



Executive Committee Meeting

Virginia Board of Medicine
December 5, 2025
8:30 a.m.



Executive Committee
Friday, December 5, 2025 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201, Board Room 4
Henrico, VA 23233

Call to Order and Roll Call

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- 7. Announcements/Reminders** 29
- 8. Adjourn**

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



PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
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Board Room 4

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Agenda Item: **Approval of Minutes of the August 1, 2025**

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, August 1, 2025

Department of Health Professions

Henrico, VA

- CALL TO ORDER:** Dr. Apel called the Executive Committee to order at 8:33 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** Peter Apel, MD – President
John R. Clements, DPM
Deborah DeMoss Fonseca
L. Blanton Marchese
Kenneth McDowell, DO – Secretary-Treasurer
Jennifer Rathmann, DC
- MEMBERS ABSENT:** William Hutchens, MD
Leroy Vaughan, Jr., MD – Vice President
- STAFF PRESENT:** William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Colanthia Morton Opher - Deputy Exec. Director for Medical Licensing
and Administration
Barbara Matusiak, MD - Medical Review Coordinator
Arnie Owens - DHP Director
Erin Barrett - Director for DHP Legislative and Regulatory Affairs
Matt Novak – DHP Policy and Economic Analyst
Deirdre Brown - Executive Assistant
- OTHERS PRESENT:** Tamika Hines – Board of Medicine Case Manager
Roslyn Nickens – Board of Medicine Licensing Supervisor
David Brown, DC – Immediate Past DHP Director
Colleen Grady-Koerner – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

Dr. Apel provided the emergency egress instructions.

APPROVAL OF MINUTES FROM APRIL 4, 2025

Dr. Clements moved to approve the meeting minutes from April 4, 2025, as presented. The motion was seconded by Ms. DeMoss Fonseca and carried unanimously.

ADOPTION OF AGENDA

Ms. DeMoss Fonseca moved to adopt the agenda as presented. The motion was seconded by Dr. Clements and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Mr. Owens, DHP Director, shared that the final cases for 2025 have been wrapped up and is now working on proposed legislation along with the biennial budget for 2026-2027 for consideration by the 2026 General Assembly.

Mr. Owens stated that DHP is currently focusing on providing support to all boards with Human Resources, Procurement, and IT. The goal is to operate efficiently and to cut costs. He stated that he appreciates the work the Board of Medicine is doing to provide a healthy workforce.

PRESIDENT'S REPORT

There was no President's report.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp gave a brief review of the proposed FY2026 budget. He pointed out that the budget has two sections, direct and allocated expenditures. The allocated expenditures are costs shared with other boards for APD, Enforcement and other departmental services. Direct expenditures are those specifically for Board operations, such as per diem payments for Board members, staff salaries, furniture, etc. Dr. Harp informed the Board that many of the advisory boards did not meet last year, so those costs were not reflected in FY2025. A significant amount of the \$399,000 surplus from FY2025 will most likely be spent on 33 potential advisory board meetings in FY2026.

Dr. Harp reviewed two new policies:

- DHP Policy 76-10.24 Conflict of interest policy acknowledgment for board members.
 - It is the duty of all Board members to notify the Executive Director (or designee) of any conflicts of interest between you and the subject of any investigation or disciplinary action. Such notification must occur as soon as you are aware of the conflict.
 - Dr. Harp stated that all Board members should have received an email from staff requesting the acknowledgement form.
 -
- § DHP Policy 76-10.25 Prior convictions not to abridge rights.
 - Dr. Harp stated that the Board cannot deny a license solely based on a criminal conviction, per SB826.

- Ms. Barrett stated that the Board can deny a license if the conviction is related to the occupation or profession.

NEW BUSINESS

1. Regulatory Actions as of July 17, 2025

Mr. Novak reviewed the Current Regulatory Actions as of July 17, 2025, stating that there have been no changes since July 17th.

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

2. Consideration of Notice of Intended Regulatory Action to License Anesthesiology Assistants

Ms. Barrett stated that the Board will need to convene a Regulatory Advisory Panel to develop the regulations for Anesthesiology Assistants.

One concern voiced by a member was that the legislation did not define the scope of practice in the Code.

It was recommended to obtain information from West Virginia and the District of Columbia, as both jurisdictions currently regulate this profession and have not had significant public safety concerns.

MOTION: Mr. Marchese moved to issue a Notice of Intended Regulatory Action to license Anesthesiology Assistants. The motion was seconded by Dr. McDowell and carried unanimously.

