

Advisory Board on Physician Assistants

Virginia Board of Medicine

June 12, 2025

1:00 p.m.



Virginia Department of

Health Professions

Advisory Board on Physician Assistants

Board of Medicine

Thursday, June 12, 2025 at 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 1

Call to Order – Justin Hepner, PA-C, Chair

Emergency Egress Procedures – Kathleen LaMotte i

Roll Call – Kathleen LaMotte

Introduction of Members – Justin Hepner, PA-C, Chair

Approval of minutes from the June 6, 2024 Meeting 1 – 4

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Legislative Report – Erin Barrett/Matthew Novak 5 – 6
2. Regulatory Update – Erin Barrett/Matthew Novak 7 – 8
3. Recommendation of proposed stage language for patient care team requirements –
Erin Barrett/Matthew Novak 9 – 14
4. Recommendation of proposed stage language for patient care team physician
name on prescriptions – Erin Barrett/Matthew Novak 15 – 26

Announcements

Meeting Agenda Format – Michael Sobowale

Next meeting: October 23, 2025 at 1:00 p.m.

Adjournment

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

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

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

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

Training Room 1

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

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

ADVISORY BOARD ON PHYSICIAN ASSISTANTS

Minutes

October 10, 2024

The Advisory Board on Physician Assistants met on Thursday, October 10, 2024, at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Justin Hepner, PA-C – Chair
Tracey Dunn - Citizen Member
Lucy Treene, PA-C

MEMBERS ABSENT: Brian Hanharan, MD
Erin Myers, PA-C – Vice Chair

STAFF PRESENT: William L. Harp, MD, Executive Director
Arne Owens, DHP Director
Michael Sobowale, LLM - Deputy Executive Director, Licensure
Jennifer Deschenes, JD – Deputy Executive Director, Discipline
Erin Barrett, JD – Director of DHP Legislative and Regulatory Affairs
Matt Novak – DHP Policy and Economic Analyst
Roslyn Nickens - Licensing Supervisor
Jamie Culp - Licensing Specialist

GUESTS PRESENT: Robert Glasson, VAPA
Jonathan Williams - VAPA

Call to Order

Justin Hepner called the meeting to order at 1:06 p.m.

Emergency Egress Procedures

Dr. Harp provided the emergency egress instructions.

Roll Call

Jamie Culp called the roll; a quorum was established.

Approval of Minutes

Dr. Harp suggested an amendment to the minutes of June 6, 2024, by striking the statement, “Erin Myers moved to approve the minutes of the September 22, 2022, meeting.” Tracey Dunn moved to accept the minutes with the amendment. Lucy Treene seconded. By unanimous vote, the minutes were approved as amended.

Adoption of Agenda

Justin Hepner moved to adopt the meeting agenda as presented; it was adopted by acclamation.

Public Comments:

None

New Business

1. Report of Regulatory Actions

Erin Barrett gave a report of the Advisory Board’s regulatory actions. The exempt regulatory action to allow physician assistants working for certain employers to practice without a separate practice agreement will become effective on November 6, 2024.

2. Consideration of Language for PA Reinstatement Process

Erin Barrett discussed draft language to authorize the reinstatement of PA licenses. She stated that, if draft language is recommended to the Full Board, the regulatory action will be presented as a fast-track regulatory action. After discussion, Lucy Treene made a motion to accept the draft regulatory language for physician assistant reinstatement of licensure. Tracey Dunn seconded. Motion passed.

3. Update on Implementation of the Physician Assistant Licensure Compact

Justin Hepner gave a brief overview of the PA Licensure Compact. Thirteen states have so far agreed to participate in the Compact. Legislation has become effective in ten states, and five other states have started the process of introducing legislation in their states. For the inaugural meeting of the PA Compact Commission on September 24-25, 2024, in Washington, DC, Justin Hepner was appointed by the Board of Medicine President to serve as Virginia’s primary delegate to the Compact Commission. Mr. Hepner answered questions from members and staff pertaining to the Compact.

4. Approve Appointment of Primary Delegate to the PA Compact Commission

Upon a motion by Tracey Dunn and seconded by Lucy Treene, Justin Hepner was selected to continue to serve as Virginia's primary delegate to the Compact Commission.

5. Election of Alternate Delegate to the PA Compact Commission

Upon a motion by Tracey Dunn, seconded by Justin Hepner, Lucy Treene was selected to serve as the alternate delegate to the Compact Commission.

6. Approval of 2025 Meeting Calendar

Lucy Treene moved to approve the 2025 meeting calendar. Tracey Dunn seconded. The motion passed.

