



Executive Committee Meeting

Virginia Board of Medicine
April 4, 2025
8:30 a.m.



Executive Committee
Friday, April 4, 2025 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201, Board Room 3
Henrico, VA 23233

Call to Order and Roll Call

Emergency Egress Procedures..... i

Approval of Minutes from April 5, 2024 1

Adoption of Agenda

Public Comment on Agenda Items

DHP Director’s Report – Arne Owens..... 6

Reports of President and Executive Director

- ♦ **President - Randy Clements, DPM** 7
- ♦ **Executive Director - William L. Harp, MD**..... 8
 - **Budget Report**..... 9
 - **License Count Report** 11
 - **Case Action Update** 15

New Business

- 1. 2025 General Assembly Report** 16
- 2. Current Regulatory Actions as of March 14, 2025** 17
- 3. Adoption of Proposed Regulatory changes – Respiratory Therapists**..... 20
- 4. Adoption of a Notice of Intended Regulatory Action to implement PA Licensure Compact**..... 28
- 5. Revision of Guidance Document 85-16**..... 40
- 6. Adoption of fast-track regulatory amendment to clean up reference to continuing education** 46
- 7. Announcements/Reminders** 51
- 8. Adjourn**

====No motion needed to adjourn if all business has been conducted====



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

We are currently in Board Room 3

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. 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.

Agenda Item: **Approval of Minutes of the April 5, 2024**

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

Action: Motion to approve minutes.

**VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES**

Friday, April 5, 2024

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Clements called the Executive Committee to order at 8:32 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT: John R. Clements, DPM – President, Chair
Peter Apel, MD – Vice President
William Hutchens, MD
Oliver Kim
L. Blanton Marchese
Jacob Miller, DO
Karen Ransone, MD
Jennifer Rathmann, DC

STAFF PRESENT: Jennifer Deschenes, JD – Acting Exec. Director
Colanitha Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Erin Barrett - DHP Director of Legislative and Regulatory Affairs
Arnie Owens - DHP Director
Jim Jenkins – DHP Deputy Director
Barbara Matusiak, MD - Medical Review Coordinator
Deirdre Brown - Executive Assistant

OTHERS PRESENT: W. Scott Johnson – MSV
Christopher Fleury – MSV
Bo Keeney – VA Chiropractic Association
Mary Ottinot, RN, BSN

EMERGENCY EGRESS INSTRUCTIONS

Dr. Clements provided the emergency egress instructions for those in the building.

APPROVAL OF MINUTES FROM AUGUST 5, 2023

Dr. Miller moved to approve the meeting minutes from August 5, 2023, as presented. The motion was seconded by Dr. Ransone and carried unanimously.

ADOPTION OF AGENDA

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

PUBLIC COMMENT

Mary Ottinot, RN, BSN, emphasized the need to include the public in public participation. Ms. Ottinot also encouraged practitioners to use resources regarding human trafficking and report any activity to the proper authorities.

DHP DIRECTOR'S REPORT

Mr. Owens shared with the Board that the General Assembly wrapped up in March, and that the challenge now is the follow-up action with DHP's various Boards. Next, he stated that Impact Makers completed an overview of the licensing process for the Board of Medicine and will soon give a status report that will identify problem areas and suggested methods to improve efficiency.

Mr. Owens stated that DHP is undergoing several internal changes in leadership. First being the new Director of Enforcement, Sarah Rogers, followed by the departure of Diane Powers who retired as the agency's Communications Director. Mr. Owens stated that on July 1st, Lisa Hahn, Chief Operating Officer, will be retiring as well. Jay Douglas, Executive Director of Nursing, will also be retiring from DHP. He stated that DHP is in great hands and mentioned that currently Jennifer Deschenes has been standing in as Acting Executive Director for the Board of Medicine during Dr. Harp's absence.

PRESIDENT'S REPORT

Dr. Clements reminded the Board that Mr. Marchese will be in Nashville in mid-April seeking election to the FSMB Board of Directors. Dr. Clements continued to pledge his support to fix BOX so imaging studies in cases can be viewed properly, and asked that representatives from the IT department be invited to attend the June Board meeting to hear board member concerns.

ACTING EXECUTIVE DIRECTOR'S REPORT

Ms. Deschenes stated that Enforcement is sending cases pre-merged through BOX which should help with the imaging results. She stated that at the upcoming Full Board meeting in June staff will request that someone from IT attend to hear board member concerns. Ms. Deschenes stated that other Boards were having similar issues and the Discipline Workgroup is meeting monthly to troubleshoot and find solutions.

Lastly, Ms. Deschenes stated that Dr. Harp is doing well and should be back at DHP at the end of April. Then she shared that Jennie Wood, Regulatory Boards Administrator for Medicine, is retiring in June, and that she will be greatly missed.

NEW BUSINESS

1. Regulatory Actions as of March 18, 2024

Ms. Barrett presented the chart for review only.

2. Current Regulatory Actions

Ms. Barrett reviewed the Current Regulatory Actions with the Board and gave updates to House Bills as some statuses have changed. She also shared that if the Governor takes no action on a bill by April 8, 2024, it becomes law.

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

3. Completion of Periodic Review of Public Participation Guidelines – 18VAC85-11

Ms. Barrett shared with the Board that a periodic review of regulatory chapters is required to be conducted by agencies every four years. Changes are made to public participation guideline regulations only when the Department of Planning and Budget provides new language, but the Board is still required to issue a periodic review. Ms. Barrett recommended that the Board retain the Chapter as is because the Department of Planning and Budget has not provided recommended changes.

MOTION: Dr. Miller moved to retain 18VAC85-11 as is. The motion was seconded by Dr. Hutchens and carried unanimously.

4. Previously Posted Guidance Documents that do not meet the definition of “guidance document” Under Va. Code § 2-2-4101

Ms. Barrett reviewed with the Board the following documents that do not meet the definition of “guidance documents” as defined in Virginia Code § 2.2-4101.

- Guidance Document 85-1: Bylaws of the Board of Medicine
- Guidance Document 85-2: Attorney General opinion on school physical exams (1986)
- Guidance Document 85-3: Bylaws for advisory boards of the Board of Medicine
- Guidance Document 85-9: Policy on USMLE step attempts
- Guidance Document 85-11: Sanction Reference Points manual
- Guidance Document 85-20: Attorney General opinion on employment of surgeon by nonprofit corporation (1992)
- Guidance Document 85-21: Attorney General opinion on employment of physician by for-profit corporation (1995)
- Guidance Document 85-26: Compliance with law for licensed midwives (list of statutory references and VDH contact)

Therefore, Ms. Barrett informed the Board that they will be removed from Town Hall as guidance documents and placed on the Board’s website as policy documents or informational documents. Ms. Deschenes stated that the OAG has completed its review of the above documents and agreed that they do not qualify as “guidance documents”, so the changes can be made to the BOM website.

ANNOUNCEMENTS

Dr. Clements informed the Board of the updated guideline for travel reimbursement. Effective immediately, board members need to submit their request for reimbursement within 30 days for reimbursement approval. No exceptions after the 30-day deadline will be accepted.

The next meeting of the Executive Committee will be August 2, 2024, at 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 9:25 a.m.

Jennifer Deschenes, JD
Acting Executive Director

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

Staff Note: All items for information only

Action: None.

Agenda Item: **Board President's Report**

Staff Note: All items for information only.

Action: None.

Agenda Item: **Executive Director's Report**

Staff Note: All items for information only.

Action: None.

FY 2025 Budget / Actual through February 2025
Virginia Department of Health Professions
Includes: (base budget, salary/benefit budget, and other budget accounts)

Period Ending: 2/28/2025
 % of the Year Comp: 67%
 Department ID: 10200
 Department Name: Board of Medicine
 Fund: 09223

| TYPE | Account Number | Description | FY2025 Budget | July | August | September | October | November | December | January | February | March | April | May | June | Grand Total | Under Budget | Over | % | of the Budget |
|----------------------|----------------|-----------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-------------------|-------------------|-------------------|-------|-------|-----|------|---------------------|---------------------|------|------------|---------------|
| | | | | | | | | | | | | | | | | | | | | |
| | 4002401 | Application Fee | 2,171,898.08 | 169,404.00 | 159,080.00 | 141,438.00 | 128,973.00 | 115,337.00 | 119,671.00 | 181,885.00 | 176,941.00 | - | - | - | - | 1,192,729.00 | 979,209.08 | - | 45% | |
| | 4002402 | Examination Fee | 5,128.04 | 554.00 | 277.00 | 1,108.00 | 831.00 | 831.00 | - | (2,770.00) | - | - | - | - | - | 5,128.04 | - | - | 100% | |
| | 4002406 | License & Renewal Fee | 9,430,572.44 | 1,405,498.00 | 1,423,633.00 | 1,363,233.00 | 1,373,914.00 | 1,283,037.00 | 742,967.00 | 281,865.00 | 238,543.00 | - | - | - | - | 8,112,681.00 | 1,317,891.44 | - | 14% | |
| | 4002407 | Dup. License Certificate Fee | 7,117.68 | 740.00 | 805.00 | 805.00 | 685.00 | 595.00 | 615.00 | 595.00 | 505.00 | - | - | - | - | 5,345.00 | 1,772.68 | - | 25% | |
| | 4002408 | Board Endorsement - In | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| | 4002409 | Board Endorsement - Out | 1,130.25 | 80.00 | 160.00 | 130.00 | 180.00 | 100.00 | 200.00 | 100.00 | 260.00 | - | - | - | - | 1,210.00 | (79.75) | - | -7% | |
| | 4002421 | Monetary Penalty & Late Fees | 94,541.83 | 12,410.00 | 11,595.00 | 13,940.00 | 12,855.00 | 11,120.00 | 15,200.00 | 13,605.00 | 6,420.00 | - | - | - | - | 97,145.00 | (2,603.17) | - | -3% | |
| | 4002430 | Board Changes Fee | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| | 4002432 | Misc. Fee (Bad Check Fee) | 779.49 | - | - | 50.00 | - | 100.00 | 50.00 | 35.00 | - | - | - | - | - | 235.00 | 544.49 | - | 70% | |
| | 4003002 | Overpayments | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| | 4003007 | Sales of Goods/Services to State | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| | 4003020 | Misc. Sales-Dishonored Payments | 328.36 | - | - | - | - | - | - | - | - | - | - | - | - | - | 328.36 | - | 100% | |
| | 4007108 | Interest From Other Sources | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| | 4009060 | Miscellaneous Revenue | 974.36 | - | - | - | - | - | - | - | - | - | - | - | - | - | 974.36 | - | 100% | |
| | 4009084 | Exp & Misc. Disb. Made Prior Yrs. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| Revenue Total | | | 11,712,510.52 | 1,588,687.00 | 1,595,273.00 | 1,519,823.00 | 1,517,765.00 | 1,411,120.00 | 878,703.00 | 475,305.00 | 422,689.00 | - | - | - | - | 9,409,345.00 | 2,303,165.52 | - | 20% | |