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

Mr. Novak reviewed the new language that included a slight reduction of requirements for consultation and collaboration.

MOTION: Dr. McDowell moved to adopt proposed stage regulations for the reduction of requirements for consultation and collaboration. The motion was seconded by Mr. Marchese. A roll call vote was taken and with a vote of 3-3 the motion did not pass.

Ms. Barrett asked the Board if they would like to withdraw the action. None replied.

BREAK: Dr. Apel called for a break at 9:03 a.m. and the meeting resumed at 9:13 a.m.

Dr. Apel opened the floor to the Board for comment:

- Dr. Apel expressed his opposition to the motion, arguing that the previous language was stronger, while the new language was too vague and could potentially be

misused. Dr. Clements, Dr. Rathmann, and Ms. DeMoss Fonseca agreed.

- Dr. McDowell stated that the current language sets up a barrier to care, and the proposed changes should not impact practice. Dr. Rathmann and Mr. Marchese agreed.

After the suggestion to add years of experience to the proposed language to make the revised language more acceptable, the following motion was made:

MOTION: Mr. Marchese motioned to return the proposed action for the Reduction of Requirements to the Physician Assistant Advisory Board for review of the Committee's concerns. The Executive Committee will revisit the Advisory Board's input at their next meeting in December. The motion was seconded by Dr. Rathmann and carried unanimously.

4. Consideration of Proposed Action for Removal of Patient Care Team Physician or Podiatrist from Prescriptions

Mr. Novak reviewed the proposed removals requested by the Physician Assistant advisory board.

MOTION: Mr. Marchese moved to adopt proposed stage regulations for removal of patient care team physician or podiatrist from prescriptions. The motion was seconded by Dr. McDowell and carried unanimously.

5. Consideration of Petition for Rulemaking – Buprenorphine Prescriptions

Ms. Barrett reviewed the Petition for Rulemaking from Dr. Lauren H. Grawert on behalf of the Virginia Society of Addiction Medicine (VASAM). The petitioner requested for 18VAC85-21-150 be amended by removing the requirement for documentation of prescribed doses exceeding 24 mg of buprenorphine per day. Additionally, the petitioner requested for 18VAC85-21-160 to remove the restriction on prescribing buprenorphine for addiction to patients under the age of 16, unless approved by the FDA.

Board members reviewed the petition and concluded that the current regulations protected patients, and the use of buprenorphine in patients under the age of 16 is not currently approved by the FDA.

MOTION: Mr. Marchese moved to deny the petition based on the lack of justification to remove the requirement for documentation of higher doses and on prescribing buprenorphine to patients under the age of 16. The motion was seconded by Dr. McDowell and carried unanimously.

6. Consideration of Exempt Endorsement Regulatory Action for Behavior Analysts

Mr. Novak reviewed the General Assembly's and the Governor's requirement for all professions at the Board of Medicine to develop licensure by endorsement pathways.

MOTION: Mr. Marchese moved to amend 18VAC85-150 by exempt action with a correction in 18VAC85-150-50(3) of “on” to “in”. The motion was seconded by Dr. Rathmann and carried unanimously.

7. Consideration of Exempt Endorsement Regulatory Action for Genetic Counselors

Mr. Novak reviewed the draft changes to 18VAC85-170 as recommended by the Advisory Board for Genetic Counseling.

MOTION: Mr. Marchese to amend 18VAC85-170 by exempt action. The motion was seconded by Dr. Rathmann and carried unanimously.

8. Consideration of Exempt Endorsement Regulatory Action for Occupational Therapists

Mr. Novak reviewed the draft changes to 18VAC85-80 as recommended by the Advisory Board on Occupational Therapists. He suggested removing the strikethrough from 18VAC85-80-35(4).

MOTION: Mr. Marchese moved to amend 18VAC85-80 by exempt action with amendment to include 18VAC85-80-35(4). The motion was seconded by Dr. Mc Dowell and carried unanimously.

9. Consideration of Exempt Endorsement Regulatory Action for Polysomnographic Technology

Mr. Novak reviewed the draft changes to 18VAC85-140 as presented to the Advisory Board on Polysomnographic Technologists. He suggested removing the strike through 18VAC85-140-50 (4) and adding a number (5) with the language from 18VAC85-140-60(B) and add “and current NPDB”.

