



Legislative Committee Meeting

Virginia Board of Medicine

September 5, 2025

8:30 a.m.



AGENDA
Legislative Committee
 Virginia Board of Medicine
 Friday, September 5, 2025 @ 8:30 a.m.
 Board Room 4

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Call to Order – Leroy Vaughan, MD – Vice-President, Chair	
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Roll Call	
Approval of Minutes of May 9, 2025	1
Adoption of Agenda	
Public Comment on Agenda Items - 5 minutes per speaker	
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<u>New Business</u>	
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Next Meeting: January 9, 2026	
Adjournment	



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

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Board Room 4

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**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

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.

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

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.

- 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. Sauders 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”.

- 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.

William L. Harp, MD
Executive Director

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

Staff Note: All items for information only

Action: None.

Agenda Item: Ongoing discussion of proposed regulatory language pursuant to HB995 (2024)

Included in your agenda package:

- Draft language implementing HB995 of the 2024 General Assembly;
- Draft guidance document language interpreting provisions of Virginia Code § 54.1-2933.1 and draft regulatory language;
- Public comment received prior to August 26 for the Committee meeting.

Staff Note: Some public comment may be duplicative. All received messages were included to be sure no one was missed. Written public comment received after August 26 will be provided as a handout.

Action needed:

- Continued discussion of potential regulatory language needed to implement HB995.
- If the Committee addresses all outstanding questions, the Committee may vote to recommend proposed regulatory language to the full Board for adoption in October.
- If the Committee does not finish discussion today, discussion will continue at the January meeting.
- The guidance document language will not be recommended to the full Board for adoption until the final action is close to complete.

**Suggested language
For committee discussion only**

NOTE: The following is an existing regulatory section. The proposed additions are underlined. Changes here will impact practice beyond foreign physicians practicing under provisional licensure.

18VAC85-20-10. 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

Healing arts

Practice of chiropractic

Practice of medicine or osteopathic medicine

Practice of podiatry

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

“Approved institution” means any accredited school or college of medicine, osteopathic medicine, podiatry, or chiropractic located in the United States, its territories, or Canada.

“Direct supervision” means the supervising physician is physically present and immediately available to the supervised individual and the patient.

“Indirect supervision” means the supervising physician is immediately available and is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

OR

“Indirect supervision” means the supervising physician is immediately available but is not physically present within the hospital or other site of patient care but is immediately available by electronic or telephonic means and is available to provide direct supervision.

“Principal site” means the location in a foreign country where teaching and clinical facilities are located.

**Suggested language
For committee discussion only**

NOTE: The following is an existing regulatory section. The proposed additions are underlined.

18VAC85-20-20. Required fees.

- A. Unless otherwise provided, fees established by the board shall not be refundable.
- B. All examination fees shall be determined by and made payable as designated by the board.
- C. The application fee for licensure in medicine, osteopathic medicine, and podiatry shall be \$302, and the fee for licensure in chiropractic shall be \$277.
- D. The fee for a temporary authorization to practice medicine pursuant to clauses (i) and (ii) of § 54.1-2927 B of the Code of Virginia shall be \$25.
- E. The application fee for a limited professorial or fellow license issued pursuant to 18VAC85-20-210 shall be \$55. The annual renewal fee shall be \$35. For renewal of a limited professorial or fellow license in 2020, the fee shall be \$30. An additional fee for late renewal of licensure shall be \$15.
- F. The application fee for a limited license to interns and residents pursuant to 18VAC85-20-220 shall be \$55. The annual renewal fee shall be \$35. For renewal of a limited license to interns and residents in 2020, the fee shall be \$30. An additional fee for late renewal of licensure shall be \$15.
- G. The application fee for a provisional license to practice as a foreign physician shall be \$55. The application fee for a restricted license to practice as a foreign physician shall be \$302. The fee for biennial renewal of a restricted license to practice as a foreign physician shall be \$377.
- ~~G. H.~~ The fee for a duplicate wall certificate shall be \$15. The fee for a duplicate license shall be \$5.00.
- ~~H. I.~~ The fee for biennial renewal shall be \$337 for licensure in medicine, osteopathic medicine, and podiatry and \$312 for licensure in chiropractic, due in each even-numbered year in the licensee's birth month. An additional fee for processing a late renewal application within one renewal cycle shall be \$115 for licensure in medicine, osteopathic medicine, and podiatry and \$105 for licensure in chiropractic. For renewal of licensure in 2020, the fee shall be \$270 for licensure in medicine, osteopathic medicine, and podiatry and \$250 for licensure in chiropractic.
- ~~I. J.~~ The fee for requesting reinstatement of licensure or certification pursuant to § 54.1-2408.2 of the Code of Virginia or for requesting reinstatement after any petition to reinstate the certificate or license of any person has been denied shall be \$2,000.

**Suggested language
For committee discussion only**

~~J.~~ K. The fee for reinstatement of a license issued by the Board of Medicine pursuant to § 54.1-2904 of the Code of Virginia that has expired for a period of two years or more shall be \$497 for licensure in medicine, osteopathic medicine, and podiatry (\$382 for reinstatement application in addition to the late fee of \$115) and \$472 for licensure in chiropractic (\$367 for reinstatement application in addition to the late fee of \$105). The fee shall be submitted with an application for licensure reinstatement.

~~K.~~ L. The fee for a letter of verification of licensure shall be \$10, and the fee for certification of grades to another jurisdiction by the board shall be \$25.

~~L.~~ M. The fee for biennial renewal of an inactive license shall be \$168, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$55 for each renewal cycle. For renewal of an inactive license in 2020, the fee shall be \$135.

~~M.~~ N. The fee for an application or for the biennial renewal of a restricted volunteer license shall be \$75, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$25 for each renewal cycle. For renewal of a restricted volunteer license in 2020, the fee shall be \$60.

~~N.~~ O. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.

18VAC85-20-211. Provisional licensure of foreign physicians.