| | | | | | | | | | | | | | | | | | | | |
|--|---------|---|-----------|----------|----------|----------|----------|----------|----------|----------|----------|---|---|---|---|-----------|------------|---|------|
| | 5011250 | Salaries, Overtime | 5,000.00 | 1,151.82 | 660.25 | - | - | 184.96 | - | - | - | - | - | - | - | 1,997.03 | 3,002.97 | - | 60% |
| | 5011340 | Specified Per Diem Payments | 12,000.00 | 1,150.00 | 300.00 | 200.00 | 650.00 | 850.00 | 250.00 | 400.00 | 300.00 | - | - | - | - | 4,100.00 | 7,900.00 | - | 66% |
| | 5012110 | Express Services | 10,000.00 | 3,689.28 | 3,689.28 | 1,842.84 | - | 505.86 | (505.86) | - | - | - | - | - | - | 5,532.12 | 4,467.88 | - | 45% |
| | 5012120 | Outbound Freight Services | 12,000.00 | 721.10 | 829.92 | 555.29 | 350.87 | 931.55 | 912.39 | 761.68 | 759.84 | - | - | - | - | 5,822.64 | 6,177.36 | - | 51% |
| | 5012130 | Messenger Services | 200.00 | - | - | - | - | - | - | 25.00 | - | - | - | - | - | 25.00 | 175.00 | - | 88% |
| | 5012140 | Postal Services | 80,000.00 | 3,368.23 | 1,385.65 | 1,549.39 | - | 1,705.52 | 3,281.04 | - | 2,047.22 | - | - | - | - | 13,337.05 | 66,662.95 | - | 83% |
| | 5012150 | Printing Services | 2,300.00 | - | - | 1,816.31 | - | - | - | - | 838.42 | - | - | - | - | 2,654.73 | (354.73) | - | -15% |
| | 5012190 | Inbound Freight Services | 150.00 | 4.75 | 9.50 | - | 19.00 | - | - | - | - | - | - | - | - | 33.25 | 116.75 | - | 78% |
| | 5012210 | Organization Memberships | 10,000.00 | - | 305.00 | - | 3,227.00 | 2,400.00 | - | 1,919.00 | - | - | - | - | - | 7,851.00 | 2,149.00 | - | 21% |
| | 5012220 | Publication Subscriptions | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012240 | Employee Training Courses, Workshops, and Conferences: | 4,000.00 | 198.00 | - | - | - | - | - | - | - | - | - | - | - | 198.00 | 3,801.00 | - | 95% |
| | 5012270 | Employee Training - Transportation, Lodging, Meals, and Incidentals: | 3,500.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | 3,500.00 | - | 100% |
| | 5012280 | Conferences | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012450 | Personnel Management Services | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012460 | Public Informational and Public Relations Services | 400.00 | - | - | - | - | - | - | - | - | - | - | - | - | - | 400.00 | - | 100% |
| | 5012470 | Legal Services | 5,579.00 | 1,395.00 | 126.00 | - | 262.00 | 126.00 | - | 972.00 | - | - | - | - | - | 2,871.00 | 2,708.00 | - | 49% |
| | 5012480 | Media Services | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012590 | Vehicle Repair and Maintenance Services | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012640 | Food and Dietary Services | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012750 | Computer Software Maintenance Services | 13,000.00 | 901.90 | 438.72 | 1,34.44 | 1,264.78 | 2,240.95 | - | 269.92 | 367.99 | - | - | - | - | 5,608.70 | 7,391.30 | - | 57% |
| | 5012770 | Computer Operating Services (provided by another State agency (not VITA) or vendor) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012780 | VITA Information Technology Infrastructure Services (Provided by VITA) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012790 | Computer Software Development Services | 15,995.00 | - | - | - | - | - | 2,490.76 | - | - | - | - | - | - | 2,490.76 | (2,490.76) | - | 0% |
| | 5012820 | Travel, Personal Vehicle | 15,000.00 | 2,194.25 | 775.86 | 595.63 | 1,577.18 | 1,230.79 | 629.80 | 1,659.77 | 896.00 | - | - | - | - | 9,959.28 | 5,440.72 | - | 36% |
| | 5012830 | Travel, Public Carriers | 2,000.00 | - | - | - | - | 658.96 | - | - | - | - | - | - | - | 658.96 | 1,341.04 | - | 67% |
| | 5012840 | Travel, State Owned or Leased Vehicles | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012850 | Travel, Subsistence, and Lodging | 13,524.00 | 621.84 | 124.42 | 139.42 | 248.71 | 1,534.27 | 431.17 | 639.42 | 383.73 | - | - | - | - | 4,122.98 | 9,401.02 | - | 70% |
| | 5012880 | Travel, Meal Reimbursements - Not Reportable to the IRS | 7,407.00 | 585.50 | 135.00 | 67.50 | 210.75 | 638.50 | 271.75 | 421.50 | 151.50 | - | - | - | - | 2,482.00 | 4,925.00 | - | 66% |
| | 5013110 | Apparel/Supplies | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5013120 | Office Supplies | 14,609.00 | 1,249.72 | 1,985.71 | 539.78 | 346.54 | 1,133.05 | - | 2,702.98 | 404.01 | - | - | - | - | 8,361.79 | 6,247.21 | - | 43% |
| | 5013130 | Stationery and Forms | 24,169.00 | - | - | 541.77 | 2,472.63 | - | - | - | - | - | - | - | - | 3,014.40 | 21,154.60 | - | 88% |

| Base Budget | | | | | | | | | | | | | | | | | | | | |
|-------------|---------|---|-----------|----------|----------|--------|----------|----------|----------|----------|--------|---|---|---|---|----------|------------|---|-----|----|
| | 5012770 | Computer Operating Services (provided by another State agency (not VITA) or vendor) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012780 | VITA Information Technology Infrastructure Services (Provided by VITA) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% |
| | 5012790 | Computer Software Development Services | 15,995.00 | - | - | - | - | - | 2,490.76 | - | - | - | - | - | - | 2,490.76 | (2,490.76) | - | 0% | |
| | 5012820 | Travel, Personal Vehicle | 15,000.00 | 2,194.25 | 775.86 | 595.63 | 1,577.18 | 1,230.79 | 629.80 | 1,659.77 | 896.00 | - | - | - | - | 9,959.28 | 5,440.72 | - | 36% | |
| | 5012830 | Travel, Public Carriers | 2,000.00 | - | - | - | - | 658.96 | - | - | - | - | - | - | - | 658.96 | 1,341.04 | - | 67% | |
| | 5012840 | Travel, State Owned or Leased Vehicles | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| | 5012850 | Travel, Subsistence, and Lodging | 13,524.00 | 621.84 | 124.42 | 139.42 | 248.71 | 1,534.27 | 431.17 | 639.42 | 383.73 | - | - | - | - | 4,122.98 | 9,401.02 | - | 70% | |
| | 5012880 | Travel, Meal Reimbursements - Not Reportable to the IRS | 7,407.00 | 585.50 | 135.00 | 67.50 | 210.75 | 638.50 | 271.75 | 421.50 | 151.50 | - | - | - | - | 2,482.00 | 4,925.00 | - | 66% | |
| | 5013110 | Apparel/Supplies | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 0% | |
| | 5013120 | Office Supplies | 14,609.00 | 1,249.72 | 1,985.71 | 539.78 | 346.54 | 1,133.05 | - | 2,702.98 | 404.01 | - | - | - | - | 8,361.79 | 6,247.21 | - | 43% | |
| | 5013130 | Stationery and Forms | 24,169.00 | - | - | 541.77 | 2,472.63 | - | - | - | - | - | - | - | - | 3,014.40 | 21,154.60 | - | 88% | |