MOTION: Mr. Marchese moved to amend 18VAC85-140 by exempt action with amendment to include 18VAC85-140-50(4) and add requirement from 18VAC85-140-60(B) as 18VAC85-140-50(5) with adding a current NPDB. The motion was seconded by Dr. Mc Dowell and carried unanimously.

ANNOUNCEMENTS

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

The next meeting of the Executive Committee will be December 5, 2025, at 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:01 a.m.

William L. Harp, MD
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.

Agenda Item: Regulatory Actions

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

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

Board of Medicine
Regulatory Actions
As of November 17, 2025

In the Governor's Office

None.

In the Secretary's Office

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	87 days	This will make only attestation required, similar to renewal of licenses
18VAC85-50	NOIRA	Implementation of the PA Compact	4/14/2025	210 days	Facilitates entry into the PA Compact
18VAC85-50	Fast-Track	Creation of reinstatement process for physician assistants with lapsed licenses	10/29/2024	87 days	Missing process for PAs
18VAC85-180	NOIRA	Licensure of Anesthesiologist Assistants	8/18/2025	81 days	Begins the process to license Anesthesiologist Assistants as required by legislation
18VAC85-50	Proposed	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	8/7/2025	25 days	Results from a petition for rulemaking.

At DPB or OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-20	Fast-Track	Clean up of continuing education requirement references following regulatory reduction	4/8/2025	OAG; 223 days	Removes references to CE requirements that were removed in a previous regulatory action
18VAC85-40	Proposed	Implementation of 2022 Periodic Review for Chapter 40	4/8/2025	OAG; 223 days	Implements changes following 2022 periodic review. Fast-track received an objection from a legislator pursuant to Va. Code § 2.2-4012.1., which converted the fast-track into a NOIRA. This action will now undergo the full regulatory process.
18VAC85-20	Proposed	Licensure of foreign physicians through provisional and restricted licenses	11/14/2025	OAG: 3 days	Creates a provisional and restricted license pathway for foreign physicians as required by HB995 of the 2024 General Assembly.

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-80	Fast-Track	Expansion of options for reinstatement of	12/15/2025	1/29/2026	Expands options and reduces burdens for

		lapsed occupational therapy or occupational therapy assistant license			licensees who hold a license in another jurisdiction.
18VAC85-50	NOIRA	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	3/10/2025	4/9/2025	This action will be before the executive committee in December
18VAC85-80	Final/Exempt	Licensure by endorsement for occupational therapy	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as required by 2025 legislation
18VAC85-140	Final/Exempt	Licensure by endorsement for polysomnographic technologists	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as required by 2025 legislation
18VAC85-150	Final/Exempt	Licensure by endorsement for behavior analysts	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as required by 2025 legislation
18VAC85-1700	Final/Exempt	Licensure by endorsement for genetic counselors	11/3/2025	12/3/2025	Creates a licensure by endorsement pathway as required by 2025 legislation

Agenda Item: Consideration of Proposed Action for Reduction of Requirements for Consultation and Collaboration

Included in your Agenda Package:

- Draft language as approved by the PA advisory board; and
- Comments received on TownHall

Staff Note: These draft regulations were presented to the PA advisory board in June for consideration and recommended to the Board in their current form.

Action Needed:

- Motion to adopt proposed stage regulations for reduction of requirements for consultation and collaboration.

Project 7656 - Proposed

Board of Medicine

Amendment to requirements for patient care team physician or podiatrist consultation and collaboration

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

A patient care team physician or podiatrist shall:

1. ~~Review the clinical course and treatment plan for any patient who presents for the same acute complaint twice in a single episode of care and has failed to improve as expected. A physician or podiatrist shall be involved with any patient with a continuing illness as noted in the written or electronic practice agreement for the evaluation process. Provide appropriate consultation and collaboration for clinical cases and patient emergencies, as noted in the written or electronic practice agreement for the patient evaluation process.~~
2. Be available at all times to collaborate and consult with the physician assistant.

