

Advisory Board on Physician Assistants

Virginia Board of Medicine

September 22, 2022

1:00 p.m.

Advisory Board on Physician Assistants

Board of Medicine

Thursday, September 22, 2022 @ 1:00 p.m.

9960 Mayland Drive, Suite 201

Henrico, VA

	Page
Call to Order – Kathleen Scarbalis, PA-C, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – ShaRon Clanton	
Approval of Minutes of May 26, 2022	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	

Old Business

1. Receive Update on Physician Assistant Licensure Compact
Kathleen Scarbalis, PA-C
2. Receive Update on Virginia Academy of Physician Assistants Legislative Proposal
Kathleen Scarbalis, PA-C

New Business

1. Periodic Review of Regulations Governing the Practice of Physician Assistants..... 5 – 26
Erin Barrett
2. Review Bylaws for Advisory Board..... 27 - 28
Erin Barrett
3. Approval of 2022 Meeting Calendar 29
Kathleen Scarbalis, PA-C
4. Election of Officers
Kathleen Scarbalis, PA-C

Announcements: Next Scheduled Meeting - February 9, 2023 @ 1:00 p.m.

Adjournment

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

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Training Room 1

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

DRAFT UNAPPROVED

ADVISORY BOARD ON PHYSICIAN ASSISTANTS

Board of Medicine

Thursday, May 26, 2022 @ 1:00 p.m.

9960 Mayland Drive, Henrico, VA

MEMBERS PRESENT: Kathleen Scarbalis, PA-C, Chair
James B. Carr, PA-C, Vice-Chair
Frazier W. Frantz, MD

MEMBERS ABSENT: Portia Tomlinson, PA-C
Tracy Dunn, Citizen Member

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, LLM, Deputy Director for Licensing
Erin Barrett, DHP Senior Policy Analyst
Colanthia M. Opher, Deputy Director for Administration
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT: Robert Glasgow, PA, VAPA
Jenna Rolfs
Sara Nicely, Virginia Academy of Physician Assistants
Jonathan Williams, Lobbyist, VAPA
Laura Hart, PA
A. Rutherford

Call to Order

Ms. Scarbalis called the meeting to order at 1:05 p.m.

Emergency Egress Procedures

Dr. Harp provided the emergency egress instructions.

DRAFT UNAPPROVED

Roll Call

Roll was called with all Advisory Board members present. A quorum was established.

Approval of Minutes January 28, 2021

Dr. Frantz moved to adopt the minutes. The motion was seconded by Mr. Carr, and the motion carried.

Adoption of Agenda

Mr. Carr moved to adopt the meeting agenda. The motion was seconded by Dr. Frantz and carried.

Public Comment on Agenda Items (15 minutes)

Ms. Nicely said that she would like to present proposed legislation for the 2023 Session to the full Board in October, which among other things would no longer require practice agreements in certain facilities.

2021 Workforce Data Presentation-Yetty Shobo, PhD

Dr. Shobo did her usual comprehensive presentation of statistics on the physician assistant workforce and answered questions from the Advisory Board members, staff and guests.

New Business

1. Legislative Update from the 2022 General Assembly

Erin Barrett presented an overview of the legislation from the 2022 Session. She noted HB145 which removed the practice agreement when PA's serve as local medical examiners. She also spoke to SB317 and its 90-day authorization to practice in Virginia for out-of-state PA's without holding a Virginia license.

2. Report of Regulatory Actions

Erin Barrett presented the new regulatory requirements for licensure by endorsement, pointing out that only verification of licensure from the most recent state will be required.

DRAFT UNAPPROVED

3. Review of the Physician Assistant Licensure Compact

Ms. Scarbalis provided an update on the progress with the PA Compact, including a PA Licensure Compact Fact Sheet. The PA Compact is similar to the Interstate Medical Licensure Compact.

4. Correspondence: Review of VAPA Proposal for 2023 General Assembly

Ms. Nicely and Mr. Williams spoke to proposed 2023 Legislation which would remove the PA/physician ratio, as well as the requirement for a practice agreement in certain institutional settings.