License Count Report for Medicine

| Board | Occupation | State | License Status | License Count |
|------------------------------------|---------------------------------------|--------------|--------------------|---------------|
| Medicine | | | | |
| Assistant Behavior Analyst | | | | |
| | Assistant Behavior Analyst | Virginia | Current Active | 239 |
| | Assistant Behavior Analyst | Virginia | Current Inactive | 2 |
| | Assistant Behavior Analyst | Out of state | Current Active | 33 |
| | Total for Assistant Behavior Analyst | | | 274 |
| Athletic Trainer | | | | |
| | Athletic Trainer | Virginia | Current Active | 1,519 |
| | Athletic Trainer | Virginia | Current Inactive | 4 |
| | Athletic Trainer | Out of state | Current Active | 320 |
| | Athletic Trainer | Out of state | Current Inactive | 3 |
| | Total for Athletic Trainer | | | 1,846 |
| Behavior Analyst | | | | |
| | Behavior Analyst | Virginia | Current Active | 1,973 |
| | Behavior Analyst | Virginia | Current Inactive | 3 |
| | Behavior Analyst | Out of state | Current Active | 1,454 |
| | Behavior Analyst | Out of state | Current Inactive | 9 |
| | Total for Behavior Analyst | | | 3,439 |
| Chiropractor | | | | |
| | Chiropractor | Virginia | Current Active | 1,435 |
| | Chiropractor | Virginia | Current Inactive | 24 |
| | Chiropractor | Out of state | Current Active | 276 |
| | Chiropractor | Out of state | Current Inactive | 61 |
| | Total for Chiropractor | | | 1,796 |
| Genetic Counselor | | | | |
| | Genetic Counselor | Virginia | Current Active | 153 |
| | Genetic Counselor | Out of state | Current Active | 487 |
| | Genetic Counselor | Out of state | Current Inactive | 3 |
| | Total for Genetic Counselor | | | 643 |
| Genetic Counselor-Temporary | | | | |
| | Genetic Counselor-Temporary | Virginia | Current Active | 3 |
| | Genetic Counselor-Temporary | Out of state | Current Active | 2 |
| | Total for Genetic Counselor-Temporary | | | 5 |
| Interns & Residents | | | | |
| | Interns & Residents | Virginia | Current Active | 2,800 |
| | Interns & Residents | Out of state | Current Active | 981 |
| | Total for Interns & Residents | | | 3,781 |
| Licensed Acupuncturist | | | | |
| | Licensed Acupuncturist | Virginia | Current Active | 521 |
| | Licensed Acupuncturist | Virginia | Current Inactive | 3 |
| | Licensed Acupuncturist | Out of state | Current Active | 139 |
| | Licensed Acupuncturist | Out of state | Current Active - M | 1 |
| | Licensed Acupuncturist | Out of state | Current Inactive | 5 |

| Board | Occupation | State | License Status | License Count |
|--|---|--------------|--------------------|---------------|
| Medicine | | | | |
| | Total for Licensed Acupuncturist | | | 669 |
| Licensed Midwife | | | | |
| | Licensed Midwife | Virginia | Current Active | 95 |
| | Licensed Midwife | Out of state | Current Active | 43 |
| | Licensed Midwife | Out of state | Current Inactive | 1 |
| | Total for Licensed Midwife | | | 139 |
| Licensed Surgical Assistant | | | | |
| | Licensed Surgical Assistant | Virginia | Current Active | 639 |
| | Licensed Surgical Assistant | Out of state | Current Active | 213 |
| | Total for Licensed Surgical Assistant | | | 852 |
| Limited Radiologic Technologist | | | | |
| | Limited Radiologic Technologist | Virginia | Current Active | 479 |
| | Limited Radiologic Technologist | Virginia | Current Inactive | 16 |
| | Limited Radiologic Technologist | Out of state | Current Active | 30 |
| | Limited Radiologic Technologist | Out of state | Current Inactive | 1 |
| | Total for Limited Radiologic Technologist | | | 526 |
| Medicine | | | | |
| | Medicine | Virginia | Current Active | 23,218 |
| | Medicine | Virginia | Current Active - M | 4 |
| | Medicine | Virginia | Current Inactive | 400 |
| | Medicine | Virginia | Probation - Currei | 2 |
| | Medicine | Out of state | Current Active | 20,302 |
| | Medicine | Out of state | Current Active - M | 1 |
| | Medicine | Out of state | Current Inactive | 938 |
| | Medicine | Out of state | Probation - Currei | 3 |
| | Total for Medicine | | | 44,868 |
| Occupational Therapist | | | | |
| | Occupational Therapist | Virginia | Current Active | 4,143 |
| | Occupational Therapist | Virginia | Current Active - M | 2 |
| | Occupational Therapist | Virginia | Current Inactive | 71 |
| | Occupational Therapist | Virginia | Probation - Currei | 1 |
| | Occupational Therapist | Out of state | Current Active | 1,084 |
| | Occupational Therapist | Out of state | Current Inactive | 66 |
| | Total for Occupational Therapist | | | 5,367 |
| Occupational Therapy Assistant | | | | |
| | Occupational Therapy Assistant | Virginia | Current Active | 1,528 |
| | Occupational Therapy Assistant | Virginia | Current Inactive | 39 |
| | Occupational Therapy Assistant | Out of state | Current Active | 194 |
| | Occupational Therapy Assistant | Out of state | Current Inactive | 9 |
| | Total for Occupational Therapy Assistant | | | 1,770 |
| Osteopathic Medicine | | | | |
| | Osteopathic Medicine | Virginia | Current Active | 2,750 |
| | Osteopathic Medicine | Virginia | Current Inactive | 12 |
| | Osteopathic Medicine | Out of state | Current Active | 2,960 |
| | Osteopathic Medicine | Out of state | Current Inactive | 81 |
| | Total for Osteopathic Medicine | | | 5,803 |

| Board | Occupation | State | License Status | License Count |
|--------------------------------------|---|--------------|--------------------|---------------|
| Medicine | | | | |
| Physician Assistant | | | | |
| | Physician Assistant | Virginia | Current Active | 4,817 |
| | Physician Assistant | Virginia | Current Inactive | 11 |
| | Physician Assistant | Out of state | Current Active | 2,218 |
| | Physician Assistant | Out of state | Current Inactive | 48 |
| | Physician Assistant | Out of state | Probation - Currel | 1 |
| | Total for Physician Assistant | | | 7,095 |
| Podiatry | | | | |
| | Podiatry | Virginia | Current Active | 405 |
| | Podiatry | Virginia | Current Inactive | 9 |
| | Podiatry | Out of state | Current Active | 134 |
| | Podiatry | Out of state | Current Inactive | 18 |
| | Total for Podiatry | | | 566 |
| Polysomnographic Technologist | | | | |
| | Polysomnographic Technologist | Virginia | Current Active | 344 |
| | Polysomnographic Technologist | Virginia | Current Inactive | 4 |
| | Polysomnographic Technologist | Out of state | Current Active | 148 |
| | Total for Polysomnographic Technologist | | | 496 |
| Radiologic Technologist | | | | |
| | Radiologic Technologist | Virginia | Current Active | 3,811 |
| | Radiologic Technologist | Virginia | Current Inactive | 27 |
| | Radiologic Technologist | Out of state | Current Active | 2,095 |
| | Radiologic Technologist | Out of state | Current Inactive | 12 |
| | Total for Radiologic Technologist | | | 5,945 |
| Radiologist Assistant | | | | |
| | Radiologist Assistant | Virginia | Current Active | 14 |
| | Radiologist Assistant | Out of state | Current Active | 3 |
| | Total for Radiologist Assistant | | | 17 |
| Respiratory Therapist | | | | |
| | Respiratory Therapist | Virginia | Current Active | 3,102 |
| | Respiratory Therapist | Virginia | Current Active - N | 1 |
| | Respiratory Therapist | Virginia | Current Inactive | 89 |
| | Respiratory Therapist | Virginia | Probation - Currel | 1 |
| | Respiratory Therapist | Out of state | Current Active | 1,898 |
| | Respiratory Therapist | Out of state | Current Inactive | 31 |
| | Total for Respiratory Therapist | | | 5,122 |
| Restricted Volunteer | | | | |
| | Restricted Volunteer | Virginia | Current Active | 57 |
| | Restricted Volunteer | Out of state | Current Active | 10 |
| | Total for Restricted Volunteer | | | 67 |
| Surgical Technologist | | | | |
| | Surgical Technologist | Virginia | Current Active | 1,588 |
| | Surgical Technologist | Out of state | Current Active | 1,106 |
| | Total for Surgical Technologist | | | 2,694 |
| University Limited License | | | | |
| | University Limited License | Virginia | Current Active | 11 |

| Board | Occupation | State | License Status | License Count |
|---------------------------|---|--------------|----------------|---------------|
| Medicine | | | | |
| | University Limited License | | | |
| | University Limited License | Out of state | Current Active | 5 |
| | Total for University Limited License | | | 16 |
| Total for Medicine | | | | 93,796 |

Actions since July 1, 2024

| Disciplinary Actions | |
|------------------------------|----|
| CCA | 0 |
| PHCO | 45 |
| IFC | 14 |
| FH | 2 |
| Summary Suspensions | 10 |
| Mandatory Suspensions | 13 |

Agenda Item: 2025 General Assembly Report

Staff Note: Ms. Barrett will speak to legislation of interest to the Board of Medicine.