Action: Amendment to requirements for patient care team physician or podiatrist consultation and collaboration
[6295 / 10088]

Commenter	Title	Comment	Date/ID
Erika Francis, Shenandoah University	Support of Petition to Remove Redundant Physician Review Requirement	<p>As the Interim Program Director of the Shenandoah University Physician Assistant (PA) Program, I strongly support the petition to remove the requirement that a patient care team physician review the clinical course and treatment plan when a patient presents for the same acute complaint twice in a single episode of care.</p> <p>This regulation imposes an unnecessary administrative burden without clear benefits to patient safety or clinical outcomes. PAs are highly trained, licensed medical professionals who practice within a defined scope of practice and in collaboration with physicians. They are fully capable of evaluating and managing patients who return with the same acute complaint, using their medical expertise to adjust treatment plans as needed. Mandating a physician review in these cases undermines the trust in PA clinical decision-making and contributes to inefficiencies in patient care.</p> <p>Removing this requirement would improve workflow, reduce unnecessary delays, and allow PAs to practice more effectively within their scope while maintaining high standards of patient care. I urge the Virginia Board of Medicine to approve this petition and modernize regulations to reflect the essential role of PAs in Virginia's healthcare system.</p> <p>Sincerely,</p> <p>Erika Francis, DMS, PA-C</p> <p>Interim Program Director</p> <p>Shenandoah University PA Program</p>	3/11/25 5:47 pm CommentID:233008
Kim Ketchersid	In support	<p>In specialty practices, emergency departments, and hospitals, patients are often seen for in subsequent visits for the same chief complaint. This rule only increases the burdens on physicians. Removing it would expand access and lessen the physician workload.</p>	3/12/25 6:29 am CommentID:233010
Laura DeWitz PA-C	support to remove this language	<p>Please help up remove the language that an MD review clinical course and treatment for patients that present for acute complaint twice in a single episode of care. This adds to burden for providers, especially physicians and no proven benefit to patients. I work psychiatry and often need to try multiple medications before finding the one that works best. How is contacting a physician who is often not on site and not familiar with my patient and interrupting the MD's patient care helpful? We all benefit from team approach in medical care and PAs are trained to ask for help and involve the MD when needed. Please trust us to do this and help prevent provider burnout by removing antiquated rules that just don't make any sense when thoughtfully considered. Thank you for your consideration.</p>	3/12/25 8:46 am CommentID:233014
Kristina	In Support	<p>Please remove this antiquated language - it unnecessarily</p>	3/12/25 2:49 pm

Kinsella, PA		increases everyone's workload without improving patient care.	CommentID:233016
Melissa Shaffron, DMSc, PA-C	Support of Removing the Requirement for Physician Review of Repeated Acute Complaints	<p>As a practicing PA and PA Medicine program director, I strongly support the petition to remove the requirement that a patient care team physician must review the clinical course and treatment plan when a patient presents twice for the same acute complaint in a single episode of care.</p> <p>This requirement creates unnecessary administrative burdens without improving patient outcomes. PAs are highly trained, licensed professionals who evaluate, diagnose, and manage acute complaints within their scope of practice. Requiring a physician to review every repeated acute visit does not add clinical value but instead introduces delays, increases workload inefficiencies, and disrupts the continuity of care.</p> <p>Patients often return for follow-up due to the natural progression of illness or to assess treatment effectiveness. PAs are fully capable of managing these cases and determining when physician consultation is necessary based on clinical judgment—not outdated regulatory mandates. Many states have already recognized the autonomy of PAs in similar situations, streamlining care without compromising safety.</p> <p>Updating this regulation would allow PAs to focus more on patient care and less on redundant administrative requirements. It would improve workflow efficiency, reduce delays in treatment, and ultimately enhance the patient experience. I encourage the regulatory board to support this petition and help modernize healthcare delivery in Virginia.</p>	3/13/25 3:42 pm CommentID:233021
Kathleen Scarbalis PA-C	Support regulatory action	<p><i>I support the proposed regulatory change to language regarding physician/PA appropriate consultation rather than required review after the same complaint twice.</i></p> <p><i>PAs provide professional, team-based medical care. When a consultation or referral is needed, it will be sought, if the patient is there for the first, second or third visit. As a team member, the PA will assess the patient and provide the best care, including consultation as needed. The second visit rule is too restrictive.</i></p> <p><i>There are many patients that may require an expected second, or subsequent, visit with the same complaint. I work in pediatrics. I do not often prescribe medication for the initial visit runny nose and cough and recommend follow up-for the 'same acute complaint' if there is not improvement. Then the patient returns with the same complaint in three weeks. Do I need to have this case reviewed by a physician when seeing this patient? Right now, by regulation, I do. Is this a waste of time and resources for the physician? Absolutely! Does this patient truly need to be seen by a physician? Not likely, but if I thought they did, I would for best patient care.</i></p> <p><i>PAs will make the best use of time for their time, the physician and the patient.</i></p>	3/16/25 1:22 pm CommentID:233216
Bobby	Support	Physician Assistants practice collaboratively with physicians	3/17/25 6:14 pm