5. Discussion of the License Reinstatement Process for Physician Assistants

Mr. Sobowale explained that there has been no fee, application or regulations for PA's to reinstate from a license lapsed over two years. This needs to be corrected, so that PA's do not have to file another initial application if their license requires reinstatement.

6. Review of Bylaws for the Advisory Board on Physician Assistants

Ms. Barrett spoke to the proposal that a uniform bylaws document be memorialized in a Board of Medicine guidance document for all 11 Advisory Boards. The Advisory agreed.

Announcements

Stats were announced:

- License Count for Virginia PA's - Current Active 3,898 & Current Inactive 19
- PA's Out-of-State - Current Active 1,490 & Current Inactive 40
- Licenses Issued between 1/1/2022 & 5/26/2022 - 316

Next Scheduled Meeting: September 22, 2022 @ 1:00 p.m.

Adjournment

With no other business to conduct, the meeting was adjourned at 2:38 p.m.

DRAFT UNAPPROVED

Kathleen Scarbalis, PA-C, Chair

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

ShaRon Clanton, Licensing Specialist

Agenda Items: Recommend periodic review result and potential regulatory changes to full Board

Included in your agenda package are:

- Notice of periodic review
- Public comment received
- Recommended revisions to Chapter 50

Action needed:

- Consider any additional changes needed
- Motion to recommend full Board retain and amend Chapter 50 with suggested amendments



Agency Department of Health Professions

Board Board of Medicine

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

Edit Review

Review 2149

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 6/16/2022

Review Announcement

Pursuant to Executive Order 14 (as amended July 16, 2018) and §§ 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 14 (as amended July 16, 2018). <http://TownHall.Virginia.Gov/EO-14.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:	William L. Harp, M.D. / Executive Director
Address:	9960 Mayland Drive Suite 300 Henrico, VA 23233
Email Address:	william.harp@dhp.virginia.gov
Telephone:	(804)367-4558 FAX: (804)527-4429 TDD: (-)

Publication Information and Public Comment Period

Published in the Virginia Register on 7/18/2022 [Volume: 38 Issue: 24]

Comment Period begins on the publication date and ends on 8/17/2022

Comments Received: 1

Review Result

Pending

Attorney General Certification

8/31/22, 8:16 AM

Virginia Regulatory Town Hall View Periodic Review

Pending

This periodic review was created by Erin Barrett on 06/16/2022 at 12:25pm



August 16, 2022

William L. Harp, M.D.
Executive Director
Virginia Board of Medicine
9960 Mayland Drive, Suite 300
Henrico Virginia 23233

Dear Dr. Harp:

On behalf of the Virginia Academy of PAs, please find the following suggested amendments to the Regulations Governing the Practice of Physician Assistants (18 VAC 85-50):

- Page 2 – Remove the apostrophe and letter s to reflect the correct title “Physician Assistant” in the heading “Part II. Requirements for Practice As a Physician’s Assistant.”
- Page 4 – Remove the apostrophe and letter s to reflect the correct title “Physician Assistant” in the heading “Part II. Requirements for Practice As a Physician’s Assistant.”
- Page 8 – Remove the reference to supervision in Part B of 18VAC85-50-115. Responsibilities of the physician assistant:

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

Thank you for your consideration.

Respectfully,

Jonathan R. Williams
Executive Director



Barrett, Erin <erin.barrett@dhp.virginia.gov>

Fwd: Periodic Review Comments - Virginia Academy of PAs

3 messages

Harp, William <william.harp@dhp.virginia.gov> Tue, Aug 16, 2022 at 10:49 AM
To: Jonathan Williams <Jonathan.Williams@easterassociates.com>, Erin Barrett <erin.barrett@dhp.virginia.gov>

Good morning, Jonathan:

Hope all is well, and thanks for the letter of VAPA comment.