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

Agenda Item: Current Regulatory Actions

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

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

Board of Medicine
Current Regulatory Actions
As of March 14, 2025

In the Governor's Office

| VAC | Stage | Subject Matter | Submitted from agency | Time in current location | Notes |
|------------|------------|--|-----------------------|--------------------------|---|
| 18VAC85-80 | Fast-track | Elimination of active practice for renewal | 6/18/2024 | 7 days | Eliminates requirement of active practice for renewal of OT license |

In the Secretary's Office

| VAC | Stage | Subject Matter | Submitted from agency | Time in current location | Notes |
|-------------|------------|---|-----------------------|--------------------------|---|
| 18VAC85-130 | Fast-track | Implementation of changes following 2022 periodic review of Chapter | 10/6/2022 | 654 days | Implements changes following 2022 periodic review |
| 18VAC85-150 | Fast-track | Implementation of changes following 2022 periodic review of Chapter | 10/6/2022 | 648 days | Implements changes following 2022 periodic review |
| 18VAC85-170 | Fast-track | Implementation of changes following 2022 periodic review of Chapter | 10/6/2022 | 648 days | Implements changes following 2022 periodic review |
| 18VAC85-50 | Fast-track | Implementation of changes following 2022 periodic review of Chapter | 8/15/2023 | 577 days | Implements changes following 2022 periodic review |
| 18VAC85-110 | Fast-track | Implementation of changes following 2022 periodic review of Chapter | 10/6/2022 | 574 days | Implements changes following 2022 periodic review |

| | | | | | |
|-------------|------------|--|------------|----------|---|
| 18VAC85-130 | Fast-Track | General disclosure requirement consistent with statutory changes | 10/23/2023 | 322 days | Updates requirements for midwife disclosures consistent with 2023 legislative changes |
|-------------|------------|--|------------|----------|---|

At the Department of Planning and Budget

None.

At the Office of the Attorney General

| VAC | Stage | Subject Matter | Submitted from agency | Time in current location | Notes |
|------------|------------|--|-----------------------|--------------------------|---|
| 18VAC85-20 | Fast-track | Removal of requirement to provide documentation of continuing competency for reactivation of a license | 10/29/2024 | 136 days | This will make only attestation required, similar to renewal of licenses. |
| 18VAC85-50 | Fast-track | Creation of reinstatement process for physician assistants | 10/29/2024 | 136 days | Missing process for PAs |

Recently effective/awaiting publication

| VAC | Stage | Subject Matter | Publication date | Effective date or next steps |
|-------------|------------|---|------------------|--------------------------------------|
| 18VAC85-160 | Final | Regulatory changes consistent with a licensed profession | 11/18/2024 | Changes became effective 12/18/2024. |
| 18VAC85-160 | Fast-Track | Reinstatement of certification as a surgical technologist | 11/18/2024 | Changes became effective 1/2/2025. |
| 18VAC85-21 | Fast-track | Amendment of opioid and buprenorphine prescribing regulations | 11/18/2024 | Changes became effective 1/2/2025. |
| 18VAC85-140 | Fast-track | Implements 2022 periodic review changes | 11/18/2024 | Changes became effective 1/2/2025. |

| | | | | |
|------------|------------|---|------------|---|
| 18VAC85-20 | Fast-track | Implementation of 2022 Periodic Review of Chapter 20 | 1/13/2025 | Changes became effective on 2/27/2025 |
| 18VAC85-40 | Fast-track | Implementation of 2022 Periodic Review of Chapter 40 | 12/30/2024 | Received an objection from a legislator pursuant to Va. Code § 2.2-4012.1. Regulatory process will continue as standard rulemaking. Proposed action before the Committee. |
| 18VAC85-50 | NOIRA | Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants | 3/10/2025 | Public comment will run from 3/10/25 – 4/9/25. Proposed action will be before a future board meeting. |
| 18VAC85-50 | NOIRA | Amendment to requirements for patient care team physician or podiatrist consultation and collaboration | 3/10/2025 | Public comment will run from 3/10/25 – 4/9/25. Proposed action will be before a future board meeting. |
| 18VAC85-20 | NOIRA | Licensure of foreign physicians through provisional and restricted licenses | 3/24/2025 | Public comment period will run from 3/24/25 – 4/23/25. Legislative Committee is working on language for proposed stage. |
| 18VAC85-80 | Fast-track | Implementation of changes following 2022 periodic review of Chapter (occupational therapists) | 3/24/2025 | Effective 5/8/2025 |

Agenda Item: Adoption of proposed regulatory changes implementing the 2022 periodic review of 18VAC85-40 (respiratory therapists) following legislator objection at publication of fast-track

Included in your agenda package:

- Draft proposed regulatory language addressing issue raised by Senator Pillion related to fast-track changes to 18VAC85-40-70; and
- Letter received from Senator Pillion.

Staff notes: Under Virginia Code § 2.2-4012.1, any member of the applicable standing committee of either house of the General Assembly may file an objection to a fast-track action, which then changes the fast-track action to a notice of intended regulatory action. Senator Pillion, a member of the Senate Committee on Education & Health, filed an objection to the changes published in 18VAC85-40-70, requesting that those changes be made by the General Assembly rather than the Board.

The action before you parallels the originally approved and published fast-track action except for the elimination of the changes to Section 70.

Action needed:

- Motion to adopt the proposed regulatory action amending Chapter 40 as presented.

Project 7378 - Proposed

Board of Medicine

Implementation of 2022 Periodic Review for Chapter 40

18VAC85-40-10. Definitions.

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

Board

Qualified medical direction

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

"AARC" means the American Association for Respiratory Care.

"Accredited educational program" means a program accredited by the Commission on Accreditation for Respiratory Care or any other agency approved by the NBRC for its entry level certification examination.

"Active practice" means a minimum of 160 hours of professional practice as a respiratory therapist within the 24-month period immediately preceding renewal or application for licensure if previously licensed or certified in another jurisdiction. The active practice of respiratory care may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

~~"Advisory board" means the Advisory Board on Respiratory Care to the Board of Medicine as specified in § 54.1-2956 of the Code of Virginia.~~

"NBRC" means the National Board for Respiratory Care, Inc.

"Respiratory therapist" means a person as specified in § 54.1-2954 of the Code of Virginia.

18VAC85-40-20. Public participation. (Repealed.)

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

18VAC85-40-30. Violations. (Repealed.)

~~Any violation of Chapter 29 of Title 54.1 of the Code of Virginia shall be subject to the statutory sanctions as set forth in the Act.~~

18VAC85-40-55. Registration for voluntary practice by out-of-state licensees.

Any respiratory therapist 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~~ the respiratory therapist has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates, and the location of the voluntary provision of services;
- ~~4. Pay a registration fee of \$10; and~~
- ~~5.~~ 4. 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.

18VAC85-40-66. Continuing education requirements.

A. In order to renew an active license as a respiratory therapist, a licensee shall attest to having completed 20 hours of continuing education within the last biennium as follows:

1. Courses approved and documented by a sponsor recognized by the AARC;
2. Courses directly related to the practice of respiratory care as approved by the American Medical Association for Category 1 CME credit;
3. A credit course of post-licensure academic education relevant to respiratory care offered by a college or university accredited by an agency recognized by the U.S. Department of Education; or
4. Passage of a specialty examination of the National Board of Respiratory Care for 20 hours of credit in the biennium in which the examination was passed.

Up to two continuing education hours may be satisfied through delivery of respiratory therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in ~~his~~ the practitioner's records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

~~D.~~ The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

~~E.~~ D. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

~~F.~~ E. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

~~G.~~ F. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC85-40-70. Individual responsibilities.

Practice as a licensed respiratory therapist means, upon receipt of written or verbal orders from a qualified practitioner and under qualified medical direction, the evaluation, care and treatment of patients with deficiencies and abnormalities associated with the cardiopulmonary system. This practice shall include [, but not be limited to,] ventilatory assistance and support; the insertion of artificial airways [without cutting tissue] and the maintenance of such airways; the administration of medical gases [exclusive of general anesthesia]; topical administration of pharmacological agents to the respiratory tract; humidification; and administration of aerosols. The practice of respiratory care shall include such functions shared with other health professionals as cardiopulmonary resuscitation; bronchopulmonary hygiene; respiratory rehabilitation; specific testing techniques required to assist in diagnosis, therapy and research; and invasive and noninvasive cardiopulmonary monitoring.

18VAC85-40-86. Patient records.

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

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

C. Practitioners shall properly manage and keep timely, accurate, legible, and complete patient records.

D. Practitioners who are employed by a health care institution or other entity in which the individual practitioner does not own or maintain ~~his~~ the practitioner's own records shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner owns and is responsible for patient records shall: ~~1. Maintain~~ maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. 1. Records of a minor child, including immunizations, shall be maintained until the child reaches ~~the age of~~ 18 years of age or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. 2. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or ~~his~~ the patient's personal representative; or

c. 3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

~~2. From October 19, 2005, post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.~~

~~3. When closing, selling or relocating his practice, meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.~~

18VAC85-40-89. Solicitation or remuneration in exchange for referral. (Repealed.)

~~A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in § 37.2-100 of the Code of Virginia or hospital as defined in § 32.1-123 of the Code of Virginia.~~

~~Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320 a-7b(b), as amended, or any regulations promulgated thereto.~~

SENATE OF VIRGINIA

TODD E. PILLION
6TH SENATORIAL DISTRICT
ALL OF BUCHANAN, DICKENSON, LEE,
RUSSELL, SCOTT, WASHINGTON, AND
WISE COUNTIES; AND ALL OF THE
CITIES OF BRISTOL AND NORTON
102 COURT STREET NE, SUITE 202
ABINGDON, VIRGINIA 24210



COMMITTEE ASSIGNMENTS:
EDUCATION AND HEALTH
FINANCE AND APPROPRIATIONS
GENERAL LAWS AND TECHNOLOGY
RULES

January 14, 2025

Erin L. Barrett, JD
Director of Legislative and Regulatory Affairs
Virginia Department of Health Professions
9960 Mayland Drive, #300
Richmond, VA 23233

Dear Ms. Barrett,

I'm writing regarding the proposed Regulations Governing the Practice of Respiratory Therapists (18VAC 85-40). I understand that this is late in the process and these proposed regulations are in their final stages of review. However, significant concerns have been raised about two proposed changes. While likely unintentional, the language that removes "without cutting tissue" and "exclusive of general anesthesia" would result in a direct expansion of scope for respiratory therapists. Please see a copy of the proposed language I am referencing:

18VAC85-40-70 Individual responsibilities

Practice as a licensed respiratory therapist means, upon receipt of written or verbal orders from a qualified practitioner and under qualified medical direction, the evaluation, care, and treatment of patients with deficiencies and abnormalities associated with the cardiopulmonary system. This practice shall include, ~~but not be limited to,~~ ventilatory assistance and support; the insertion of artificial airways ~~without cutting tissue~~ and the maintenance of such airways; the administration of medical gases ~~exclusive of general anesthesia~~; topical administration of pharmacological agents to the respiratory tract; humidification; and administration of aerosols. The practice of respiratory care shall include such functions shared with other health professionals as cardiopulmonary resuscitation; bronchopulmonary hygiene; respiratory rehabilitation; specific testing techniques required to assist in diagnosis, therapy, and research; and invasive and noninvasive cardiopulmonary monitoring.