A. A physician previously licensed or otherwise authorized to practice in a foreign country for at least five years after medical training may apply for a provisional license as a physician. The applicant shall:

1. Provide evidence of licensure or authorization to practice medicine in a foreign country and evidence of good standing;¹
2. Provide evidence of a standard Educational Commission for Foreign Medical Graduates (ECFMG) certificate or other credential evaluation services approved by the board;²
3. Provide evidence of passage of Step 1 and Step 2 of the United States Medical Licensing Examination;³

¹ Identical to 18VAC85-20-210 for limited licenses to foreign medical graduates. This is also statutory requirement, Virginia Code § 54.1-2933.1(B).

² Identical to 18VAC85-20-210 for limited licenses to foreign medical graduates. This is also statutory requirement in Virginia Code § 54.1-2933.1(B)(2).

³ Statutory requirement, Virginia Code § 54.1-2933.1(B)(3).

**Suggested language
For committee discussion only**

4. Provide evidence of receipt of a degree of doctor of medicine or equivalent from a medical school in a foreign country accredited by an organization approved by the board;⁴ and

5. Provide evidence of an active agreement with a medical care facility defined in § 32.1-3 of the Code of Virginia which is consistent with requirements in 18VAC85-20-212 and which shall contain information regarding the assessment and evaluation program consistent with 18VAC85-20-213 and 18VAC85-20-214. The agreement shall be executed and shall clearly define the scope of employment and the participation of the provisionally licensed physician in the assessment and evaluation program.

B. The applicant must have practiced medicine within the two years preceding application.

~~B. C.~~ The applicant shall have no grounds for denial based on provisions of § 54.1-2915 of the Code of Virginia or regulations of the board.

~~C. D.~~ Time spent in supervised training post-medical school may not count toward the requirement that a physician practice for at least five years in subsection A.

18VAC85-20-212. Requirements for maintenance of provisional licensure for foreign physicians.

A. A physician holding a provisional license issued pursuant to 18VAC85-20-211 must maintain full-time employment at a medical care facility for which evidence has been provided to the board pursuant to 18VAC85-20-211 A 5 for two years.

B. A physician holding a provisional license issued pursuant to 18VAC85-20-211 shall ensure that the medical care facility ~~provides~~ documents quarterly evaluations during the provisionally licensed physicians assessment and evaluation program.

C. A provisional license shall immediately expire if the board receives notification pursuant to 18VAC85-20-213 H or I. Practice on an expired provisional license constitutes unlicensed practice and may result in discipline or criminal penalties.

18VAC85-20-213. ~~Requirements for medical~~ Medical care facilities providing evaluation programs for foreign physicians.

A. Only medical care facilities as defined by § 32.1-3 of the Code of Virginia⁵ are eligible to provide an assessment and evaluation program to a foreign physician practicing with a provisional license.

⁴ Statutory requirement, Virginia Code § 54.1-2933.1(B)(1).

⁵ Requirement of Virginia Code § 54.1-2933.1(B)(4).

**Suggested language
For committee discussion only**

B. The provisionally licensed physician will enter into an agreement with the medical care facility ~~will enter into an agreement with the provisionally licensed physician~~ for the facility to provide assessment, evaluation, and clinical training to the provisionally licensed physician. The provisionally licensed physician will enter full-time employment with the medical care facility upon issuance of the provisional license by the board.⁶

C. The extent and scope of the duties and professional services rendered by the provisionally licensed physician shall be confined to persons who are bona fide patients within the medical care facility or who receive treatment and advice in an outpatient department or outpatient clinic of the medical care facility.⁷

D. The provisionally licensed physician must practice under direct supervision for the first 12 months. If deemed appropriate by the supervising physician, the provisionally licensed physician may practice under indirect supervision after the first 12 months. **[Note: if different supervisory level is required for invasive procedures, that should be addressed separately here as this is the only location it will apply. Note also that the board may then be required to define invasive procedures which may be problematic.]**

E. The medical care facility will provide an assessment and evaluation program for the provisionally licensed physician designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with standards appropriate for medical practice in the Commonwealth. The assessment and evaluation program shall:

1. Include a program director that meets the following requirements:
 - a. Holds an active, unrestricted license to practice medicine in the Commonwealth;
 - b. ~~Engages in the full-time practice of medicine in the Commonwealth, where full-time is defined to mean [1800] hours per year;~~
 - e. Practices ~~as an employee of~~ medicine at the medical care facility; and
 - ~~d.~~ c. Substantially participates in supervision of the provisionally licensed physician;
2. Include no fewer than three additional supervising physicians that provide ~~direct~~ supervision;

⁶ Requirement of Virginia Code § 54.1-2933.1(B)(4).

⁷ This is similar to intern/resident requirements found in 18VAC85-20-220(D).

**Suggested language
For committee discussion only**

3. Develop, assess, and evaluate the provisionally licensed physician's clinical and non-clinical skills; and

4. Utilize a defined curriculum for development, assessment, and evaluation of the provisionally licensed physician in the following areas:

- a. Patient care;
- b. Medical knowledge;
- c. Interpersonal communication skills;
- d. Professionalism;
- e. Practice-based learning and improvement; and
- f. Systems-based practice.

F. The medical care facility's assessment, evaluation, and clinical training program shall utilize a clinical competency committee made up of three physicians which meets to assess and evaluate the provisionally licensed physician no less than quarterly. The program director shall not participate on the clinical competency committee. The committee will provide quarterly feedback to the provisionally licensed physician in the subject areas included in subsection E 4.

G. An assessment and evaluation program must use a defined successful completion of the program which includes the following:

1. Defined criteria for successful completion in the practice areas described in subsection E; and

2. An evaluation form signed by the program director and all members of the clinical competence committee which provides the following:

a. A description of the criteria for successful completion of the assessment and evaluation program;

b. An attestation to the provisionally licensed physician's successful completion of the program; and

c. An attestation that the provisionally licensed physician's clinical and non-clinical skill reflects the ability to provide safe and competent medical care in the Commonwealth.

H. **A** [The program director of a](#) medical care facility providing an assessment and evaluation program for provisionally licensed physicians shall notify the board if a provisionally licensed physician stops participating in the assessment and evaluation program.

**Suggested language
For committee discussion only**

I. ~~A~~ The program director of a medical care facility providing an assessment and evaluation program for provisionally licensed physicians shall notify the board if the facility stops providing assessment and evaluation programs. The ~~medical care facility~~ program director shall provide the names of all provisionally licensed physicians participating in the assessment and evaluation program as part of such notice.