WLH

----- Forwarded message -----

From: Jonathan Williams <Jonathan.Williams@easterassociates.com>

Date: Tue, Aug 16, 2022 at 10:43 AM

Subject: Periodic Review Comments - Virginia Academy of PAs

To: William L. Harp - Va Department of Health Professions (WILLIAM.HARP@DHP.VIRGINIA.GOV)
<william.harp@dhp.virginia.gov>

Dr. Harp,

Please find attached a letter on behalf of the Virginia Academy of PAs that includes suggested amendments to the Regulations Governing the Practice of Physician Assistants. We submit these comments as part of the ongoing Periodic Review as required by Executive Order 14.

Thank you for your consideration.

Jonathan

Jonathan R. Williams

Executive Director

434-906-1779



VAPA Periodic Review Comments (8-16-22).pdf

8/17/22, 9:33 AM

Commonwealth of Virginia Mail - Fwd: Periodic Review Comments - Virginia Academy of PAs

112K

Jonathan Williams <Jonathan.Williams@easterassociates.com>

Wed, Aug 17, 2022 at 9:25 AM

To: "Harp, William" <william.harp@dhp.virginia.gov>, Erin Barrett <erin.barrett@dhp.virginia.gov>

Dr. Harp/Erin,

We caught an additional issue with the current regulations. There are two sections where just the word "assistant" is used instead of "physician assistant." Is that just Virginia parlance, or can the following be amended by adding "physician"?

Page 5

18VAC85-50-56. Renewal of license.

B. Any physician assistant who allows his NCCPA certification to lapse shall be considered not licensed by the board. Any such *physician* assistant who proposes to resume his practice shall make a new application for licensure.

Page 7

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

A. Prior to initiation of practice, a physician assistant and one or more patient care team physicians or podiatrists shall enter into a written or electronic practice agreement that spells out the roles and functions of the *physician* assistant and is consistent with provisions of § 54.1-2952 of the Code of Virginia.

Thank you for your consideration.

Jonathan

Jonathan R. Williams

Executive Director

434-906-1779

8/17/22, 9:33 AM

Commonwealth of Virginia Mail - Fwd: Periodic Review Comments - Virginia Academy of PAs

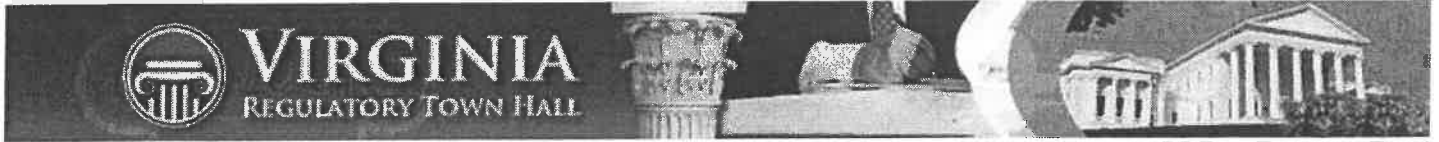


From: Harp, William <william.harp@dhp.virginia.gov>
Date: Tuesday, August 16, 2022 at 10:49 AM
To: Jonathan Williams <Jonathan.Williams@easterassociates.com>, Erin Barrett <erin.barrett@dhp.virginia.gov>
Subject: Fwd: Periodic Review Comments - Virginia Academy of PAs

Harp, William <william.harp@dhp.virginia.gov>
To: Jonathan Williams <Jonathan.Williams@easterassociates.com>
Cc: Erin Barrett <erin.barrett@dhp.virginia.gov>

Wed, Aug 17, 2022 at 9:26 AM

Thanks, Jonathan. WLH
[Quoted text hidden]



[Export to PDF](#)

[Export to Excel](#)

Agency Department of Health Professions

Board Board of Medicine

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

1 comments

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

[Back to List of Comments](#)

Commenter: Jonathan Williams, Virginia Academy of PAs

8/16/22 10:42 am

Periodic Review - Regulations Governing the Practice of Physician Assistants

On behalf of the Virginia Academy of PAs, please find the following suggested amendments to the Regulations Governing the Practice of Physician Assistants (18 VAC 85-50):

