

**VIRGINIA BOARD OF MEDICINE  
LEGISLATIVE COMMITTEE MINUTES**

Friday, May 9, 2025

Department of Health Professions

Henrico, VA

- CALL TO ORDER:** Dr. Apel called the meeting of the Legislative Committee to order at 8:35 a.m.
- ROLL CALL:** Ms. Brown called the roll; a quorum was established.
- MEMBERS PRESENT:** Peter Apel, MD, Vice-President, Chair  
J. Randy Clements, DPM, President  
Patrick McManus, MD  
Krishna Madiraju, MD  
Jennifer Rathmann, DC  
Leroy Vaughan, Jr., MD, Secretary-Treasurer
- MEMBERS ABSENT:** Pradeep Pradhan, MD
- STAFF PRESENT:** William L. Harp, MD - Executive Director  
Jennifer Deschenes, JD - Deputy Director, Discipline  
Colanthia Morton Opher - Deputy Director, Administration  
Michael Sobowale, LLM - Deputy Director, Licensing  
Barbara Matusiak, MD - Medical Review Coordinator  
Arne Owens – DHP Director  
Erin Barrett, JD – Director of DHP Legislative and Regulatory Affairs  
Matt Novak - DHP Policy and Economic Analyst  
Deirdre Brown - Executive Assistant
- COUNSEL PRESENT:** W. Brent Saunders, JD - Senior Assistant Attorney General
- OTHERS PRESENT:** Tamika Hines - Discipline Case Manager  
Lily Cameron, MD – Refugee Physicians Advocacy Coalition  
Brandi Kilmer – Refugee Physicians Advocacy Coalition  
Clark Barrineau – Medical Society of Virginia  
W. Scott Johnson – Hancock, Daniel & Johnson, PC  
Agha W. Haider, MD – HCA Virginia  
Patrice L. Lewis – Gentry Locke Attorneys

**EMERGENCY EGRESS INSTRUCTIONS**

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

## **APPROVAL OF MINUTES OF January 10, 2025**

Dr. Vaughan moved to approve the meeting minutes from January 10, 2025. The motion was seconded by Dr. Rathmann and carried unanimously.

## **ADOPTION OF AGENDA**

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

## **PUBLIC COMMENT**

Dr. Agha W. Haider shared with the Board his concerns regarding the timeframe of 10 years for passing all 3 Steps of the United States Medical Licensing Examination (USMLE). He stated that foreign doctors could take more than 10 years due to the timing of their 3-year residency. He highlighted that Step 1 and Step 2 are available to take outside of the US, but Step 3 is only administered in the US and Canada, which causes foreign physicians to hit a roadblock. Dr. Haider asked the Board to consider waiving the 10-year requirement for foreign physicians.

## **DHP AGENCY DIRECTOR'S REPORT**

Mr. Owens welcomed the Board members and gave a brief update on the 2025 General Assembly. He shared that the last action was on May 2, 2025, when 3 bills concerning the Board of Medicine were vetoed by the Governor. Mr. Owens also stated that there is no longer a statutory requirement for the Board of Health Professions, so it is being dissolved. Its tasks will be assigned to the boards and other entities within DHP.

Additionally, Mr. Owens shared that the Board of Medicine, and all other Boards at DHP, now are required to have licensure by endorsement for all professions. He stated that this is a big undertaking but is in line with assisting the growth of the healthcare workforce in the Commonwealth.

Lastly, Mr. Owens stated that the agency is coming to a close for its 2025 fiscal year and is preparing the budget for the 2026 General Assembly.

## **NEW BUSINESS**

### **1. Ongoing Discussion of Proposed Regulatory Language Pursuant to HB995 (2024 GA)**

Ms. Barrett reviewed with the Committee that when the General Assembly passed HB995, two licenses were established for foreign trained physicians. The first is called a "provisional" license. It is granted to a physician who has an employment contract with a healthcare facility to serve 2 years in an assessment and evaluation program. A provisional license is nonrenewable. The license type is a "restricted" license. A foreign physician who is granted a restricted license must practice at a healthcare facility in an underserved area for 2 years. The restricted license is renewable. After 2 years on a restricted license, the physician can apply

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for a full and unrestricted license. Comments were solicited on Regulatory Town Hall on HB955 and closed on April 23, 2025. Comments received were in the meeting packet for the Committee's review. Ms. Barrett said that once the Legislative Committee has completed its revision of the proposed regulations, they will go to the Full Board, most likely in October 2025.