18VAC85-20-214. Supervision of provisionally licensed foreign physicians.

~~A. A foreign physician operating under a provisional license pursuant to 18VAC85-20-211 shall practice only under the direct supervision of the following:~~

- ~~1. Program director; or~~
- ~~2. Members of the clinical competence committee engaged in quarterly review of the provisionally licensed physician.~~

~~B.~~ All physicians providing ~~direct~~ supervision of the provisionally licensed physician must meet the following requirements:

1. Hold a current, unrestricted license from the board; and
2. ~~Engage in full-time practice in Virginia, constituting [1800] hours per year;~~
3. Practices ~~as an employee of~~ medicine at the medical care facility which entered an employment agreement with the provisionally licensed physician pursuant to 18VAC85-20-212.

18VAC85-20-215. Restricted licensure of foreign physicians.

A. A provisionally licensed physician may apply for a restricted license pursuant to § 54.1-2933.1 C of the Code of Virginia upon completion of two years of practice as a provisionally licensed physician. The application must be filed within one year of expiration of the provisional license. The applicant shall submit the following to the board for consideration:

1. Evidence of successful completion of an assessment and evaluation program⁸ pursuant to 18VAC85-20-213, which shall include:
 - a. Quarterly reports produced by the clinical competency committee pursuant to 213 F;

⁸ Required by § 54.1-2933.1 C 1

**Suggested language
For committee discussion only**

b. A certification from an official or responsible party of the medical care facility which provided the assessment and evaluation program to the applicant pursuant to 18VAC85-20-213 that states that the applicant satisfactorily completed the assessment and evaluation program;

2. Evidence of a passing score on Step 3 of the United States Medical Licensing Examination⁹;

3. Verification of full-time employment with a medical care facility in a medically underserved area ~~as defined in~~ [identified by the Board of Health pursuant to § 32.1-122.5](#) of the Code of Virginia or a health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5¹⁰; and

4. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

B. A physician practicing under a restricted license pursuant to this section must practice in a medically underserved area ~~as defined in~~ [identified by the Board of Health pursuant to § 32.1-122.5](#) of the Code of Virginia or a health professional shortage area designated in accordance with the criteria established in 42 C.F.R. Part 5. Practice outside of any such area is prohibited and may result in disciplinary action by the board.

C. A restricted license may be renewed pursuant to the requirements of [18VAC85-20-230, 18VAC85-20-235, 18VAC85-20-236, and 18VAC85-20-240.](#)

18VAC85-20-216. Patient notification of status of physician holding a provisional license ~~or restricted license.~~

~~A.~~ A physician holding a provisional license pursuant to 18VAC85-20-211 ~~or restricted license pursuant to 18VAC85-20-215~~ shall inform patients that the physician holds a provisional ~~or restricted~~ license verbally or in writing. If notification is provided verbally, the provision of verbal notification shall be included in the patient medical record.

~~B. The physician shall wear identification which clearly states that the physician holds a provisional or restricted license.~~

⁹ Required by § 54.1-2933.1 C 2

¹⁰ Required by § 54.1-2933.1 C 3

Guidance Regarding Foreign Physicians Obtaining Provisional Licenses

Evidence of Good Standing

18VAC85-20-211(A)(1) requires an applicant to practice under a provisional license to provide evidence of good standing as a condition of licensure. The Board interprets the phrase “evidence of good standing” to include:

- A document issued by a foreign regulatory authority under which the applicant practiced;
- Proof of active practice for [X] years;
- At the Board’s discretion, certification provided by the Educational Commission for Foreign Medical Graduates (“ECFMG”) assessing the applicant’s readiness to enter the U.S. training program;
- A criminal history background check or other generalized report regarding professional misconduct; or
- A letter of recommendation [potential limitation on writer of the letter].

Evidence of Receipt of a Degree of Doctor of Medicine or Equivalent

Virginia Code § 54.1-2933.1(B)(1) requires an applicant for provisional licensure submit evidence to the Board that the applicant “received a degree of doctor of medicine or its equivalent from a legally chartered medical school outside of the United States recognized by the World Health Organization . . .” The World Health Organization (“WHO”) does not recognize medical schools.

In the absence of such recognition by the WHO, the Board will accept recognition from the following organizations that perform the function implied by the statute:

- The World Federation for Medical Education (“WFME”); and
- The Liaison Committee on Medical Education (“LCME”).

Evaluation and Assessment Subjects

The Board interprets the following terms regarding subjects for an assessment or evaluation program under 18VAC85-20-213(E)(4) as follows:

- Patient care requires the provisional licensee to demonstrate abilities in providing patient care that is compassionate, appropriate, and effective for the treatment of health problems.

Potential guidance document language
For committee discussion only

- Medical knowledge requires the provisional licensee to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of knowledge to patients.
- Interpersonal communication skills requires the provisional licensee to demonstrate skills that are effective in the exchange of information and collaboration with patients, their families, and health professionals.
- Professionalism requires the provisional licensee to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- Practiced-based learning and improvement requires the provisional licensee to investigate and evaluate the licensee's care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.
- Systems-based practice requires the provisional licensee to demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.



August 27, 2025

Dear Dr. Harp, Ms. Erin Barrett, and Members of the Virginia Board of Medicine,

Re: Provisional License for International Physicians

The Refugee Physicians Advocacy Coalition (RPA) appreciates the care with which the Board of Medicine’s Legislative Committee is taking to balance ensuring quality training, providing protections for Provisional Licensees, and safeguarding patient safety. We observed that discussions during the May 9, 2025 Legislative Committee meeting seemed to center around International Physicians who are considering this pathway prior to coming to the US or who may enter the US via traditional immigration pathways. However, the committee may not have considered that HB995 was intended to also provide access for refugee physicians, such as those who have been displaced by conflict. This group of international physicians faces particular barriers that we ask the Board to keep in mind during its rulemaking process.

Unlike those who may complete the necessary qualifications like USMLE while continuing to practice outside the country, refugee doctors' careers are interrupted by displacement and consequently arrive with little resources, steep financial burdens, strong constraints on time, and a complicated re-licensure process. Keeping this group in mind, we ask the Board to re-evaluate the proposed requirements for proof of good standing, no more than 2 years out of practice limitation, and direct supervision.