7. Election of Officers

Lucy Treene nominated Justin Hepner to continue as Chair. Tracey Dunn seconded. The motion passed. Tracey Dunn nominated Erin Myers to continue as Vice-Chair. Lucy Treene seconded. The motion passed.

ANNOUNCEMENTS:

License Statistics

Jamie Culp provided the licensing report. The Board has a total of 6, 813 physician assistants. 705 licenses have been issued so far this year.

Next Scheduled Meeting

The next scheduled meeting is February 13, 2025 at 1:00 p.m.

Adjournment

With no other business to conduct, the meeting was adjourned at 1:38 p.m.

William L. Harp, MD - Executive Director

**Board of Medicine
Advisory Boards
Legislative Report
2025 General Assembly**

[HB 1649](#) - Board of Medicine; continuing education; unconscious bias and cultural competency.
Chief Patron: Hayes

DEAD BILL

Board of Medicine; continuing education; unconscious bias and cultural competency. Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine to report the number of licensees who have successfully completed such training to the Department of Health and the Virginia Neonatal Perinatal Collaborative. **This bill is identical to SB 740. This bill is nearly identical to HB1675, below.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on February 18, 2025
03/24/2025: Governor's recommendation received by House
04/02/2025: VOTE: Pass by for the day - Adoption (47-Y 46-N)
05/02/2025: Vetoed by Governor

[HB 1675](#) - Board of Medicine; continuing education; unconscious bias and cultural competency.
Chief Patron: Hayes

DEAD BILL

Board of Medicine; continuing education; unconscious bias and cultural competency. Directs the Board of Medicine to require unconscious bias and cultural competency training as part of the continuing education requirements for renewal of licensure. The bill specifies requirements for the training and requires the Board of Medicine to report on the training to the Department of Health. This bill is a recommendation of the Joint Commission on Health Care. **This bill is substantially similar to HB1649 and SB740.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025
03/24/2025: Governor's recommendation received by House
04/02/2025: VOTE: Pass by for the day - Adoption (47-Y 46-N)
05/02/2025: Vetoed by Governor

[HB 2269](#) - Hospitals; reports of threats or acts of violence against health care providers.
Chief Patron: Tran

Hospitals; reports of threats or acts of violence against health care providers. Requires hospitals in the Commonwealth to establish a workplace violence incident reporting system to document, track, and analyze any incident of workplace violence reported. The bill requires each hospital to (i) report the data collected via the reporting system to the chief medical officer and the chief nursing officer of such hospital on, at minimum, a quarterly basis and (ii) send a report to the Department of Health on an annual basis that includes, at a minimum, the number of incidents of workplace violence voluntarily reported by an employee. The bill also requires the Secretary of Health and Human Resources, in collaboration with the Department of Criminal Justice Services, to convene a stakeholder work group for the purpose of making recommendations on the workplace violence system and policies adopted pursuant to the bill.
This bill is identical to SB 1260.

Passed House: Y Passed Senate: Y
Enrolled Bill communicated to Governor on March 11, 2025
03/24/2025: Approved by Governor-Chapter 457 (Effective 07/01/25)

[HB 2489](#) - Physician assistants; Department of Health Professions to study expansion of scope of practice.
Chief Patron: Henson

Study; Department of Health Professions; expanding scope of practice for physician assistants; report. Directs the Department of Health Professions to conduct a study on expansion of the scope of practice for physician assistants in the Commonwealth as a means to increase autonomy in the profession. In addition to reviewing the education and training requirements for physician assistants in the Commonwealth and the other states, the study includes an analysis of the costs and benefits to patients of increased autonomy for physician assistants. The Department is directed to submit a report with its findings and recommendations to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2025.

Passed House: Y Passed Senate: Y
Enrolled Bill communicated to Governor on March 11, 2025
03/24/2025: Approved by Governor-Chapter 569 (Effective 07/01/25)

[SB 882](#) - Anesthesiologist assistants; establishes criteria for licensure.
Chief Patron: Locke

Board of Medicine; licensure of anesthesiologist assistants. Establishes criteria for the licensure of anesthesiologist assistants and directs the Board of Medicine to adopt regulations governing the practice of anesthesiologist assistants. The bill provides that no person shall use or

assume the title “anesthesiologist assistant” or hold himself out as an anesthesiologist assistant unless such person holds a license as an anesthesiologist assistant issued by the Board. This bill is a recommendation of the Joint Commission on Health Care.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 11, 2025

03/24/2025: Approved by Governor-Chapter 507 (Effective 07/01/25)

[HB 1861](#) - Department of Health Professions; health regulatory boards; regulations; licensure by endorsement.