Dr. Apel opened the floor to comment from Board members:

- Dr. McManus asked if there was a deadline to have the regulations in place. Ms. Barrett replied that there is no required timeline for the regulations.
- Dr. Clements stated that to address a "gap" in practice experienced by a foreign physician, the Board should define what is an acceptable time out of practice.
- Dr. Vaughan shared that at the Federation of State Medical Boards (FSMB) Annual Meeting in April 2025, several items recommended by the World Health Organization and other international entities might be helpful. The Advisory Commission studying this issue will have recommendations on the gap in practice issue.
- Dr. Rathmann stated that in Southwest Virginia, the burden on a healthcare facility to provide a supervising physician would be a general concern.
- Dr. Madiraju stated that an International Medical Graduate (IMG) is different from an Internationally Trained Physicians (ITP). ITP's have no visa provisions. He said that ITP's from only one or two countries will be able to qualify for the HB995 pathway.

Dr. Apel opened the floor for staff comment:

- Mr. Sobowale shared a few questions that would need to be addressed:
  - How is staff going to verify the applicant's 5 years of practice in another country?
  - Will there be a waiver for the regulation requiring the passage of all 3 Steps in 10 years?
- Dr. Harp stated that he looked forward to the discussion.
- Ms. Deschenes shared her concerns about the gaps in practice.

Dr. Apel opened the floor for any motions to amend or approve 18VAC85-20-211, Section A, 1-5.

- Dr. Madiraju stated FSMB recommends that the applicant should have an unrestricted license in their home country for at least 5 years and be in good standing. This should be primary source verified, and the license needs to be in the same specialty that the applicant anticipates practicing in the US. Dr. Apel stated that the Board does not issue specialty licenses. Ms. Deschenes stated that she understood Dr. Madiraju's concern and gave an example of what the Board has faced in the past with this issue.

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Dr. Apel asked if there were any comments regarding Section A-1, "Provide evidence of authorization to practice medicine in a foreign country with a license with no less than 5 years in good standing."

- Dr. Harp shared that HB995 anticipates this pathway will be available to physicians all around the world as soon as the regulations become effective. Ms. Barrett concurred that there is no limitation on ITP's as long as they meet the 5-year practice requirement.
- Mr. Saunders stated that the Board could use language that states "provide evidence of a license or authorization to practice medicine in a foreign country and proof of good standing."
- Ms. Barrett addressed Section A-5 and recommended using a guidance document for programs because their names may change. A guidance document is more flexible and easier to update. Dr. Vaughan voiced his agreement. Dr. Apel suggested that the guidance document list the medical schools by country.
- Dr. Harp commented on A1-5 that evidence is usually interpreted as documents from a primary source. He asked for comments in the circumstance that an applicant is unable to get documents from the primary source in his/her home country.
  - Mr. Sobowale stated that the Board currently advises applicants to go through the ECFMG EPIC system to request credentials from their home country. He shared that ECFMG has people on the ground who are local and verify the primary sources. Dr. Apel asked when credentials cannot be verified, if waivers were available. Mr. Sobowale stated that he has not seen a license issued without verification since being at the Board.

Dr. Apel opened the floor for discussion of gaps in practice:

- Dr. Clements proposed adding the gap in practice to Section A. He preferred 1 year but recommended 2 years. Dr. Madiraju stated that the regulations should be the same as those for US physicians. Dr. Harp said that the regulations currently allow 4 years of inactivity before being considered for a re-entry program or taking an examination to demonstrate competence and safety to practice.

**MOTION:** Dr. Apel proposed that Section B should include an applicant not be out of practice for greater than 2 years. The motion was seconded by Dr. Vaughan and carried unanimously.

Dr. Apel continued to go through Section C (former B) and D (former C).

- Dr. Harp stated, in reference to 211-B (former), that licensure by endorsement regulations have been changed to allow residency and fellowship as time in practice.

Dr. Apel moved to 18VAC85-20-212.

- Ms. Barrett addressed a public comment on section A about the consequences for a provisional licensee if they miss time for illness or maternity leave during the 2-year

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assessment and evaluation period. She stated that because it is not a renewed license, the statute is limited. Mr. Saunders stated that the statute limits the Board in that area. Dr. Vaughan asked if during such circumstances, could the license be placed in inactive status? Ms. Barrett stated that a licensee can only go in an inactive status during renewal.

- Dr. Apel stated that the statute does not allow for pausing time in licensure. The applicant would ask for the restrictive license from the Credential Committee.
- Ms. Barrett shared a public comment that stated 212-B puts a burden on the provisional physician. She said the Board does not have jurisdiction over the programs.
  - It was recommended by Dr. Harp to change 212-B to state “medical care facility provides documents quarterly evaluations”. All agreed to the change.

Dr. Apel moved to 18VAC85-20-213.