Section 211, A.1

On May 9, 2025 the Committee added a proof of good standing requirement: *Provide evidence of authorization [and proof of good standing] to practice medicine in a foreign country.*

Suggested Revision: *“Provide evidence of authorization and proof of good standing to practice medicine during the most recent year of active practice.”*

Rationale: Some doctors, especially refugees, may have significant difficulty proving their license remains in “good standing” in their former country. For example, some doctors may not apply for a U.S. license while still in their original licensing country, which could mean that a license may expire before applying for or while the doctor is going through the provisional license process.

Section 211, B.1

On May 9, 2025, the Committee voted to adopt a time-limiting requirement: *Applicants shall be no more than 2 years out of practice.*

Suggestion: We recommend the board remove a time-based rule. More than 2 years out of practice does not necessarily reflect a decline in competence but *rather can reflect systemic and logistical delays* in re-entering practice.

Rationale:

The 2-year limit disproportionately impacts:

- Refugee and asylum-seeking physicians.
- Women who paused careers for family or caregiving.
- Physicians from countries in conflict who cannot practice safely at home or abroad.

Such a rule disregards:

1. Existing Precedent in Virginia Law

Virginia's 2024 provisional licensing law already requires International Physicians to have at least five years of clinical practice in their home country to qualify for licensure, ECFMG certification, and USMLE Step 1 & 2 passage. These requirements demonstrate the state's prior recognition of sustained clinical experience as a marker of competency. A blanket two-year cap on time out of practice would contradict this foundational requirement, penalizing physicians who meet Virginia's rigorous initial standards but face unavoidable gaps (e.g., immigration processing, refugee resettlement).

2. Economic and Logistical Barriers to Retraining Disproportionately Impacts Refugee Physicians

Due to displacement-related financial instability, refugees and asylees—who comprise a significant portion of Virginia's IMG applicants—are particularly vulnerable to the costs and time associated with meeting the relicensure requirements. Immigration, credentialing hurdles, and a lack of reentry programs make practice gaps common among IMGs and refugee physicians. A two-year rule would unfairly penalize this group, contradicting the state's goal of leveraging their expertise to address healthcare disparities

RPA is a coalition of nonprofits led by Georgetown University School of Medicine, NOVA Friends of Refugees, medical partners, and [Their Story is Our Story](#) with technical support from [World Education Services](#). We assist international physicians in the Virginia region to continue their careers through mentorship, streamlined upskilling, legislative and regulatory change, and grants.

In addition, female physicians are more likely to have career gaps due to caregiving or family responsibilities. A 2-year out-of-practice limit unintentionally excludes qualified physicians who've overcome war, displacement, or family demands and would worsen the shortage of linguistically and culturally competent care providers, especially in underserved communities

As the February FSMB draft guidelines state: States should be cognizant that requiring continuous practice may be difficult for many applicants to manage and/or demonstrate, especially if they have to navigate the U.S. immigration system, adjust to displacement, and/or face any number of non-immigration barriers also faced by domestic physicians, such as time away from active practice, including but not limited to, for sickness, caregiving or raising children.

3. Competency-Based Assessments Are More Effective

Supervised practice and skill evaluations—not arbitrary time limits—are better predictors of safe re-entry. A rigid time cutoff fails to account for individual variability in skill retention or the effectiveness of supervised acclimation.

Current Virginia code allows for those with two to four years' of a lapsed license to apply for reinstatement by meeting continuing competency requirements equivalent to a maximum of 80 hours and re-enter in an unsupervised practice setting.

Virginia's provisional pathway already requires International Physicians to practice under supervision at approved facilities for two years, with employers mandated to evaluate their "nonclinical skills and familiarity with state standards" quarterly. **This layered oversight renders a time-out-of-practice rule redundant, as supervisors directly assess competency during the provisional period.**

4. Conflicting Conditions

In the May 9, 2025 discussion, the Legislative Committee voted in favor of the Provisional License overriding the 10-year limitation for USMLE Step exams; however, imposing a no more than 2 year out of practice rule would render this allowance ineffectual for International Physicians who enter the U.S. due to forced displacement. A time-based rule would unnecessarily exclude otherwise qualified candidates from re-entry.

Section 213, D:

RPA is a coalition of nonprofits led by Georgetown University School of Medicine, NOVA Friends of Refugees, medical partners, and [Their Story is Our Story](#) with technical support from [World Education Services](#). We assist international physicians in the Virginia region to continue their careers through mentorship, streamlined upskilling, legislative and regulatory change, and grants.

Current Draft: *The provisionally licensed physician must practice under direct supervision for the first 12 months. If deemed appropriate by the supervising physician, the provisionally licensed physician may practice under indirect supervision after the first 12 months.*

Suggestion: The first 12 months' supervision shall be commensurate with residency program supervisory guidelines, allowing for supervising physicians to determine appropriate supervisory needs based on Provisional Licensee's competency assessments: "The minimum level of supervision for first-year residents that is required is indirect supervision with direct supervision immediately available."

Rationale:

1. **The June 2025 FSMB draft guidelines state: The level of supervision for an ITP during the supervisory period should be tailored to the competence of the individual ITP. At the beginning of the supervisory period this level should be informed by the results of an initial needs assessment and close supervision of all ITPs. Thereafter, the level of supervision should be adjusted based on demonstrated competence.**
2. Physicians' skill and cultural competence levels vary. The supervising physician team shall determine the appropriate level of supervision based on evaluations.
3. Supervision may depend on the facility's internal requirements - varying requirements and patient volume.
4. Even in residency programs, varying circumstances may require on site and available rather than line of sight.
5. Overly stringent and prescribed requirements might deter or even prohibit participation for medical facilities in this program.

We respectfully urge the Board to consider these recommendations as you weigh them against the intent of HB995, the contributions refugee international physicians can make in patient care across Virginia, and the merits of competency-based supervision to ensure patient safety. We include a list of endorsements from the medical community and refugee support organizations as an addendum for your review.

With respect,

Brandi Kilmer, Senior Director
Refugee Physicians Advocacy Coalition

*see endorsement addendum

RPA is a coalition of nonprofits led by Georgetown University School of Medicine, NOVA Friends of Refugees, medical partners, and [Their Story is Our Story](#) with technical support from [World Education Services](#). We assist international physicians in the Virginia region to continue their careers through mentorship, streamlined upskilling, legislative and regulatory change, and grants.