Chief Patron: Price

AGENCY BILL

Department of Health Professions; health regulatory boards; regulations; licensure by endorsement. Directs each health regulatory board regulated by the Department of Health Professions to enact regulations to provide a licensure by endorsement pathway for professions which do not currently have licensure by endorsement. **This bill is identical to SB 1438.**

Passed House: Y Passed Senate: Y

Enrolled Bill communicated to Governor on March 11, 2025

03/24/2025 Approved by Governor-Chapter 553 (Effective 07/01/25)

[SB 826](#) - Predetermination for licensing eligibility; prior convictions.

Chief Patron: Locke

Department of Professional and Occupational Regulation; Department of Health Professions; predetermination for licensing eligibility; prior convictions. Prohibits the use of “good moral character” or crimes of “moral turpitude,” despite existing statutory language which was not changed by this legislation allowing such use, by a regulatory board within DPOR or DHP when refusing a person a license, certificate, or registration to practice, pursue, or engage in any regulated occupation or profession. The bill requires such regulatory board denying a registration, license, or certificate based on information in the applicant's criminal history record to notify the applicant in writing of (i) the specific offense or offenses that contributed to such denial; (ii) how the criminal history directly relates to the occupation for which the registration, license, or certificate applies; and (iii) how the regulatory board weighed rehabilitation factors when making its decision.

The bill further allows an applicant to request a written predetermination from a regulatory board within DPOR or DHP concerning whether his criminal record would disqualify him from obtaining a license, certificate, registration, or other authority to engage in a particular occupation, trade, or profession in the Commonwealth. It appears no fee can be charged for this

determination, which will create a bifurcated licensure process and has significant legal and financial ramifications for DHP and its regulatory boards.

Legal advice has been requested regarding implementation and the requirements of this legislation.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 5, 2025

03/24/2025 Approved by Governor-Chapter 505 (Effective 07/01/25)

[SB 1293](#) - Autism spectrum disorder; school board employees, professional development and continuing education.

Chief Patron: Stanley

School board employees; professional development and continuing education; optional programs; children with autism spectrum disorder. This legislation is directed toward the Department of Education and available training for educators regarding communicating with children diagnosed with autism spectrum disorder.

An enactment clause requires boards of DHP to communicate a recommendation to licensees to complete continuing education on communicating with children diagnosed with autism spectrum disorder. **This is not a requirement, simply a communication with a recommendation.**

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 11, 2025

03/24/2025 Approved by Governor-Chapter 516 (Effective 07/01/25)

[SB 1363](#) - Health Professions, Board of; transfer of powers and duties.

Chief Patron: Pillion

Status: Acts of Assembly Chapter

AGENCY BILL

Elimination of Board of Health Professions; transfer of powers and duties. Eliminates the Board of Health Professions and transfers certain powers and duties from the Board to the Department of Health Professions.

Passed House: Y Passed Senate: Y

Enrolled Bill Communicated to Governor on March 5, 2025

03/21/2025: Approved by Governor-Chapter 341 (Effective 07/01/25)

Board of Medicine – Advisory Board on Physician Assistants
Regulatory Actions
As of May 12, 2025

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-50	NOIRA	Implementation of the PA Compact	4/14/2025	21 days	Regulatory amendments required for entry into PA Compact

At DPB or OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-50	Fast-track	Creation of reinstatement process for PAs with lapsed licenses	10/29/2024	OAG; 195 days	These changes voted on by ad board and full board in October 2024

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-50	NOIRA	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	3/10/2025	4/9/2025	Following a petition for rulemaking, removes the requirement that the patient care team physician or podiatrist name appear on prescriptions issued by physician

					assistants for Schedule II – V drugs.
18VAC85-50	NOIRA	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	3/10/2025	4/9/2025	Following a petition for rulemaking, the Board is noticing that it will amend 18VAC85-50-110(1) to reduce requirements for consultation and collaboration.
18VAC85-50	Fast-track	Implementation of changes following 2022 periodic review of Chapter	6/2/2025	7/17/2025	Periodic review changes voted on at 2022 October Board meeting

Agenda Item: Recommendation of proposed stage language for patient care team requirements

Included in your agenda packet:

- Draft proposed stage changes to 18VAC85-50-110
- TownHall comments received on NOIRA stage

Action Needed:

- Motion to recommend proposed stage changes to the Board of Medicine

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 complex 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.