- Page 2 – Remove the apostrophe and letter s to reflect the correct title “Physician Assistant” in the heading “Part II. Requirements for Practice As a Physician’s Assistant.”
- Page 4 – Remove the apostrophe and letter s to reflect the correct title “Physician Assistant” in the heading “Part II. Requirements for Practice As a Physician’s Assistant.”
- Page 8 – Remove the reference to supervision in Part B of 18VAC85-50-115. Responsibilities of the physician assistant:

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

CommentID: 127260

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF PHYSICIAN ASSISTANTS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-50-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Revised Date: April 1, 2022

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I. General Provisions.....3
18VAC85-50-10. Definitions.....3
18VAC85-50-20. (Repealed.).....3
18VAC85-50-21. Current name and address.....3
18VAC85-50-30. Public participation guidelines.....3
18VAC85-50-35. Fees.....4
Part II. Requirements for Practice As a Physician's Assistant.....4
18VAC85-50-40. General requirements.....4
18VAC85-50-50. Licensure: entry requirements and application.....4
18VAC85-50-55. Provisional licensure.....5
18VAC85-50-56. Renewal of license.....5
18VAC85-50-57. Discontinuation of employment.....5
18VAC85-50-58. Inactive licensure.....6
18VAC85-50-59. Registration for voluntary practice by out-of-state licensees.....6
18VAC85-50-60. (Repealed.).....6
18VAC85-50-61. Restricted volunteer license.....6
Part III. Examination [Repealed].....7
18VAC85-50-70. (Repealed.).....7
Part IV. Practice Requirements.....7
18VAC85-50-101. Requirements for a practice agreement.....7
18VAC85-50-110. Responsibilities of the patient care team physician or podiatrist.....8
18VAC85-50-115. Responsibilities of the physician assistant.....8
18VAC85-50-116. Volunteer restricted license for certain physician assistants.....9
18VAC85-50-117. Authorization to use fluoroscopy.....9
18VAC85-50-120. (Repealed.).....9
Part V. Prescriptive Authority.....9
18VAC85-50-130. Qualifications for approval of prescriptive authority.....9
18VAC85-50-140. Approved drugs and devices.....10
18VAC85-50-150. (Repealed.).....10
18VAC85-50-160. Disclosure.....10
18VAC85-50-170. (Repealed.).....10
Part VI Standards of Professional Conduct.....10
18VAC85-50-175. Confidentiality.....10
18VAC85-50-176. Treating and prescribing for self or family.....10
18VAC85-50-177. Patient records.....11
18VAC85-50-178. Practitioner-patient communication.....11
18VAC85-50-179. Practitioner responsibility.....12
18VAC85-50-180. Vitamins, minerals and food supplements.....12
18VAC85-50-181. Pharmacotherapy for weight loss.....13
18VAC85-50-182. Anabolic steroids.....13
18VAC85-50-183. Sexual contact.....13
18VAC85-50-184. Refusal to provide information.....14
18VAC85-50-191. Practice and supervision of laser hair removal.....14
DOCUMENTS INCORPORATED BY REFERENCE.....15

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 one or more patient care team physicians or podiatrists and the physician assistant that defines the relationship between the physician assistant and the physicians or podiatrists, the prescriptive authority of the physician assistant, and the circumstances under which a physician or podiatrist will see and evaluate the patient.

18VAC85-50-20. (Repealed.)

18VAC85-50-21. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

~~**18VAC85-50-30. Public participation guidelines.**~~

~~A separate board regulation, 18VAC85-11, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.~~

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 reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
6. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.
7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
8. The fee for a letter of good standing or verification to another jurisdiction shall be \$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 in accordance with a practice agreement with one or more doctors of medicine, osteopathy, or podiatry licensed by this board to practice in the Commonwealth.

18VAC85-50-50. Licensure: entry requirements and application.

A. The applicant seeking licensure as a physician assistant shall submit:

1. A completed application and fee as prescribed by the board.
2. Documentation of successful completion of an educational program as prescribed in § 54.1-2951.1 of the Code of Virginia.
3. Documentation of passage of the certifying examination administered by the National Commission on Certification of Physician Assistants.
4. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.

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

18VAC85-50-55. Provisional licensure.