August 27, 2025

Dear Members of the Virginia Board of Medicine,

Re: Support Fair Access to the Provisional License Pathway for Refugee Physicians in Virginia

We, the undersigned organizations and individuals, write in strong support of the Refugee Physicians Advocacy Coalition’s (RPA) recommendations to ensure that the Provisional License for International Medical Graduates (HB995) is accessible to refugee and forcibly displaced physicians. As you finalize the regulations governing this new pathway, we urge the Board to consider the unique barriers refugee physicians face and adopt rules that are both safe and inclusive.

Virginia is leading the way in addressing our healthcare workforce shortage by opening a path for internationally trained doctors to contribute their skills to our communities. But without targeted adjustments to the proposed rules, many refugee-background physicians—those whom HB995 was intended to support—will be excluded due to circumstances beyond their control.

We respectfully urge the Board to adopt the following three changes to the draft rules:

1. Remove the “No More Than Two Years Out of Practice” Rule

Current Language (Section 211.B.1):

“Applicants shall be no more than two years out of practice.”

Proposed Action:

Remove this time-based restriction entirely.

Why This Matters:

This rule disproportionately harms refugee and asylum-seeking doctors, who often face long, unavoidable delays in re-entering clinical practice due to immigration processes, credentialing barriers, and financial hardship. It also impacts women who paused careers for caregiving. More importantly, Virginia already ensures safety through supervised practice requirements under the provisional license. Clinical competence should be evaluated based on experience, not an arbitrary time gap.

2. Allow Flexible, Competency-Based Supervision Standards

Current Language (Section 213.D):

“The provisionally licensed physician must practice under direct supervision for the first 12 months...”

Proposed Revision:

Supervision during the first 12 months shall follow residency-equivalent standards based on observed

competency assessed by the supervising team: “The minimum level of supervision for first-year residents that is required is indirect supervision with direct supervision immediately available.”

Why This Matters:

Supervisory needs vary by facility and physician. Overly rigid requirements could deter medical institutions from participating. Residency-level supervision standards already ensure patient safety while giving institutions flexibility to match oversight with physician readiness. Refugee physicians often bring extensive experience and should be evaluated accordingly.

3. Allow Proof of Good Standing During Most Recent Active Practice

Current Language (Section 211.A.1):

“Provide evidence of authorization and proof of good standing to practice medicine in a foreign country.”

Proposed Revision:

“Provide evidence of authorization and proof of good standing to practice medicine during the most recent year of active practice.”

Why This Matters:

Refugee physicians often flee conflict zones where verifying licensure status after displacement is impossible. Many do not renew licenses in countries they no longer reside in due to war, persecution, or collapse of institutions. A good standing requirement tied to the time of last active practice ensures qualified physicians are not excluded for reasons unrelated to their clinical competence.

By adopting these three targeted revisions, the Board of Medicine will honor the intent of HB995, expand access to care across the Commonwealth, and allow qualified refugee doctors to safely rejoin the workforce in high-need communities.

We urge you to recognize the barriers this group has already overcome and ensure that Virginia’s provisional licensing rules reflect both compassion and common sense. Thank you for your thoughtful leadership on this issue.

Sincerely,

Brandi Kilmer, Co-Founder & Senior Director Refugee Physicians Advocacy Coalition

Sarah Kureshi, MD, MPH, Co-Founder Refugee Physician Advocacy Coalition, Professor, Georgetown University School of Medicine

Lily Cameron, MD, Director of the International Ministry of Ashland

Amanda Wibben, Georgetown University School of Medicine

Dr. Aziz Jami

Dr. Soudaba Jami

Mohamed Khalif, Executive Director The International Medical Graduates Academy (TIMGA)

Mary Righi, MPH

Fern R. Hauck, MD, MS, Director, UVA International Family Medicine Clinic

Prof. Rebecca Hester, Science, Technology and Society; Co-founder and former Associate
Director, Center for Refugee, Migrant and Displacement Studies, Virginia Tech
Dr. Cassandra Okechukwu, Adjunct Associate Professor, Harvard TH Chan School of Public Health
Advisory Board Member, Harvard/Dana Farber Center for Work, Health, and Wellbeing
Nhat Nguyen, LCSW
Kem Tolliver, President, Medical Revenue Cycle Specialists
Dr. Salam K. Jawad, MBChB, Licensed Clinical Supervisor/Gastroenterology, HCA Healthcare/Pratt Medical
Group, Fredericksburg, Virginia
Farrukh Jafri, MD, HCA Healthcare, Pratt Medical Group, Fredericksburg, Virginia
Zachary S. Getz, MSN, FNP-C. HCA Healthcare/Pratt Family Medicine, Fredericksburg, VA
Emily Farmer, BSN-RN, FNP-BC, HCA Healthcare/Pratt Gastroenterology, Fredericksburg, VA
Laurie Haigler, CCMA, HCA Healthcare
Diane Mitchell, MSN, NP-C, Veterans Administration Medical Examiner
Allison Calabrese, Executive Director of Strategic Partnerships, Local Infusion, Fredericksburg, Richmond,
Virginia Beach
Kanar AlMajidi, PY2 PharmD student, Western New England University
Shannon Larkin, Gastroenterology Care Specialist
Haider Haider, MD, Metropolitan Hospital Center, New York, New York
Mohamad Al-Qaisi, MD, St. Joseph Hospital and Medical Center, Phoenix, AZ; Creighton University School of
Medicine, Phoenix, AZ
Jennifer Smock, Immunology Executive Specialty Sales Representative
Janet Cho, Immunology Executive Speciality Representative
Shonda O. Wilson

Organizations:

Church World Service
Hampton Roads Refugee Relief
Mason and Partners (MAP) Clinic
Mozaic DMV
Lutheran Social Services National Capital Area (LSSNCA)
Nova Friends of Refugees
Pillars4Humanity
REACT DC, Inc.
Refugee Advocacy Lab
Upwardly Global
World Education Services (WES)

RPA is a coalition of nonprofits led by Georgetown University School of Medicine, NOVA Friends of Refugees, medical partners, and [Their Story is Our Story](#) with technical support from [World Education Services](#). We assist international physicians in the Virginia region to continue their careers through mentorship, streamlined upskilling, legislative and regulatory change, and grants.