Respectfully, I would ask that this proposed regulation be removed from fast-track status so these two particular amendments may be removed from the rulemaking.

Sincerely,

A handwritten signature in black ink, appearing to read 'Todd Pillion'.

Todd Pillion

Agenda Item: Adoption of a noticed of intended regulatory action (NOIRA) to implement the PA Licensure Compact

Included in your agenda package:

- Ch. 439 of the 2024 Acts of Assembly.

Action needed:

- Motion to adopt notice of intended regulatory action to implement the PA Licensure Compact and make all regulatory changes required consistent with the Compact.

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 439

An Act to amend the Code of Virginia by adding a section numbered 54.1-2953.1, relating to PA Licensure Compact.

[H 324]

Approved April 4, 2024

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-2953.1 as follows:

§ 54.1-2953.1. PA Licensure Compact.

The General Assembly hereby enacts, and the Commonwealth of Virginia hereby enters into, the PA Licensure Compact with any and all states legally joining therein according to its terms, in the form substantially as follows:

PA LICENSURE COMPACT.

Article 1. Purpose.

In order to strengthen access to medical services, and in recognition of the advances in the delivery of medical services, the participating states of the PA Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing authority of state licensing boards to license and discipline PAs and seeks to enhance the portability of a license to practice as a PA while safeguarding the safety of patients. This Compact allows medical services to be provided by PAs, via the mutual recognition of the licensee's qualifying license by other compact participating states. This Compact also adopts the prevailing standard for PA licensure and affirms that the practice and delivery of medical services by the PA occurs where the patient is located at the time of the patient encounter, and therefore requires the PA to be under the jurisdiction of the state licensing board where the patient is located. State licensing boards that participate in this Compact retain the jurisdiction to impose adverse action against a compact privilege in that state issued to a PA through the procedures of this Compact. The PA Licensure Compact will alleviate burdens for military families by allowing active duty military personnel and their spouses to obtain a compact privilege based on having an unrestricted license in good standing from a participating state.

Article 2. Definitions.

As used in this Compact, unless the context requires otherwise, the following definitions shall apply:

"Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws that is imposed by a licensing board or other authority against a PA license or license application or Compact privilege such as license denial, censure, revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

"Compact privilege" means the authorization granted by a remote state to allow a licensee from another participating state to practice as a PA to provide medical services and other licensed activity to a patient located in the remote state under the remote state's laws and regulations.

"Conviction" means a finding by a court that an individual is guilty of a felony or misdemeanor offense through adjudication or entry of a plea of guilt or no contest to the charge by the offender.

"Criminal background check" means the submission of fingerprints or other biometric-based information for a license applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d), from the state's criminal history record repository as defined in 28 C.F.R. § 20.3(f).

"Data system" means the repository of information about licensees, including but not limited to license status and adverse actions, that is created and administered under the terms of this Compact.

"Executive committee" means a group of directors and ex-officio individuals elected or appointed pursuant to subdivision F 2 of Article 7.

"Impaired practitioner" means a PA whose practice is adversely affected by health-related condition(s) that impact their ability to practice.

"Investigative information" means information, records, or documents received or generated by a licensing board pursuant to an investigation.

"Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of a PA in a state.

"License" means current authorization by a state, other than authorization pursuant to a Compact privilege, for a PA to provide medical services, which would be unlawful without current authorization.

"Licensee" means an individual who holds a license from a state to provide medical services as a PA.

"Licensing board" means any state entity authorized to license and otherwise regulate PAs.

"Medical services" means health care services provided for the diagnosis, prevention, treatment,

cure, or relief of a health condition, injury, or disease, as defined by a state's laws and regulations.

"Model compact" means the model for the PA Licensure Compact on file with the Council of State Governments or other entity as designated by the Commission.

"Participating state" means a state that has enacted this Compact.

"PA" means an individual who is licensed as a physician assistant in a state. For purposes of this Compact, any other title or status adopted by a state to replace the term "physician assistant" shall be deemed synonymous with "physician assistant" and shall confer the same rights and responsibilities to the licensee under the provisions of this Compact at the time of its enactment.

"PA Licensure Compact Commission," "Compact Commission," or "Commission" mean the national administrative body created pursuant to subsection A of Article 7.

"Qualifying license" means an unrestricted license issued by a participating state to provide medical services as a PA.

"Remote state" means a participating state where a licensee who is not licensed as a PA is exercising or seeking to exercise the compact privilege.

"Rule" means a regulation promulgated by an entity that has the force and effect of law.

"Significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the PA to respond if required by state law, has reason to believe is not groundless and, if proven true, would indicate more than a minor infraction.

"State" means any state, commonwealth, district, or territory of the United States.

Article 3. State Participation in This Compact.

A. To participate in this Compact, a participating state shall:

- 1. License PAs.*
- 2. Participate in the Compact Commission's data system.*
- 3. Have a mechanism in place for receiving and investigating complaints against licensees and license applicants.*
- 4. Notify the Commission, in compliance with the terms of this Compact and Commission rules, of any adverse action against a licensee or license applicant and the existence of significant investigative information regarding a licensee or license applicant.*
- 5. Fully implement a criminal background check requirement, within a time frame established by Commission rule, by its licensing board receiving the results of a criminal background check and reporting to the Commission whether the license applicant has been granted a license.*
- 6. Comply with the rules of the Compact Commission.*
- 7. Utilize passage of a recognized national exam such as the NCCPA PANCE as a requirement for PA licensure.*
- 8. Grant the compact privilege to a holder of a qualifying license in a participating state.*

B. Nothing in this Compact prohibits a participating state from charging a fee for granting the compact privilege.

Article 4. Compact Privilege.

A. To exercise the compact privilege, a licensee shall:

- 1. Have graduated from a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or other programs authorized by Commission rule.*
- 2. Hold current NCCPA certification.*
- 3. Have no felony or misdemeanor conviction.*
- 4. Have never had a controlled substance license, permit, or registration suspended or revoked by a state or by the U.S. Drug Enforcement Administration.*
- 5. Have a unique identifier as determined by Commission rule.*
- 6. Hold a qualifying license.*
- 7. Have had no revocation of a license or limitation or restriction on any license currently held due to an adverse action.*
- 8. If a licensee has had a limitation or restriction on a license or compact privilege due to an adverse action, two years shall have elapsed from the date on which the license or compact privilege is no longer limited or restricted due to the adverse action.*
- 9. If a compact privilege has been revoked or is limited or restricted in a participating state for conduct that would not be a basis for disciplinary action in a participating state in which the licensee is practicing or applying to practice under a compact privilege, that participating state shall have the discretion not to consider such action as an adverse action requiring the denial or removal of a compact privilege in that state.*
- 10. Notify the Compact Commission that the licensee is seeking the compact privilege in a remote state.*
- 11. Meet any jurisprudence requirement of a remote state in which the licensee is seeking to practice under the compact privilege and pay any fees applicable to satisfying the jurisprudence requirement.*
- 12. Report to the Commission any adverse action taken by a nonparticipating state within 30 days after the action is taken.*

B. *The compact privilege is valid until the expiration or revocation of the qualifying license unless terminated pursuant to an adverse action. The licensee shall also comply with all of the requirements of subsection A to maintain the compact privilege in a remote state. If the participating state takes adverse action against a qualifying license, the licensee shall lose the compact privilege in any remote state in which the licensee has a compact privilege until all of the following occur:*

1. *The license is no longer limited or restricted; and*
2. *Two years have elapsed from the date on which the license is no longer limited or restricted due to the adverse action.*

C. *Once a restricted or limited license satisfies the requirements of subdivisions B 1 and 2, the licensee shall meet the requirements of subsection A to obtain a compact privilege in any remote state.*

D. *For each remote state in which a PA seeks authority to prescribe controlled substances, the PA shall satisfy all requirements imposed by such state in granting or renewing such authority.*

Article 5. Designation of the State from Which Licensee is Applying for a Compact Privilege.

Upon a licensee's application for a compact privilege, the licensee shall identify to the Commission the participating state from which the licensee is applying, in accordance with applicable rules adopted by the Commission, and subject to the following requirements:

1. *When applying for a compact privilege, the licensee shall provide the Commission with the address of the licensee's primary residence and thereafter shall immediately report to the Commission any change in the address of the licensee's primary residence.*

2. *When applying for a compact privilege, the licensee is required to consent to accept service of process by mail at the licensee's primary residence on file with the Commission with respect to any action brought against the licensee by the Commission or a participating state, including a subpoena, with respect to any action brought or investigation conducted by the Commission or a participating state.*

Article 6. Adverse Actions.