- Mr. Saunders proposed to remove “Requirements for” from the title of 18VAC85-20-213 and to remove the first sentence of 213-B.
- Dr. Apel stated that 20-213 is for those facilities that already run programs or those that don’t. Ms. Barrett stated that statute states it must fall under the definition of a medical care facility as stated in the Virginia Code.
- Mr. Saunders proposed to remove the first sentence of 213-B of 18VAC85-20-213.
- Dr. Harp asked if the Board should define supervision and direct supervision as noted in 213-D.
  - Ms. Barrett suggested that this should go in the definition section of Chapter 20.
  - Dr. Apel proposed that direct supervision be defined as a supervising physician being either physically present or providing final disposition in the medical decision-making, in either case being present in the facility.
  - After discussion among the Board and staff, defining direct supervision and indirect supervision was tabled for future discussion.

Dr. Apel called for a break at 10:40 a.m. and resumed at 10:50 a.m.

Dr. Apel continued discussion on 18VAC85-20-213.

- Dr. Rathmann referred to 213-E-1b, stating that work hours are now being defined as 30 hours per week.

**MOTION:** Dr. Apel proposed to combine b and c of 18VAC85-20-213, E-1, to “practice of medicine in the Commonwealth and practices in a medical care facility.” The motion was seconded by Dr. Vaughan and carried unanimously.

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- Dr. Apel suggested that the Board remove “direct” in 18VAC85-20-213, E-2. Dr. Harp noted that section 214-B-3, states, “practices as an employee”. Ms. Barrett suggested to change 214-B-3 to “practices medicine at the medical care facility.”
- Dr. Apel stated that the definitions for 213-E-4 a-e could be placed in a guidance document. Ms. Barrett stated that in a guidance document, it would be an interpretation, not a definition, of the terms listed in 4 a-e.
  - Dr. Vaughan referenced 4a, asking if the Board would consider adding “and procedural skills”.
- Dr. Madiraju asked the Board if the supervisor may revoke the provisional license. Dr. Apel answered that the supervisor couldn’t revoke the provisional license; the licensee would not go to the next stage.

Dr. Apel reviewed 213-F – 213-I, no further edits were made to these sections. Continuing to section 214.

- Dr. Apel proposed to remove the word “direct” from 214-A. Mr. Saunders proposed to eliminate section A completely due to 213-D; therefore, section B would now be A.
- Dr. Apel clarified that section 214-new A-2 would state “Engage in medical practice in Virginia at the medical care facility.”

Ms. Barrett said that the Board is in the first third of the regulatory process, the “proposed stage”. The Committee’s will review the draft regulations at its September meeting and go to the full Board in October.

Dr. Apel continued the discussion with 18VAC85-20-215.

- Referring to 215-A-2, Dr. Harp noted that there have been comments about the current 10-year rule for passage of all 3 Steps of the USMLE in the Board’s General Regulations. He asked if regulations 215-A-2 will override the General Regulations. Generally, when Step 3 of the USMLE is passed, physicians are considered competent to safely practice.
  - Dr. Apel stated that the requirement has not been written in the newly proposed regulations. He stated that currently there is no time requirement in the new regulations.
- Dr. Apel asked if the Board would like to set a timeframe for the USMLE Steps.
  - Dr. Rathmann suggested 1 year be allowed to file an application for a restricted license after completion of the 2 years on a provisional license. After discussion Ms. Barrett stated that the revision can be placed within 215-A as, “application must be filed within one year of expiration of provisional license.”
  - The vote was 4-1 in favor of no timeframe for provisional to restrictive licensure.
- In 215-A-3, Mr. Saunders stated that the Code of Virginia does not identify underserved areas, the Board of Health identifies them. Therefore, he recommended to revise “in § 32.1 122.5 of the Code of Virginia” to “by the Board of Health”.

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- Dr. Apel reviewed 215-B and revised “in § 32.1 122.5 of the Code of Virginia” to “by the Board of Health”, as recommended by Mr. Saunders.

Dr. Apel led continued discussion on 18VAC85-20-216.

- Ms. Barrett stated that there was a public comment concerning the language of “restricted license”, that the restriction is geographical and does not refer to a clinical practice restriction.
- Dr. Madiraju suggested in 216-A to remove “verbally” and just have “in writing”.
- Dr. Apel proposed to change 216-A to remove “restrictive license” language.
- Mr. Saunders would like to amend the renewal requirements in 215-C.

Dr. Clements requested to have 5 minutes on the Full Board agenda in June to give an update on HB995. Ms. Barrett responded with the possibility of a brief PowerPoint for the full Board about the work of the Legislative Committee to date.

**MOTION:** Dr. Vaughan made a motion to incorporate all proposed changes for the Chair to review at the next Legislative Committee meeting on September 5, 2025. The motion was seconded by Dr. McManus and carried unanimously.

## **ANNOUNCEMENTS**

None.

## **NEXT MEETING**

September 5, 2025

## **ADJOURNMENT**

With no other business to conduct, the meeting adjourned at 12:05 p.m.

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William L. Harp, MD  
Executive Director