by the Board of Medicine. The bill requires the Department of Health to set out the criteria that would be required for a locality or group of localities in the Commonwealth to be eligible for the designation as a medical excellence zone and report its findings to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.

The bill states that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the acts of unprofessional conduct. The Department of Health Professions is required to report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill requires the Board of Medicine to prioritize applications for licensure by endorsement as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application. This bill is identical to HB 1701.

Virginia Board of Medicine
PROPOSED - 2021 Board Meeting Dates

Full Board Meetings

February 18-20	DHP/Richmond, VA	Board Rooms TBA
June 24-26	DHP/Richmond, VA	Board Rooms TBA
October 14-16	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 9	DHP/Richmond, VA	Board Rooms TBA
August 6	DHP/Richmond, VA	Board Rooms TBA
December 3	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 15	DHP/Richmond, VA	Board Rooms TBA
May 21	DHP/Richmond, VA	Board Rooms TBA
September 3	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

January 6	May TBA	September 29
February 10	June 9	October 23
March 10	July 21	November (TBA)
April 21	August 18	December (TBA)

Times for the Credentials Committee meetings - TBA

TBA

Advisory Board on:

Behavioral Analysts			**10:00 a.m.**
Mon –January 25	May 24	October 4	
Genetic Counseling			**1:00 p.m.**
Mon - January 25	May 24	October 4	
Occupational Therapy			**10:00 a.m.**
Tues - January 26	May 25	October 5	
Respiratory Care			**1:00 p.m.**
Tues - January 26	May 25	October 5	
Acupuncture			**10:00 a.m.**
Wed - January 27	May 26	October 6	
Radiological Technology			**1:00 p.m.**
Wed - January 27	May 26	October 6	
Athletic Training			**10:00 a.m.**
Thurs - January 28	May 27	October 7	
Physician Assistants			**1:00 p.m.**
Thurs - January 28	May 27	October 7	
Midwifery			**10:00 a.m.**
Fri - January 29	May 28	October 8	
Polysomnographic Technology			**1:00 p.m.**
Fri - January 29	May 28	October 8	
Surgical Assisting			**TBA**
TBA	TBA	TBA	