A. *A participating state in which a licensee is licensed shall have exclusive power to impose adverse action against the qualifying license issued by that participating state.*

B. *In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to do all of the following:*

1. *Take adverse action against a PA's compact privilege within that state to remove a licensee's compact privilege or take other action necessary under applicable law to protect the health and safety of its citizens.*

2. *Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a participating state for the attendance and testimony of witnesses or the production of evidence from another participating state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.*

3. *Notwithstanding subdivision 2, subpoenas may not be issued by a participating state to gather evidence of conduct in another state that is lawful in that other state for the purpose of taking adverse action against a licensee's compact privilege or application for a compact privilege in that participating state.*

4. *Nothing in this Compact authorizes a participating state to impose discipline against a PA's compact privilege or to deny an application for a compact privilege in that participating state for the individual's otherwise lawful practice in another state.*

C. *For purposes of taking adverse action, the participating state that issued the qualifying license shall give the same priority and effect to reported conduct received from any other participating state as it would if the conduct had occurred within the participating state that issued the qualifying license. In so doing, that participating state shall apply its own state laws to determine appropriate action.*

D. *A participating state, if otherwise permitted by state law, may recover from the affected PA the costs of investigations and disposition of cases resulting from any adverse action taken against that PA.*

E. *A participating state may take adverse action based on the factual findings of a remote state, provided that the participating state follows its own procedures for taking the adverse action.*

F. *Joint investigations.*

1. *In addition to the authority granted to a participating state by its respective state PA laws and regulations or other applicable state law, any participating state may participate with other participating states in joint investigations of licensees.*

2. *Participating states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under this Compact.*

G. *If an adverse action is taken against a PA's qualifying license, the PA's compact privilege in all remote states shall be deactivated until two years have elapsed after all restrictions have been removed from the state license. All disciplinary orders by the participating state that issued the qualifying license that impose adverse action against a PA's license shall include a statement that the PA's compact*

privilege is deactivated in all participating states during the pendency of the order.

H. If any participating state takes adverse action, it promptly shall notify the administrator of the data system.

Article 7. Establishment of the PA Licensure Compact Commission.

A. The participating states hereby create and establish a joint government agency and national administrative body known as the PA Licensure Compact Commission. The Commission is an instrumentality of the compact states acting jointly and not an instrumentality of any one state. The Commission shall come into existence on or after the effective date of the Compact as set forth in subsection A of Article 11.

B. Membership, voting, and meetings.

1. Each participating state shall have and be limited to one delegate selected by that participating state's licensing board or, if the state has more than one licensing board, selected collectively by the participating state's licensing boards.

2. The delegate shall be either:

- a. A current PA, physician, or public member of a licensing board or PA council/committee; or
- b. An administrator of a licensing board.

3. Any delegate may be removed or suspended from office as provided by the laws of the state from which the delegate is appointed.

4. The participating state licensing board shall fill any vacancy occurring in the Commission within 60 days.

5. Each delegate shall be entitled to one vote on all matters voted on by the Commission and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telecommunications, video conference, or other means of communication.

6. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in this Compact and the bylaws.

7. The Commission shall establish by rule a term of office for delegates.

C. The Commission shall have the following powers and duties:

1. Establish a code of ethics for the Commission;

2. Establish the fiscal year of the Commission;

3. Establish fees;

4. Establish bylaws;

5. Maintain its financial records in accordance with the bylaws;

6. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;

7. Promulgate rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all participating states;

8. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state licensing board to sue or be sued under applicable law shall not be affected;

9. Purchase and maintain insurance and bonds;

10. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a participating state;

11. Hire employees and engage contractors, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

12. Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;

13. Lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve, or use, any property, real, personal, or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

14. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

15. Establish a budget and make expenditures;

16. Borrow money;

17. Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

18. Provide and receive information from, and cooperate with, law-enforcement agencies;

19. Elect a chair, vice chair, secretary, and treasurer and such other officers of the Commission as provided in the Commission's bylaws;

20. Reserve for itself, in addition to those reserved exclusively to the Commission under the Compact, powers that the executive committee may not exercise;

21. Approve or disapprove a state's participation in the Compact based upon its determination as to whether the state's compact legislation departs in a material manner from the model compact language;
22. Prepare and provide to the participating states an annual report; and
23. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of PA licensure and practice.

D. Meetings of the Commission.

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least 30 days prior to the public meeting.

2. Notwithstanding subdivision 1, the Commission may convene a public meeting by providing at least 24 hours' prior notice on the Commission's website, and any other means as provided in the Commission's rules, for any of the reasons it may dispense with notice of proposed rulemaking under subsection L of Article 9.

3. The Commission may convene in a closed, non-public meeting or non-public part of a public meeting to receive legal advice or to discuss:

a. Noncompliance of a participating state with its obligations under this Compact;

b. The employment, compensation, discipline or other matters, practices, or procedures related to specific employees, or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law-enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to this Compact;

j. Legal advice; or

k. Matters specifically exempted from disclosure by federal or participating states' statutes.

4. If a meeting, or portion of a meeting, is closed pursuant to this provision, the chair of the meeting or the chair's designee shall certify that the meeting or portion of the meeting may be closed and shall reference each relevant exempting provision.

5. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

E. Financing of the Commission.

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each participating state and may impose compact privilege fees on licensees of participating states to whom a compact privilege is granted to cover the cost of the operations and activities of the Commission and its staff, which shall be in a total amount sufficient to cover its annual budget as approved by the Commission each year for which revenue is not provided by other sources. The aggregate annual assessment amount levied on participating states shall be allocated based upon a formula to be determined by Commission rule.

a. A compact privilege expires when the licensee's qualifying license in the participating state from which the licensee applied for the compact privilege expires.

b. If the licensee terminates the qualifying license through which the licensee applied for the compact privilege before its scheduled expiration, and the licensee has a qualifying license in another participating state, the licensee shall inform the Commission that it is changing to that participating state the participating state through which it applies for a compact privilege and pay to the Commission any compact privilege fee required by Commission rule.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the participating states, except by and with the authority of the participating state.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall

be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

F. The executive committee.

1. The executive committee shall have the power to act on behalf of the Commission according to the terms of this Compact and Commission rules.

2. The executive committee shall be composed of nine members:

a. Seven voting members who are elected by the Commission from the current membership of the Commission;

b. One ex-officio, nonvoting member from a recognized national PA professional association; and

c. One ex-officio, nonvoting member from a recognized national PA certification organization.

3. The ex-officio members will be selected by their respective organizations.

4. The Commission may remove any member of the executive committee as provided in its bylaws.

5. The executive committee shall meet at least annually.

6. The executive committee shall have the following duties and responsibilities:

a. Recommend to the Commission changes to the Commission's rules or bylaws, changes to this Compact legislation, fees to be paid by compact participating states such as annual dues, and any Commission compact fee charged to licensees for the compact privilege;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of participating states and provide compliance reports to the Commission;

f. Establish additional committees as necessary;

g. Exercise the powers and duties of the Commission during the interim between Commission meetings, except for issuing proposed rulemaking or adopting Commission rules or bylaws, or exercising any other powers and duties exclusively reserved to the Commission by the Commission's rules; and

h. Perform other duties as provided in the Commission's rules or bylaws.

7. All meeting of the executive committee at which it votes or plans to vote on matters in exercising the powers and duties of the Commission shall be open to the public and public notice of such meetings shall be given as public meetings of the Commission are given.

8. The executive committee may convene in a closed, non-public meeting for the same reasons that the Commission may convene in a non-public meeting as set forth in subdivision D 3 and shall announce the closed meeting as the Commission is required to under subdivision D 4 and keep minutes of the closed meeting as the Commission is required to under subdivision D 5.

G. Qualified immunity, defense, and indemnification.

1. The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

2. The Commission shall defend any member, officer, executive director, employee, and representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or as determined by the Commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

4. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses in any proceedings as authorized by Commission rules.

5. Nothing herein shall be construed as a limitation on the liability of any licensee for professional

malpractice or misconduct, which shall be governed solely by any other applicable state laws.

6. Nothing herein shall be construed to designate the venue or jurisdiction to bring actions for alleged acts of malpractice, professional misconduct, negligence, or other such civil action pertaining to the practice of a PA. All such matters shall be determined exclusively by state law other than this Compact.

7. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a participating state's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, the Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation.

8. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the participating states or by the Commission.

Article 8. Data System.

A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated data and reporting system containing licensure, adverse action, and the reporting of the existence of significant investigative information on all licensed PAs and applicants denied a license in participating states.

B. Notwithstanding any other state law to the contrary, a participating state shall submit a uniform data set to the data system on all PAs to whom this Compact is applicable (utilizing a unique identifier) as required by the rules of the Commission, including:

- 1. Identifying information;*
- 2. Licensure data;*
- 3. Adverse actions against a license or compact privilege;*
- 4. Any denial of application for licensure, and the reason(s) for such denial (excluding the reporting of any criminal history record information where prohibited by law);*
- 5. The existence of significant investigative information; and*
- 6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.*

C. Significant investigative information pertaining to a licensee in any participating state shall only be available to other participating states.

D. The Commission shall promptly notify all participating states of any adverse action taken against a licensee or an individual applying for a license that has been reported to it. This adverse action information shall be available to any other participating state.

E. Participating states contributing information to the data system may, in accordance with state or federal law, designate information that may not be shared with the public without the express permission of the contributing state. Notwithstanding any such designation, such information shall be reported to the Commission through the data system.

F. Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the participating state contributing the information shall be removed from the data system upon reporting of such by the participating state to the Commission.

G. The records and information provided to a participating state pursuant to this Compact or through the data system, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a participating state.

Article 9. Rulemaking.

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Commission rules shall become binding as of the date specified by the Commission for each rule.