Pending the outcome of the next examination administered by the NCCPA, an applicant who has met all other requirements of 18VAC85-50-50 at the time his initial application is submitted may be granted provisional licensure by the board. The provisional licensure shall be valid until the applicant takes the next subsequent NCCPA examination and its results are reported, but this period of validity shall not exceed 30 days following the reporting of the examination scores, after which the provisional license shall be invalid.

18VAC85-50-56. Renewal of license.

A. Every licensed physician assistant intending to continue to practice shall biennially renew the license in each odd numbered year in the licensee's birth month by:

1. Returning the renewal form and fee as prescribed by the board; and
2. Verifying compliance with continuing medical education standards established by the NCCPA.

B. Any physician assistant who allows his NCCPA certification to lapse shall be considered not licensed by the board. Any such assistant who proposes to resume his practice shall make a new application for licensure.

18VAC85-50-57. Discontinuation of employment.

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

18VAC85-50-58. Inactive licensure.

A. A physician assistant 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 certification by the NCCPA.
2. An inactive licensee shall not be entitled to practice as a physician assistant 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 NCCPA.

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.

18VAC85-50-59. Registration for voluntary practice by out-of-state licensees.

Any physician assistant who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of § 54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. ~~Pay a registration fee of \$10; and~~
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of § 54.1-2901 of the Code of Virginia.

18VAC85-50-60. (Repealed.)

18VAC85-50-61. Restricted volunteer license.

A. A physician assistant 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 physician assistant 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 18VAC85-50-35.

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 18VAC85-50-35.

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 50 hours of continuing education during the biennial renewal period with at least 25 hours in Type 1 and no more than 25 hours in Type 2 as acceptable to the NCCPA.

Commented [VP1]: There is no other requirement for CE in these regulations. What is the reasoning behind requiring it here? Can this requirement be removed?

Part III. Examination [Repealed]

18VAC85-50-70. (Repealed.)

Part IV. Practice Requirements

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

A. Prior to initiation of practice, a physician assistant and one or more patient care team physicians or podiatrists shall enter into a written or electronic practice agreement that spells out the roles and functions of the assistant and is consistent with provisions of § 54.1-2952 of the Code of Virginia.

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

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

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

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

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

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

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

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

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. 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.
2. 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 patient care team physicians or podiatrists as prescribed in the physician assistant's practice agreement. When a physician assistant is working outside the scope of specialty of the patient care team physicians or podiatrists, 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 an alternate patient care team physician or podiatrist.
2. Prescribe only those drugs and devices as allowed in Part V (18VAC85-50-130 et seq.) of this chapter.
3. Wear during the course of performing his duties identification showing clearly that he is a physician assistant.

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

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

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

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

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

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

~~18VAC85-50-116. Volunteer restricted license for certain physician assistants.~~

~~The issuance of a volunteer restricted license and the practice of a physician assistant under such a license shall be in accordance with the provisions of § 54.1-2951.3 of the Code of Virginia.~~

Commented [VP2]: This is redundant of other provisions in this chapter. Not necessary to keep.

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

A physician assistant working under 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.

18VAC85-50-120. (Repealed.)

Part V. Prescriptive Authority.

18VAC85-50-130. Qualifications for approval of prescriptive authority.

An applicant for prescriptive authority shall meet the following requirements:

1. Hold a current, unrestricted license as a physician assistant in the Commonwealth;

2. Maintain a practice agreement acceptable to the board as prescribed in 18VAC85-50-101 and § 54.1-2952.1 of the Code of Virginia; and
3. Submit evidence of successful completion of a minimum of 35 hours of acceptable training to the board in pharmacology.

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 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.

18VAC85-50-150. (Repealed.)

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.

18VAC85-50-170. (Repealed.)

Part VI Standards of Professional Conduct.

18VAC85-50-175. Confidentiality.

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program shall be grounds for disciplinary action.

18VAC85-50-176. Treating and prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. A practitioner shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18VAC85-50-177. 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 properly manage patient records and shall maintain timely, accurate, legible and complete records.

C. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner and in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

18VAC85-50-178. Practitioner-patient communication.

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately inform a patient or his legally authorized representative of his medical diagnoses, prognosis and prescribed treatments or plans of care. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure prescribed or directed by the practitioner in the treatment of any disease or condition.

B. A practitioner shall present information relating to the patient's care to a patient or his legally authorized representative in understandable terms and encourage participation in the decisions regarding the patient's care and shall refer to or consult with other health care professionals if so indicated.

Commented [VP3]: Discussion of whether this is necessary. If pulled from Ch 20 should be pulled here.

C. Before surgery or any invasive procedure is performed, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended surgery or invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient.

1. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder,

the legally authorized person available to give consent shall be informed and the consent documented.

2. An exception to the requirement for consent prior to performance of surgery or an invasive procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

3. For the purposes of this provision, "invasive procedure" means any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decision maker prior to proceeding.

18VAC85-50-179. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;
2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;
3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or
4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

~~18VAC85-50-180. Vitamins, minerals and food supplements.~~

~~A. The recommendation or direction for the use of vitamins, minerals or food supplements and the rationale for that recommendation shall be documented by the practitioner. The recommendation or direction shall be based upon a reasonable expectation that such use will result in a favorable patient outcome, including preventive practices, and that a greater benefit will be achieved than that which can be expected without such use.~~

~~B. Vitamins, minerals, or food supplements, or a combination of the three, shall not be sold, dispensed, recommended, prescribed, or suggested in doses that would be contraindicated based on the individual patient's overall medical condition and medications.~~

~~C. The practitioner shall conform to the standards of his particular branch of the healing arts in the therapeutic application of vitamins, minerals or food supplement therapy.~~

Commented [VP4]: Deletion recommendations are consistent with those in Chapter 20

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 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.~~

18VAC85-50-182. Anabolic steroids.

~~A physician assistant shall not prescribe or administer anabolic steroids to any patient for other than accepted therapeutic purposes.~~

18VAC85-50-183. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.
2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient means spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-50-184. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

18VAC85-50-191. Practice and supervision of laser hair removal.

A. A physician assistant, as authorized pursuant to § 54.1-2952 of the Code of Virginia, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;
2. Skin type and appropriate patient selection;
3. Laser safety;
4. Operation of laser device to be used;
5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and
6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Physician assistants who have been performing laser hair removal prior to August 7, 2019, are not required to complete training specified in subsection A of this section.

C. A physician assistant who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A of this section.

D. A physician assistant who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques and laser devices. The physician assistant shall ensure that persons the physician assistant supervises also receive ongoing training to maintain competency.

E. A physician assistant may delegate laser hair removal to a properly trained person under the physician assistant's direction and supervision. Direction and supervision shall mean that the physician assistant is readily available at the time laser hair removal is being performed. The supervising physician assistant is not required to be physically present but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

DOCUMENTS INCORPORATED BY REFERENCE

Fluoroscopy Educational Framework for the Physician Assistant, December 2009, American Academy of Physician Assistants, 950 North Washington Street, Alexandria, VA 22314 and the American Society of Radiologic Technologists, 15000 Central Avenue, SE, Albuquerque, NM 87123

Chapter 29 of Title 54.1 of the Code of Virginia
Medicine

Article 4. Licensure and Certification of Other Practitioners of the Healing Arts.

§§ 54.1-2942. through 54.1-2948.

Repealed by Acts 2000, c. 688, cl. 2.

§ 54.1-2949. License required.

It shall be unlawful for a person to practice or to hold himself out as practicing as a physician assistant or to use in connection with his name the words or letters "Physician Assistant" or "PA" unless he holds a license as such issued by the Board.

1988, c. 765; 2013, c. 144; 2016, c. 450.

§ 54.1-2950. Requisite training and educational achievements of assistants.

The Board shall establish a testing program to determine the training and educational achievements of the physician assistant or the Board may accept other evidence, such as experience or completion of an approved training program, in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application.