From: [Harp, William L. \(DHP\)](#)
To: [Kanar Al.Majidi](#); brandikilmer@tsosrefugees.org; [Barrett, Erin \(DHP\)](#)
Cc: [Dr. Salam Jawad](#)
Subject: RE: Provisional Licensing for International Physician
Date: Wednesday, August 20, 2025 1:20:36 PM

Dear Ms. AlMajidi:

Thank you for your comment about the Board's regulations.

With kindest regards,

William L. Harp, MD
Executive Director
Virginia Board of Medicine

From: Kanar Al.Majidi <ph.kanaralmajidi@yahoo.com>
Sent: Wednesday, August 20, 2025 12:26 PM
To: brandikilmer@tsosrefugees.org
Cc: Harp, William L. (DHP) <william.harp@dhp.virginia.gov>; Dr. Salam Jawad <drskj83@yahoo.com>
Subject: Provisional Licensing for International Physician

Dear Ms. Kilmer,

My name is Kanar AlMajidi, and I am a pharmacy student at Western New England University. Since I began the Pharm D program, the professor has frequently brought up the issue of physician shortage. This is not merely the professor's viewpoint; I observe this in everyday situations. In my recent rotation in a community pharmacy, whenever the pharmacist needs to call the physician, he must wait, or the clinic office will answer. There are not enough doctors to handle all the necessary tasks, which will affect both the patients and the healthcare system. In my experience as a mother, my son must wait for hours to be examined by a medical professional anytime he needs to go to the clinic or ER. And anytime we suggest that he is fed up with waiting, the response is that the shortage is to blame. I highly support Provisional Licensing for International Physicians in Virginia. Without a doubt, international physicians can benefit the community by applying their expanded knowledge and ethics. I respectfully urge the board to adopt the changes recommended by RPA, especially by removing the one related to the time out of practice, as it is unfair. I have heard and seen countless examples of people who simply need an opportunity to do what they were meant to do. Please, help the experienced foreign physician expand healthcare in the United States.

Kind regards

Kanar AlMajidi

PY2 PharmD student

Western New England University

5714844284

From: [Harp, William L. \(DHP\)](#)
To: [Jennifer Smock](#); brandikilmer@tsosrefugees.org; [Barrett, Erin \(DHP\)](#)
Cc: [Jawad Salam](#)
Subject: RE: Revisions to VA Board of Medicine's Provisional License Rules
Date: Wednesday, August 20, 2025 3:20:30 PM

Dear Ms. Smock:

Thank you for your comments.

Kindest regards,

William L. Harp, MD
Executive Director
Virginia Board of Medicine

From: Jennifer Smock <jensmock@verizon.net>
Sent: Wednesday, August 20, 2025 3:03 PM
To: brandikilmer@tsosrefugees.org
Cc: Harp, William L. (DHP) <william.harp@dhp.virginia.gov>; Jawad Salam <salam.jawad@hcahealthcare.com>
Subject: Revisions to VA Board of Medicine's Provisional License Rules

Brandi-

I wish to support the proposed revisions to the VA Board of Medicine's Provisional License Rules.

You have laid out specific reasons these requirements should be revised. The great Commonwealth of Virginia needs these fine medical professionals to support our great constituents needing their expertise. There is no reason to delay any further their acceptance into the medical community here.

Thank you for all you are doing to support the people of Virginia as well as the individuals wanting to share their education, training and expert skills here.

Sincerely,

Jennifer L Smock
Executive Specialty Sales Representative
Immunology
410-215-8789
Jensmock@verizon.net

From: [Harp, William L. \(DHP\)](#)
To: [Haigler Laurie](#)
Cc: [Barrett, Erin \(DHP\)](#)
Subject: RE: Support for Salam Jawad
Date: Thursday, August 21, 2025 12:30:09 PM

Dear Ms. Haigler:

Thank you for your comment.

With kindest regards,

William L. Harp, MD
Executive Director
Virginia Board of Medicine

From: Haigler Laurie <Laurie.Haigler@HCAHealthcare.com>
Sent: Thursday, August 21, 2025 12:26 PM
To: brandikilmer@tsosrefugees.org
Cc: Harp, William L. (DHP) <william.harp@dhp.virginia.gov>
Subject: Support for Salam Jawad

My name is Laurie Haigler, and I am writing this with regards to Salam Jawad. I have worked in the medical profession for more than 25 years and have experience collaborating directly with healthcare providers. I have worked with Salam for nearly two years and observed his dedication to patient care.

With a growing physician shortage in America, why aren't we offering fully licensed doctors from other countries a fair and efficient way to continue practicing here?

I am confident that Salam will make a meaningful contribution to patient care and pursue his passion for helping others.

Thank you for considering my support for Salam Jawad; his skills and dedication will greatly benefit the medical field.

From: [Harp, William L. \(DHP\)](#)
To: [Allison Calabrese](#); Brandikilmer@tsorefugees.org; [Barrett, Erin \(DHP\)](#)
Cc: [Salam Jawad](#)
Subject: RE: FW: Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules
Date: Friday, August 22, 2025 9:40:30 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)

Dear Ms. Calabrese:

Thank you for your comment.

With kindest regards,

William L. Harp, MD
Executive Director
Virginia Board of Medicine

From: Allison Calabrese <acalabrese@mylocalinfusion.com>
Sent: Thursday, August 21, 2025 5:51 PM
To: Brandikilmer@tsorefugees.org
Cc: [Salam Jawad <salam.jawad@hcahealthcare.com>](mailto:salam.jawad@hcahealthcare.com); Harp, William L. (DHP) <william.harp@dhp.virginia.gov>
Subject: Re: FW: Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

Hi Brandi,

My name is Allie Calabrese and I am the Executive Director of Strategic Partnerships at my company- Local Infusion.

I support this letter -wholeheartedly on behalf of Salam Jawad. Please let me know if you need anything additional from me.