Cockram, DMSc PA-C	removing this language	just as physicians practice collaboratively with other physicians, meaning, the care team which consists of physicians, PAs, NPs, and other providers are all trained to seek assistance whenever needed. Access is a major issue for patients everywhere, including the commonwealth. Language like this creates additional access issues that patients should not be subject to. We should be doing everything we can to increase access and not place requirements like this in the way of providing care. There is absolutely no data to suggest this provides any safer care, in fact, there are many studies that show PAs provide care that is at least equal to the quality of care that is provided by our physician colleagues.	CommentID:233263
Dara Wotherspoon, PA-C	Support Changes	Support proposed change to patient care team review requirements	3/18/25 8:12 pm CommentID:233277
Mark Ford	Unneeded regulation	<p>Good morning,</p> <p>Please remove requirement/legislation that requires physicians on the care team to review patient/chart after 2 visits. It is not helpful and does not improve patient care. Patient care teams coordinated consistently after one , two or five visits. Regulations like this become simply "sign offs" and check a box for rules and regulations. Let the providers treat the patient not treat the chart.</p> <p>Even with my 26 years of experience, my teams coordinate care on multiple fronts and multiple times. Help us to clean up the regulations to allow for our time to be spent with the patient.</p> <p>Thank you</p> <p>Mark Ford</p>	3/21/25 7:56 am CommentID:233287
Olushola Ilogho, PA-C	Support to remove language	PAs receive rigorous training, and having this language in the law unnecessarily restricts patient access to care. The practice of medicine is a collaborative effort, and PAs know when to seek input, much like other healthcare providers do when consulting one another. I fully support eliminating the requirement for a physician to review the clinical course and treatment plan when a patient presents with the same acute complaint twice within a single episode of care.	3/23/25 6:07 pm CommentID:233300
Christie L Meek	Support to remove language	<p>Good evening,</p> <p>As an experienced PA, I ask that you remove the language requiring MD evaluation after repeated complaints and no improvement. We already collaborate and utilize colleagues to consult on our patients and having such wording creates unneeded hardship for patient care.</p>	3/23/25 7:44 pm CommentID:233303
Tara Villano	Support removal of unnecessary and burdensome regulation	I am writing to support this legislation to improve the patient care process by removing unnecessary and burdensome regulations for Physician assistant practice. PA's have proven more than competent to manage their patient's care plan under such circumstances as this regulation addresses. When patient's access to care increases by streamlining processes and removing unnecessary burdens, all the people of Virginia benefit.	3/24/25 10:43 am CommentID:233306

Nicole Lando, MSHS, PA-C	I support removing this language	As a practicing PA in the acute care setting (ICU), this regulation is both unnecessary and will delay patient care. PAs are highly trained and skilled individuals who work collaboratively with physicians to provide comprehensive care to patients. They are qualified to assess, diagnose, treat, and manage a wide variety of medical conditions within the scope of their practice. The current requirement for physician oversight and signature on every treatment plan places unnecessary administrative burdens on both the physician and the PA, reducing the efficiency of care delivery and delaying timely treatment for patients. In my own practice caring for the sickest patients in the hospital, delivery of safe and effective patient care can be a matter of life and death. Amending this requirement will not only streamline workflows but will also empower PAs to practice to the full extent of their training, allowing them to make more immediate decisions that are in the best interest of patients while prioritizing patient safety.	3/24/25 11:48 pm CommentID:233309
Kimberly Gordon, PA-C	Support for regulatory change	I support removing this practice regulation. As PAs, we collaborate and utilize colleagues to offer our patients optimal care and having such wording creates unneeded hardship for patients. As a surgical PA, I am often much more readily available to manage postoperative concerns immediately and having such wording limits access to timely care.	3/25/25 10:48 am CommentID:233313
Max Doyle, PA-C	I support removing this requirement	I support removing this requirement, and reducing barriers to care and improving collaboration between PAs and physicians without increased logistic barriers	3/25/25 6:28 pm CommentID:233317
Meredith Dhillon Latitude Psych	Please remove this language	This is another barrier to care, PAs are skilled and knowledgeable providers and this slows down access to care.	4/7/25 10:59 am CommentID:233537
Bart Gillum	Removal of Name of Physician	I support these proposed regulatory changes because they reflect the modern realities of PA practice and foster a more efficient, team-based approach to care. Removing outdated supervisory language aligns with current standards in many other states and empowers PAs to practice at the top of their license.	4/7/25 11:11 am CommentID:233540
Anonymous	Not in support	A patient who presents the second time deserves a physician to ensure nothing was missed and give a second opinion. Just the same as often for a second visit, even a primary care physicians might want a second opinion from a consultant. Patient care isn't about the ego of the provider- it is about giving the best patient care.	4/7/25 11:31 am CommentID:233543
Carolyn Herrera	I support this change	I support this change	4/7/25 4:47 pm CommentID:233553
Terry Carlisle PAC	Support to remove language	I support this language to remove restrictions on physician review	4/8/25 7:27 am CommentID:233558
Alison Moran	In support	I support this language to remove restrictions on physician review. It limits access to care and places unnecessary burdens on the healthcare team.	4/8/25 7:42 am CommentID:233560