Pending the outcome of the next examination administered by the National Commission for Certification of Physician Assistants, the Board may grant provisional licensure to graduates of physician assistants curricula that are approved by the Accreditation Review Commission on Education for the Physician Assistant. Such provisional licensure shall be granted at the discretion of the Board.

1973, c. 529, § 54-281.7; 1984, c. 46; 1988, c. 765; 1997, c. 806; 2013, c. 144; 2016, c. 450.

§ 54.1-2950.1. Advisory Board on Physician Assistants; membership; qualifications.

The Advisory Board on Physician Assistants shall consist of five members to be appointed by the Governor as follows: three members shall be licensed physician assistants who have practiced their professions in Virginia for not less than three years prior to their appointments; one shall be a physician who collaborates with at least one physician assistant; and one shall be a citizen member appointed from the Commonwealth at large. Appointments shall be for four-year terms. Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

1998, c. 319; 2002, c. 698; 2011, cc. 691, 714; 2021, Sp. Sess. I, c. 210.

§ 54.1-2951. Repealed.

Repealed by Acts 1998, c. 319.

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

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

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;
2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and
3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

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

assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

C. Every physician assistant shall practice as part of a patient care team and shall provide care in accordance with a written or electronic practice agreement with one or more patient care team physicians or patient care team podiatrists.

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

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

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

1998, c. 319; 2011, c. 390; 2013, c. 144; 2016, c. 450; 2019, cc. 92, 137, 338; 2021, Sp. Sess. I, c. 210.

§ 54.1-2951.2. Issuance of a license.

The Board shall issue a license to the physician assistant to practice in accordance with § 54.1-2951.1.

1998, c. 319; 2019, cc. 92, 137; 2021, Sp. Sess. I, c. 210.

§ 54.1-2951.3. Restricted volunteer license for certain physician assistants.

A. The Board may issue a restricted volunteer license to a physician assistant who meets the qualifications for licensure for physician assistants. The Board may refuse issuance of licensure pursuant to § 54.1-2915.

B. A person holding a restricted volunteer license under this section shall:

1. Only practice in public health or community free clinics approved by the Board;
2. Only treat patients who have no insurance or who are not eligible for financial assistance for medical care; and

3. Not receive remuneration directly or indirectly for practicing as a physician assistant.

C. A physician assistant with a restricted volunteer license issued under this section shall only practice as a physician assistant and perform certain acts which constitute the practice of medicine to the extent and in the manner authorized by the Board if:

1. A patient care team physician or patient care team podiatrist is available at all times to collaborate and consult with the physician assistant; or
2. A patient care team physician or patient care team podiatrist periodically reviews the relevant patient records.

D. A restricted volunteer license granted pursuant to this section shall be issued to the physician assistant without charge, shall expire twelve months from the date of issuance, and may be renewed annually in accordance with regulations promulgated by the Board.

E. A physician assistant holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the regulations promulgated under this chapter unless otherwise provided for in this section.

1998, c. 319; 2005, c. 163; 2019, cc. 92, 137.

§ 54.1-2951.4. Exception to physician assistant license requirement; physician assistant student.

The provisions of § 54.1-2902 shall not be construed as prohibiting a physician assistant student who is enrolled in a physician assistant education program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor agency from engaging in acts that constitute practice as a physician assistant.

2021, Sp. Sess. I, c. 210.

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

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

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

B. Physician assistants may practice medicine to the extent and in the manner authorized by the Board. A patient care team physician or patient care team podiatrist shall be available at all times to collaborate and consult with physician assistants. Each patient care team shall identify the relevant physician assistant's scope of practice and an evaluation process for the physician assistant's performance.

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

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

Activities shall be performed in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice agreement and may include health care services that are educational, diagnostic, therapeutic, or preventive, including establishing a diagnosis, providing treatment, and performing procedures. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a physician assistant may perform initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, in accordance with the practice agreement, including tasks performed, relating to the provision of medical care in an emergency department. A patient care team physician or the on-duty emergency department physician shall be available at all times for collaboration and consultation with both the physician assistant and the emergency department physician. No person shall have responsibility for any physician assistant who is not employed by the person or the person's business entity.