Allison Calabrese

Executive Director of Strategic Partnerships

Office: 804.251.2960 | Cell: 540.907.2213

Fax: 804-870-9289

Fredericksburg, Richmond, & Virginia Beach

MYLOCALINFUSION.COM



=31=

On Wed, Aug 20, 2025 at 8:03 AM Jawad Salam <Salam.Jawad@hcahealthcare.com> wrote:

Dear Allison,

As we discussed, please see below and show your support by responding to Brandi Kilmer , cc me and Dr. William Harp william.harp@dhp.virginia.gov

Please spread the word!

Kindest regards

Salam Kadhim Jawad, MBChB
Licensed Clinical Supervisor

Pratt Medical Group -Gastroenterology
1500 Dixon Street Suite 202
Fredericksburg, Virginia 22401
HCA Capital Division –Physician Services Group
(O) 540.370-0430
Salam.Jawad@hcahealthcare.com



Above all else, we are committed to the care and improvement of human life.

Click [here](#) to recognize a Colleague

From: Dr. Salam Jawad <drskj83@yahoo.com>

Sent: Monday, August 18, 2025 11:00 AM

To: Jawad Salam <Salam.Jawad@HCAHealthcare.com>

Subject: {EXTERNAL} Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

CAUTION! This email originated from outside of our organization. **DO NOT CLICK** links or open attachments unless you recognize the sender and know the content is safe.

[Yahoo Mail: Search, Organize, Conquer](#)

| ----- Forwarded Message -----

From: "Brandi Kilmer" <brandikilmer@tsosrefugees.org>

To: "Brandi Kilmer" <brandikilmer@tsosrefugees.org>

Cc:

Sent: Mon, Aug 18, 2025 at 9:48 AM

Subject: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

image.png



Dear RPA Coalition Partners,

We thank the following partners who have already endorsed RPA's [Letter of Recommended Revisions](#) that we will present at the September 5 Virginia Board of Medicine Legislative Committee meeting and invite others to support by August 25:

Individuals:

- Sarah Kureshi, MD, MPH, Co-Founder Refugee Physician Advocacy Coalition, Professor, Georgetown University School of Medicine
- Lily Cameron, MD, Director of the International Ministry of Ashland
- Fern R. Hauck, MD, MS, Director, UVA International Family Medicine Clinic
- Mary Righi, MPH
- Prof. Rebecca Hester, Science, Technology and Society; Co-founder and former Associate Director, Center for Refugee, Migrant and Displacement Studies, Virginia Tech
- Amanda Wibben, Georgetown University School of Medicine
- Dr. Aziz Jami
- Dr. Soudaba Jami
- Mohamed Khalif, Executive Director The International Medical Graduates Academy (TIMGA)

Organizations:

- Nova Friends of Refugees
- Mason and Partners (MAP) Clinic
- REACT DC, Inc.
- Refugee Advocacy Lab
- Church World Service

- Mozaic DMV
- Upwardly Global

As a reminder, since the passage Virginia's [HB995](#), the Refugee Physicians Advocacy Coalition has continued to stay engaged with the Board of Medicine to ensure fair access to the Provisional License pathway for international physicians and healthcare facilities who may wish to employ them. The RPA Coalition has been following deliberations closely and has identified three items in the draft rules that would be devastating to refugee physicians seeking to pursue the Provisional License pathway, undermining the intent of the HB995 legislation, and limiting potential benefits to healthcare employers:

1. "Applicants shall be no more than two years out of practice."
2. "The provisionally licensed physician must practice under direct supervision for the first 12 months"
3. "Provide evidence of authorization and proof of good standing to practice medicine in a foreign country"

HOW TO SUPPORT:

- **Sign this letter** by responding to this email with your name and/or organization.
- **Share with others** by inviting them to also consider an endorsement.
- **Join us in person** to speak during public comment at the next Legislative Committee meeting:
September 5, 2025 at 8:30 a.m.
Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, VA 23233

We hope to show broad support from Virginia refugee support organizations across the state, healthcare institutions, and Virginia-licensed MD colleagues. **Feel free to share with your contacts across the state and encourage their endorsement.** I've attached a fact sheet highlighting demographics of the 150+ internationally trained physicians (ITPs) in our network and welcome the opportunity to address any questions or share more about our initiatives.

Very best,

Brandi Kilmer

Co-Founder & Senior Director, [Refugee Physicians Advocacy \(RPA\) Coalition](#)



RPA is a coalition of nonprofits led by Georgetown University School of Medicine, NOVA Friends of Refugees, medical partners, and [Their Story is Our Story](#) with technical support from [World Education Services](#). We assist international physicians in the Virginia region to continue their careers through mentorship, streamlined upskilling, legislative and regulatory change, and grants.



Brandi Kilmer

Community Programs Coordinator,
Washington D.C.

■ [949-614-3004](tel:949-614-3004)

■ www.tsosrefugees.org



From: [Harp, William L. \(DHP\)](#)
To: [Barrett, Erin \(DHP\)](#)
Subject: FW: Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules
Date: Friday, August 22, 2025 1:30:32 PM
Attachments: [image001.jpg](#)
[image003.jpg](#)
[RPA Coalition Fact Sheet.pdf](#)

Not sure if this is a duplicate from Ms. Larkin.

From: Shannon Larkin <shannonlarkin7@gmail.com>
Sent: Wednesday, August 20, 2025 5:57 PM
To: brandikilmer@tsosrefugees.org
Cc: salam.jawad@hcahealthcare.com; drskj83@yahoo.com; Harp, William L. (DHP) <william.harp@dhp.virginia.gov>
Subject: Fwd: Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

Good Afternoon,

I'd like to sign this letter in support of the RPA Coalition and the recommended revisions as a Virginia resident.

Thank you,

Shannon Larkin
Gastroenterology Care Specialist
(330) 554 -7432

From: Jawad Salam <Salam.Jawad@HCAHealthcare.com>
Sent: Wednesday, August 20, 2025 8:08:19 AM
To: Shannon Larkin
Cc: drskj83@yahoo.com <drskj83@yahoo.com>
Subject: FW: Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

Dear Shannon,

As we discussed, please see below and show your support by responding to Brandi Kilmer , cc me and Dr. William Harp william.harp@dhp.virginia.gov

Please spread the word!