Agenda Item: Licensure by Endorsement for Acupuncturists

Included in your Agenda Package:

- Draft amendments to create a license by endorsement pathway, approved by the advisory board

Staff Note: These changes were recommended by the advisory board to be approved in their current form at their October advisory board meeting.

Action Needed:

- Motion to amend 18VAC85-110 by exempt action.

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

The examination requirements for initial licensure shall consist of:

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

18VAC85-110-90. Test of spoken English requirements.

A. An applicant applying for initial licensure to practice as an acupuncturist whose native language is not English and whose acupuncture education was also not in English shall submit evidence of having achieved a passing score as acceptable to the board on either the Test of Spoken English (TSE) or the Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Services.

B. An applicant applying for initial licensure to practice as an acupuncturist whose native language is not English and whose acupuncture education was also not in English shall be exempt from the requirement for TSE or TOEFL if the majority of his clients speak the language of the acupuncturist.

18VAC85-110-91. Licensure by endorsement.

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of a current, active NCCAOM certification;
4. Evidence of completion of a CNT course as administered by the CCAHM; and
5. A current report from the National Practitioner Data Bank

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

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

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

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

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

DRAFT

Agenda Item: Licensure by Endorsement for Athletic Trainers

Included in your Agenda Package:

- Draft amendments to create a license by endorsement pathway, approved by the advisory board

Staff Note: These changes were recommended by the advisory board to be approved in their current form at their October advisory board meeting.

Action Needed:

- Motion to amend 18VAC85-120 by exempt action.

18VAC85-120-50. Requirements for licensure.

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

1. A completed application and fee as prescribed in 18VAC85-130-150;
2. Verification of professional activity as required on the application form;
3. Evidence of current NATABOC certification; and
4. If licensed or certified in any other jurisdiction, ~~documentation of practice as an athletic trainer~~ and verification as to whether there has been any disciplinary action taken or pending in that jurisdiction.

18VAC85-120-51. Requirements for licensure by endorsement.

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of a current, active NATABOC certification; and
4. A current report from the National Practitioner Data Bank

18VAC85-120-90. Renewal of license.

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

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

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

Agenda Item: Licensure by Endorsement for Physician Assistants

Included in your Agenda Package:

- Draft amendments to create a license by endorsement pathway, approved by the advisory board

Staff Note: These changes were recommended by the advisory board to be approved in their current form at their October advisory board meeting.

Action Needed:

- Motion to amend 18VAC85-50 by exempt action.

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

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

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

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

18VAC85-50-51. Licensure by endorsement requirements

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;
2. A completed application and fee;
3. Evidence of current certification issued by the NCCPA; and
4. A current report from the National Practitioner Data Bank

18VAC85-50-56. Renewal of license.

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

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

B. No physician assistant who allows a NCCPA certification to lapse shall be considered licensed by the board. Any such physician assistant who proposes to resume practice shall make a new application for licensure.

Agenda Item: Initiation of Periodic Review for 18VAC90-30 and 18VAC90-40

Staff Note: These two chapters are overdue for a periodic review of regulations by many years. The Board of Nursing voted to initiate a periodic review at their September meeting. Because these chapters govern APRNs, they also require a vote of the Board of Medicine to officially open a periodic review.

Action Needed: Motion to initiate a periodic review of 18VAC90-30 and 18VAC90-40.

Next Meeting Date of the Executive Committee is

April 3, 2026



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



The travel regulations require that “travelers must submit the Travel Expense Reimbursement Voucher **within 30 days after completion of their trip**”. (CAPP Topic 20335, State Travel Regulations, p.7). 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

January 4, 2026