E. No physician assistant shall perform any acts beyond those set forth in the practice agreement or authorized as part of the patient care team. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient is available for collaboration or consultation, pursuant to regulations of the Board.

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

1973, c. 529, §§ 54-281.4, 54-281.5; 1975, cc. 508, 565; 1985, c. 316; 1988, c. 765; 1992, c. 793; 1996, c. 779; 2000, cc. 467, 497; 2002, c. 387; 2005, c. 662; 2008, c. 281; 2012, c. 81; 2014, c. 89; 2015, c. 107; 2016, c. 450; 2019, cc. 92, 137; 2021, Sp. Sess. I, c. 210; 2022, c. 151.

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

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) and as provided

in a practice agreement. Such practice agreements shall include a statement of the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the patient care team physician or patient care team podiatrist.

B. It shall be unlawful for the physician assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the practice agreement and the requirements in this section.

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

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency, which may include continuing education, testing, and any other requirement and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients, and (ii) a requirement that the physician assistant disclose to his patients his name, address, and telephone number and that he is a physician assistant. If a patient or his representative requests to speak with the patient care team physician or patient care team podiatrist, the physician assistant shall arrange for communication between the parties or provide the necessary information.

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

1992, c. 793; 1997, c. 806; 1999, c. 745; 2001, c. 465; 2003, c. 510; 2007, c. 16; 2016, c. 450; 2019, cc. 92, 137; 2021, Sp. Sess. I, c. 210.

§ 54.1-2952.2. When physician assistant signature accepted.

Whenever any law or regulation requires a signature, certification, stamp, verification, affidavit, or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit, or endorsement by a physician assistant.

(2011, c. 468.)

§ 54.1-2953. Renewal, revocation, suspension and refusal.

The Board may revoke, suspend, or refuse to renew a license to practice as a physician assistant for any of the following:

1. Any action by a physician assistant constituting unprofessional conduct pursuant to § 54.1-2915;

2. Practice by a physician assistant other than as part of a patient care team, including practice without entering into a practice agreement with one or more patient care team physicians or patient care team podiatrists;

3. Failure of the physician assistant to practice in accordance with the requirements of his practice agreement;

4. Negligence or incompetence on the part of the physician assistant or other member of the patient care team;

5. Violation of or cooperation in the violation of any provision of this chapter or the regulations of the Board; or

6. Failure to comply with any regulation of the Board required for licensure of a physician assistant.

1973, c. 529, §§ 54-281.8, 54-281.9; 1985, c. 316; 1988, c. 765; 2013, c. 144; 2016, c. 450; 2019, cc. 92, 137; 2021, Sp. Sess. I, c. 210.

Agenda Item: Bylaws for all Advisory Boards

Included in your agenda package are:

- ❖ Copy of Approved Guidance Document 85-3

Action Needed:

- None

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

Article I - Members of the Advisory Board

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

Article II - Officers

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

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

Section 3. Duties of Officers.

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

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

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

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

Article III - Meetings

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

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

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

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

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

Article IV - Amendments

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

2023 Board Meeting Dates

Advisory Board on:

Behavioral Analysts			10:00 a.m.
Mon - February 6	June 12	October 2	
Genetic Counseling			1:00 p.m.
Mon - February 6	June 12	October 2	
Occupational Therapy			10:00 a.m.
Tue - February 7	June 13	October 3	
Respiratory Care			1:00 p.m.
Tue - February 7	June 13	October 3	
Acupuncture			10:00 a.m.
Wed - February 8	June 14	October 4	
Radiological Technology			1:00 p.m.
Wed - February 8	June 14	October 4	
Athletic Training			10:00 a.m.
Thurs - February 9	June 15	October 5	
Physician Assistants			1:00 p.m.
Thurs - February 9	June 15	October 5	
Midwifery			10:00 a.m.
Fri - February 10	June 16	October 6	
Polysomnographic Technology			1:00 p.m.
Fri - February 10	June 16	October 7	
Surgical Assisting			10:00 a.m.
Mon - February 13	June 19	October 10	