Kindest regards

Salam Kadhim Jawad, MBChB

Licensed Clinical Supervisor

Pratt Medical Group -Gastroenterology

1500 Dixon Street Suite 202

Fredericksburg, Virginia 22401

HCA Capital Division –Physician Services Group

(O) 540.370-0430

Salam.Jawad@hcahealthcare.com



Above all else, we are committed to the care and improvement of human life.

Click [here](#) to recognize a Colleague

From: Dr. Salam Jawad <drskj83@yahoo.com>

Sent: Monday, August 18, 2025 11:00 AM

To: Jawad Salam <Salam.Jawad@HCAHealthcare.com>

Subject: {EXTERNAL} Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

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----- Forwarded Message -----

From: "Brandi Kilmer" <brandikilmer@tsosrefugees.org>

To: "Brandi Kilmer" <brandikilmer@tsosrefugees.org>

Cc:

Sent: Mon, Aug 18, 2025 at 9:48 AM

Subject: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

image.png



Dear RPA Coalition Partners,

We thank the following partners who have already endorsed RPA's [Letter of Recommended Revisions](#) that we will present at the September 5 Virginia Board of Medicine Legislative Committee meeting and invite others to support by August 25:

Individuals:

- Sarah Kureshi, MD, MPH, Co-Founder Refugee Physician Advocacy Coalition, Professor, Georgetown University School of Medicine
- Lily Cameron, MD, Director of the International Ministry of Ashland
- Fern R. Hauck, MD, MS, Director, UVA International Family Medicine Clinic
- Mary Righi, MPH
- Prof. Rebecca Hester, Science, Technology and Society; Co-founder and former Associate Director, Center for Refugee, Migrant and Displacement

Studies, Virginia Tech

- Amanda Wibben, Georgetown University School of Medicine
- Dr. Aziz Jami
- Dr. Soudaba Jami
- Mohamed Khalif, Executive Director The International Medical Graduates Academy (TIMGA)

Organizations:

- Nova Friends of Refugees
- Mason and Partners (MAP) Clinic
- REACT DC, Inc.
- Refugee Advocacy Lab
- Church World Service
- Mozaic DMV
- Upwardly Global

As a reminder, since the passage Virginia's [HB995](#), the Refugee Physicians Advocacy Coalition has continued to stay engaged with the Board of Medicine to ensure fair access to the Provisional License pathway for international physicians and healthcare facilities who may wish to employ them. The RPA Coalition has been following deliberations closely and has identified three items in the draft rules that would be devastating to refugee physicians seeking to pursue the Provisional License pathway, undermining the intent of the HB995 legislation, and limiting potential benefits to healthcare employers:

1. "Applicants shall be no more than two years out of practice."
2. "The provisionally licensed physician must practice under direct supervision for the first 12 months"
3. "Provide evidence of authorization and proof of good standing to practice medicine in a foreign country"

HOW TO SUPPORT:

- **Sign this letter** by responding to this email with your name and/or organization.
- **Share with others** by inviting them to also consider an endorsement.
- **Join us in person** to speak during public comment at the next Legislative Committee meeting:
September 5, 2025 at 8:30 a.m.
Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, VA 23233

We hope to show broad support from Virginia refugee support organizations across the state, healthcare institutions, and Virginia-licensed MD colleagues. **Feel free to share with your contacts across the state and encourage their endorsement.** I've attached a fact sheet highlighting demographics of the 150+ internationally trained physicians (ITPs) in our network and welcome the opportunity to address any questions or share more about our initiatives.

Very best,

Brandi Kilmer

Co-Founder & Senior Director, [Refugee Physicians Advocacy \(RPA\) Coalition](#)



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Brandi Kilmer

Community Programs Coordinator, Washington
D.C.

■ 949-614-3004

■ www.tsosrefugees.org



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From: [Harp, William L. \(DHP\)](#)
To: [Allison Calabrese](#); [Jawad Salam](#); Brandikilmer@tsosrefugees.org
Cc: [Barrett, Erin \(DHP\)](#)
Subject: RE: FW: Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules
Date: Monday, August 25, 2025 12:38:02 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)

Dear Ms. Calabrese:

Thank you for your comment.

Kindest regards,

William L. Harp, MD
Executive Director
Virginia Board of Medicine

From: Allison Calabrese <acalabrese@mylocalinfusion.com>
Sent: Monday, August 25, 2025 9:36 AM
To: [Jawad Salam <Jawad.Salam@hcahealthcare.com>](mailto:Jawad.Salam@hcahealthcare.com); Brandikilmer@tsosrefugees.org
Cc: Harp, William L. (DHP) <william.harp@dhp.virginia.gov>
Subject: Re: FW: Fw: REMINDER: SIGN ON BY Aug 25 to the RPA Coalition's 3 Recommended Revisions to VA Board of Medicine's Provisional License Rules

Hi Brandi,

My name is Allie Calabrese and I am the Executive Director of Strategic Partnerships at my company- Local Infusion.

I support this letter -wholeheartedly on behalf of Salam Jawad. Please let me know if you need anything additional from me.

Allison Calabrese

Executive Director of Strategic Partnerships

Office: 804.251.2960 | Cell: 540.907.2213

Fax: 804-870-9289

Fredericksburg, Richmond, & Virginia Beach

MYLOCALINFUSION.COM



=41=

On Wed, Aug 20, 2025 at 8:03 AM Jawad Salam <Salam.Jawad@hcahealthcare.com> wrote:

Dear Allison,

As we discussed, please see below and show your support by responding to Brandi Kilmer , cc me and Dr. William Harp william.harp@dhp.virginia.gov

Please spread the word!

Kindest regards

Salam Kadhim Jawad, MBChB
Licensed Clinical Supervisor

Pratt Medical Group -Gastroenterology
1500 Dixon Street Suite 202
Fredericksburg, Virginia 22401
HCA Capital Division –Physician Services Group
(O) 540.370-0430
Salam.Jawad@hcahealthcare.com



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Brandi Kilmer

Community Programs Coordinator,
Washington D.C.

■ [949-614-3004](tel:949-614-3004)

■ www.tsosrefugees.org



Next Meeting Date of the Legislative Committee is

January 9, 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). If you submit your reimbursement after the 30-day deadline, please note that it 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 no later than

October 5, 2025