B. The Commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer this Compact and achieve its purposes. A Commission rule shall be invalid and have not force or effect only if a court of competent jurisdiction holds that the rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope of the purposes of this Compact, or the powers granted hereunder, or based upon another applicable standard of review.

C. The rules of the Commission shall have the force of law in each participating state, provided however that where the rules of the Commission conflict with the laws of the participating state that establish the medical services a PA may perform in the participating state, as held by a court of competent jurisdiction, the rules of the Commission shall be ineffective in that state to the extent of the conflict.

D. If a majority of the legislatures of the participating states rejects a Commission rule, by enactment of a statute or resolution in the same manner used to adopt this Compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any participating state or to any state applying to participate in the Compact.

E. Commission rules shall be adopted at a regular or special meeting of the Commission.

F. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least 30

days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:

1. On the website of the Commission or other publicly accessible platform; and
2. To persons who have requested notice of the Commission's notices of proposed rulemaking; and
3. In such other way(s) as the Commission may by rule specify.

G. The notice of proposed rulemaking shall include:

1. The time, date, and location of the public hearing on the proposed rule and the proposed time, date, and location of the meeting in which the proposed rule will be considered and voted upon;
2. The text of the proposed rule and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person and the date by which written comments must be received; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing or provide any written comments.

H. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

1. If the hearing is to be held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall as directed in the notice of proposed rulemaking, not less than five business days before the scheduled date of the hearing, notify the Commission of their desire to appear and testify at the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings shall be recorded. A copy of the recording and the written comments, data, facts, opinions, and arguments received in response to the proposed rulemaking shall be made available to a person upon request.

4. Nothing in this section shall be construed as requiring a separate hearing on each proposed rule. Proposed rules may be grouped for the convenience of the Commission at hearings required by this section.

J. Following the public hearing, the Commission shall consider all written and oral comments timely received.

K. The Commission shall, by majority vote of all delegates, take final action on the proposed rule and shall determine the effective date of the rule, if adopted, based on the rulemaking record and the full text of the rule.

1. If adopted, the rule shall be posted on the Commission's website.

2. The Commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.

3. The Commission shall provide on its website an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

4. The Commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in subsection L, the effective date of the rule shall be no sooner than 30 days after the Commission issued the notice that it adopted the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule with 24 hours prior notice, without the opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. for the purposes of this provision, an emergency rule is one that must be adopted immediately by the Commission in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or participating state funds;

3. Meet a deadline for the promulgation of a Commission rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Commission rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made as set forth in the notice of revisions and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

N. No participating state's rulemaking requirements shall apply under this Compact.

Article 10. Oversight, Dispute Resolution, and Enforcement.

A. Oversight.

1. The executive and judicial branches of state government in each participating state shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct, or any such similar matter.

3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact or the Commission's rules and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission with service of process shall render a judgment or order in such proceeding void as to the Commission, this Compact, or Commission rules.

B. Default, technical assistance, and termination.

1. If the Commission determines that a participating state has defaulted in the performance of its obligations or responsibilities under this Compact or the Commission rules, the Commission shall provide written notice to the defaulting state and other participating states. The notice shall describe the default, the proposed means of curing the default, and any other action that the Commission may take and shall offer remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from this Compact upon an affirmative vote of a majority of the delegates of the participating states, and all rights, privileges, and benefits conferred by this Compact upon such state may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of participation in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and to the licensing board(s) of each of the participating states.

4. A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from this Compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal its termination from the Compact by the Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

7. Upon the termination of a state's participation in the Compact, the State shall immediately provide notice to all licensees within that state of such termination:

a. Licensees who have been granted a compact privilege in that state shall retain the compact privilege for 180 days following the effective date of such termination.

b. Licensees who are licensed in that state who have been granted a compact privilege in a participating state shall retain the compact privilege for 180 days unless the licensee also has a qualifying license in a participating state or obtains a qualifying license in a participating state before the 180-day period ends, in which case the compact privilege shall continue.

C. Dispute resolution.

1. Upon request by a participating state, the Commission shall attempt to resolve disputes related to this Compact that arise among participating states and between participating and nonparticipating states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions of this Compact and rules of the Commission.

2. If compliance is not secured after all means to secure compliance have been exhausted, by majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices, against a participating state in default to enforce compliance with the provisions of this Compact and the Commission's promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or

state law.

E. Legal action against the Commission.

1. A participating state may initiate legal action against the Commission in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

2. No person other than a participating state shall enforce this Compact against the Commission.

Article 11. Date of Implementation of the PA Licensure Compact Commission.

A. This Compact shall come into effect on the date on which this Compact statute is enacted into law in the seventh participating state.

1. On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of the states that enacted the Compact prior to the Commission convening ("charter participating states") to determine if the statute enacted by each such charter participating state is materially different than the model compact.

a. A charter participating state whose enactment is found to be materially different from the model compact shall be entitled to the default process set forth in subsection B of Article 10.

b. If any participating state later withdraws from the Compact or its participation is terminated, the Commission shall remain in existence and the Compact shall remain in effect even if the number of participating states should be less than seven. Participating states enacting the Compact subsequent to the Commission convening shall be subject to the process set forth in subdivision C 21 of Article 7 to determine if their enactments are materially different from the model compact and whether they qualify for participation in the Compact.

2. Participating states enacting the Compact subsequent to the seven initial charter participating states shall be subject to the process set forth in subdivision C 21 of Article 7 to determine if their enactments are materially different from the model compact and whether they qualify for participation in the Compact.

3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

B. Any state that joins this Compact shall be subject to the Commission's rules and bylaws as they exist on the date on which this Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day this Compact becomes law in that state.

C. Any participating state may withdraw from this Compact by enacting a statute repealing the same.

1. A participating state's withdrawal shall not take effect until 180 days after enactment of the repealing statute. During this 180-day period, all compact privileges that were in effect in the withdrawing state and were granted to licensees licensed in the withdrawing state shall remain in effect. If any licensee licensed in the withdrawing state is also licensed in another participating state or obtains a license in another participating state within the 180 days, the licensee's compact privileges in other participating states shall not be affected by the passage of the 180 days.

2. Withdrawal shall not affect the continuing requirement of the state licensing board(s) of the withdrawing state to comply with the investigative and adverse action reporting requirements of this Compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing a state from this Compact, the state shall immediately provide notice of such withdrawal to all licensees within that state. Such withdrawing state shall continue to recognize all licenses granted pursuant to this Compact for a minimum of 180 days after the date of such notice of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any PA licensure agreement or other cooperative arrangement between participating states and between a participating state and nonparticipating state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the participating states. No amendment to this Compact shall become effective and binding upon any participating state until it is enacted materially in the same manner into the laws of all participating states as determined by the Commission.

Article 12. Construction and Severability.

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any participating state, a state seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person, or circumstance is held to be unconstitutional

by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person, or circumstance shall not be affected thereby.

C. Notwithstanding subsection B or this subsection, the Commission may deny a state's participation in the Compact or, in accordance with the requirements of subsection B of Article 10, terminate a participating state's participation in the Compact, if it determines that a constitutional requirement of a participating state is, or would be with respect to a state seeking to participate in the Compact, a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any participating state, the Compact shall remain in full force and effect as to the remaining participating states and in full force and effect as to the participating state affected as to all severable matters.

Article 13. Binding Effect of Compact.

A. Nothing herein prevents the enforcement of any other law of a participating state that is not inconsistent with this Compact.

B. Any laws in a participating state in conflict with this Compact are superseded to the extent of the conflict.

C. All agreements between the Commission and the participating states are binding in accordance with their terms.

2. That any applicant for a multistate license shall pay the costs of performing any background check required by the PA Licensure Compact, as entered into by this act.

Agenda Item: Revision of Guidance Document 85-16 based on regulatory changes

Included in your agenda package:

- Revised copy (mark-up) of Guidance Document 85-16;
- Regulatory changes to 18VAC85-20-235 that will become effective February 27.

Action needed:

- Motion to revise Guidance Document 85-16 as presented.

**Board of Medicine
Questions and Answers on Continuing Competency Requirements**

- 1. When must I have the required number of continuing competency hours completed ~~in order to~~ renew my license?**

In your birth month in even years. You will be required to sign a certification on your renewal form that you have met the continuing competency requirements. Falsification on the renewal form is a violation of law and may subject you to disciplinary action. *See* 18VAC85-20-230.

- 2. Am I required to send in evidence of my continuing competency hours at the time I renew?**

No. ~~The Board will randomly select licensees for a post renewal audit. If selected, you would be notified by mail that documentation is required and given a time frame within which to comply. See 18VAC85-20-235(D).~~

- 3. When do the continuing competency requirements begin?**

Hours must be obtained within the two years immediately preceding renewal. You may not count any hours obtained prior to 24 months preceding renewal nor may you carry over excess hours to the following biennium. *See* 18VAC85-20-235.

- 4. Who maintains the required documents for verification of continuing competency? Hours?**

It is the practitioner's responsibility to maintain the certificates and any other continuing competency forms or records for six years following renewal. Do not send any forms or documents to the Board of Medicine unless requested to do so. *See* 18VAC85-20-235(C).

- 5. What are "Type 1" hours?**

Type 1 hours ~~(at least 30 each biennium)~~ are those that can be documented by an accredited sponsor or organization sanctioned by the profession. If the sponsoring organization does not award a participant with a dated certificate indicating the activity or course taken and the number of hours earned, the practitioner is responsible for obtaining a letter on organizational letterhead verifying the hours and activity. ~~All 60 continuing competency hours each biennium may be Type 1 hours.~~

- ~~**6. What are "Type 2" hours?**~~

~~Type 2 hours (no more than 30 each biennium) are those earned in self-study, attending professionally related meetings, research and writing for a journal, learning a new procedure, sitting with the hospital ethics panel, etc. They are activities chosen by the practitioner based on assessment of his/her practice. They do not have to be sponsored by an accrediting organization, but must be recorded by the practitioner on the form provided by the Board.~~

- ~~**6. Where do I obtain the instructions and forms for continuing competency requirements?**~~

~~Forms and instructions can be downloaded from the Board's website at: www.dhp.virginia.gov/medicine/medicine_forms.htm. Records may be maintained electronically, but~~

~~copies of documentation and forms will be necessary if a practitioner is audited following a renewal cycle. Forms may also be copied.~~

6. Is it possible for a practitioner to earn accredited hours that are sanctioned by the profession but are outside the specialty area in which he/she practices?

Yes. For example, a pediatrician or a surgeon could receive credit for documented hours sponsored by the American Academy of Family Practice.

7. What if I have earned the AMA Physician Recognition Award or have been recertified by my specialty board? Would that count for my continuing competency hours?

Yes. Provided the Board has documented proof that the requirements to obtain the AMA award (or other similar awards) or specialty board certification are equal to or exceed those required for renewal of licensure. It would only be necessary to submit evidence of receiving such an award or certification.

8. What if I am newly licensed? Do I still have to obtain the full ~~60~~ **30 hours of continued competency?**

No. There is an exemption for those persons newly licensed under 18VAC85-20-235(B). Additionally, there is an exemption for anyone practicing solely without pay in a practice (free clinic, rescue squad, etc.) that is under the direction of a fully licensed physician under 18VAC85-20-235(H).

9. What if I become ill or incapacitated and unable to complete my continuing competency requirements prior to renewal?

Prior to the renewal date, upon written request from the practitioner explaining the circumstances, the Board may grant an extension or exemption for all or part of the required hours. See 18VAC85-20-235(~~G~~ **F**).

10. What if I am now retired and do not want to obtain continuing competency hours but do not want to give up my license?

You may request an inactive license from the Board, beginning with your next renewal. It is important to note that **holding an inactive license does not authorize anyone to engage in the practice of medicine, osteopathy, podiatry or chiropractic in Virginia**. If you intend to practice at all in Virginia, even on a part-time or non-compensatory basis, you must retain your active license. See 18VAC85-20-236.

11. What happens if I take inactive licensure status and later decide to reactivate?

A practitioner seeking to reactivate a license must pay the active renewal fee and obtain the number of hours which would have been required for the years in which the license was inactive (not to exceed four years). If the practitioner has not been engaged in active practice for more than four years, the practitioner must pass a special purpose examination in his area of licensure. See 18VAC85-20-240.

12. Are there any specific topics included in the biennial requirement of ~~60~~ **30 hours of CE?**

~~If you perform or supervise anesthesia in your practice, you must obtain four hours of Type I CE in anesthesia topics each biennium. See 18VAC85-20-330(C)(2).~~

The Board will specify a topic as it deems necessary for 1-2 hours. All licensees of the Board will be notified of any such specified requirement.

18VAC85-20-235. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall attest to completion of at least ~~60~~ 30 hours of continuing learning activities within the two years immediately preceding renewal as follows: ~~1. A minimum of 30 of the 60.~~ The hours shall be in Type 1 activities or courses offered by an accredited sponsor or organization sanctioned by the profession.

~~a.~~ 1. Type 1 hours in chiropractic shall be clinical hours that are approved by a college or university accredited by the Council on Chiropractic Education or any other organization approved by the board.

~~b.~~ 2. Type 1 hours in podiatry shall be accredited by the American Podiatric Medical Association, the American Council of Certified Podiatric Physicians and Surgeons or any other organization approved by the board.

~~2. No more than 30 of the 60 hours may be Type 2 activities or courses, which may or may not be approved by an accredited sponsor or organization but which shall be chosen by the licensee to address such areas as ethics, standards of care, patient safety, new medical technology, and patient communication.~~

~~a. Up to 15 of the Type 2 continuing education hours may be satisfied through delivery of services, without compensation, to low income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for one hour of providing such volunteer services. For the purpose of continuing education credit for voluntary service, documentation by the health department or free clinic shall be acceptable.~~

~~b. Type 2 hours may include teaching in a health care profession field.~~

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in ~~his~~ the practitioner's records all supporting documentation for a period of six years following the renewal of an active license.

~~D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.~~

~~E. D.~~ Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

~~F. E.~~ The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

~~G. F.~~ The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

~~H. G.~~ The board may grant an exemption for all or part of the requirements for a licensee who:

1. Is practicing solely in an uncompensated position, provided ~~his~~ the licensee's practice is under the direction of a physician fully licensed by the board; or
2. Is practicing solely as a medical examiner, provided the licensee obtains six hours of medical examiner training per year provided by the Office of the Chief Medical Examiner.

Agenda Item: Adoption of fast-track regulatory amendment to clean up reference to continuing education

Included in your agenda package:

- Draft amended regulatory language for 18VAC85-20-330 to reference now-effective requirement of 30 hours of continuing education per biennium; and
- 18VAC85-20-235.

Staff notes: In amending Chapter 20 following the 2022 periodic review, the Board removed the requirement for licensees to obtain 30 Type 2 continuing education hours. This elimination reduced the 60 hour continuing education requirement to 30 hours of Type 1 per biennium.

18VAC85-20-330 requires doctors providing office-based anesthesia without the use of an anesthesiologist or CRNA to obtain four hours of continuing education per biennium. The section references the previous 60 hour requirement, which should be changed.

The Committee should also discuss whether the required anesthesia-based CE requirement should remain at four hours or be reduced to two. The existing language did not distinguish between Type 1 and Type 2.

Action needed:

- Motion to adopt fast-track regulatory changes to 18VAC85-20-330 for consistency with new continuing education requirements.

Project 8242 - Fast-Track

Board of Medicine

Clean up of continuing education requirement references following regulatory reduction

18VAC85-20-330. Qualifications of providers.

A. Doctors who utilize office-based anesthesia shall ensure that all medical personnel assisting in providing patient care are appropriately trained, qualified and supervised, are sufficient in numbers to provide adequate care, and maintain training in basic cardiopulmonary resuscitation.

B. All providers of office-based anesthesia shall hold the appropriate license and have the necessary training and skills to deliver the level of anesthesia being provided.

1. Deep sedation, general anesthesia, or a major conductive block shall be administered by an anesthesiologist or by a certified registered nurse anesthetist. If a major conductive block is performed for diagnostic or therapeutic purposes, it may be administered by a doctor qualified by training and scope of practice.

2. Moderate sedation/conscious sedation may be administered by the operating doctor with the assistance of and monitoring by a licensed nurse, a physician assistant or a licensed intern or resident.

C. Additional training.

1. On or after December 18, 2003, the doctor who provides office-based anesthesia or who supervises the administration of anesthesia shall maintain current certification in advanced resuscitation techniques.

2. Any doctor who administers office-based anesthesia without the use of an anesthesiologist or certified registered nurse anesthetist shall obtain four hours of

continuing education in topics related to anesthesia within the ~~60~~ 30 hours required each biennium for licensure renewal, which are subject to random audit by the board.

D. Prior to administration, the anesthesia plan shall be discussed with the patient or responsible party by the health care practitioner administering the anesthesia or supervising the administration of anesthesia. Informed consent for the nature and objectives of the anesthesia planned shall be in writing and obtained from the patient or responsible party before the procedure is performed. Such consent shall include a discussion of discharge planning and what care or assistance the patient is expected to require after discharge. Informed consent shall only be obtained after a discussion of the risks, benefits, and alternatives, contain the name of the anesthesia provider, and be documented in the medical record.

Virginia Administrative Code

Title 18. Professional And Occupational Licensing

Agency 85. Board of Medicine

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

Part VI. Renewal of License; Reinstatement

18VAC85-20-235. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall attest to completion of at least 30 hours of continuing learning activities within the two years immediately preceding renewal. The hours shall be in Type 1 activities or courses offered by an accredited sponsor or organization sanctioned by the profession.

1. Type 1 hours in chiropractic shall be clinical hours that are approved by a college or university accredited by the Council on Chiropractic Education or any other organization approved by the board.

2. Type 1 hours in podiatry shall be accredited by the American Podiatric Medical Association, the American Council of Certified Podiatric Physicians and Surgeons or any other organization approved by the board.

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in the practitioner's records all supporting documentation for a period of six years following the renewal of an active license.

D. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

E. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

F. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

G. The board may grant an exemption for all or part of the requirements for a licensee who:

1. Is practicing solely in an uncompensated position, provided the licensee's practice is under the direction of a physician fully licensed by the board; or

2. Is practicing solely as a medical examiner, provided the licensee obtains six hours of medical examiner training per year provided by the Office of the Chief Medical Examiner.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 4, eff. December 8, 1999; amended, Virginia Register Volume 20, Issue 10, eff. February 25, 2004; Volume 23, Issue 11, eff. April 21, 2007; Volume 23, Issue 25, eff. September 20, 2007; Volume 29, Issue 4, eff. November 21, 2012; Volume 33, Issue 11, eff. March 9, 2017; Volume 35, Issue 24, eff. September 26, 2019; Volume 41, Issue 11, eff. February 27, 2025.

Next Meeting Date of the Executive Committee is

August 1, 2025



Please check your calendars and advise staff of any known conflicts that may affect your attendance.



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher **within 30 days after completion of their trip**”. (CAPP Topic 20335, State Travel Regulations, p.7). Vouchers submitted after the 30-day deadline can not be approved.

In order for the agency to be in compliance with the travel regulations, please submit your request for today’s meeting on or before

May 4, 2025