DRAFT

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	Please remove this antiquated language - it unnecessarily	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: Recommendation of proposed stage language for patient care team physician name on prescriptions

Included in your agenda packet:

- Draft proposed stage changes to 18VAC85-50-160
- TownHall comments received on NOIRA stage

Action Needed:

- Motion to recommend proposed stage changes to the Board of Medicine

18VAC85-50-160. Disclosure.

A. ~~Each prescription for a Schedule II through V drug shall bear the name of the patient care team physician or podiatrist and of the physician assistant.~~

B. The physician assistant shall disclose to the patient that he is a licensed physician assistant, and also the name, address and telephone number of the patient care team physician or podiatrist. Such disclosure shall ~~either be included on the prescription or~~ be given in writing to the patient.

DRAFT

Action: Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants
[6294 / 10087]

Commenter	Title	Comment	Date/ID
Josh Detrick	Support removal of physician name from controlled substance prescriptions	As a practicing surgical physician associate, I support the removal of the physicians name from controlled substance prescriptions. Many EMRs lack this capability and since it is required to transmit those ordered electronically this inherently causes some level of non compliance. Also, I question the utility as many PAs work at a different site from their physician. We have prescriptive authority to order the medications, what purpose does their name serve? We have our DEA on the prescription already. Please consider removing this antiquated process.	3/11/25 4:36 pm CommentID:233003
Evan Turnbull, UVA Health	Agree	This change would be immensely helpful. I have received calls from pharmacists from Walmart and CVS stating they need additional physician information in order to fill the prescription I wrote. The prescription includes the physician's name and NPI, but the computer program does not generate the DEA. While that is not required by law, and my prescription is otherwise compliant with current law, they will not proceed until they have the DEA. Removing the physician name requirement all together will help eliminate confusion and improve patient experience, not to mention reduce delays and additional time burden on the prescribing PA.	3/11/25 4:36 pm CommentID:233004
Erika Francis, Shenandoah University	Support of Petition to Remove Physician Name Requirement on Prescriptions	<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's name be included on prescriptions for Schedule II-V medications.</p> <p>This change is a necessary step in recognizing the autonomous prescribing authority of PAs within the collaborative practice framework. PAs are rigorously trained medical professionals who provide high-quality patient care, and their ability to prescribe controlled substances is already regulated through state licensure, DEA registration, and collaborative practice agreements. Requiring a supervising physician's name on prescriptions does not enhance patient safety but rather creates administrative burdens that can delay care, contribute to confusion at the pharmacy, and misrepresent the prescribing provider's role in the patient's treatment plan.</p> <p>Removing this requirement aligns with best practices in other states and supports a more efficient and transparent healthcare system. I urge the Board of Medicine to approve this petition and modernize regulations to better reflect the evolving role of PAs in Virginia's healthcare workforce.</p> <p>Sincerely,</p> <p>Erika Francis, DMS, PA-C</p>	3/11/25 5:44 pm CommentID:233006

		Interim Program Director Shenandoah University PA Program	
Samantha Buhler	Support of Action	As a licensed Physician Assistant in Virginia with an independent DEA registration, the removal of the requirement for including the supervising physician's or podiatrist's name on prescriptions for Schedule II-V controlled substances is a necessary and logical step. This adjustment reflects the professional accountability of PAs, as listing a physician's name does improve patient care but instead creates unnecessary administrative burdens.	3/11/25 5:44 pm CommentID:233007
Kim Ketchersid, VCU Health	Support in removing this barrier to care	Requiring a physician or podiatrists' name on scripts for controlled substances has caused patients to experience delays in having their pain medications filled. PAs hold their own DEA licenses, have completed the required pharmacology training, and have access to the Prescription Monitoring Program. Removing this requirement only increases access to care.	3/12/25 6:26 am CommentID:233009
Jerry Weniger, PhD, PA-C	Please change this obsolete regulation	As the Director of the PA Program at James Madison University, I strongly support the removal of the current requirement that a patient care team physician's name be included on prescriptions for Schedule II-V medications. PAs already have prescriptive authority at the state level via licensure, are registered with the DEA federally, and have a practice agreement locally. Requiring a physician name on a script serves no meaningful purpose. On the contrary, the rule in fact delays patient care when pharmacists are made to contact PA prescribers when the physician's name is missing, mostly due to incapable EMR systems. At best, this rule creates some level of unintentional non-compliance. And at worst, it is completely illogical and administratively burdensome. Sincerely, Jerry Weniger, PhD, PA-C Director, PA Program James Madison University	3/12/25 8:12 am CommentID:233011
Laura DeWitz PA-C	antiquated rule not benefitting patient care	Most PAs have been there, we are in clinic seeing patients when we get the call. The pharmacy needs you to resend the prescription with the collaborating physician's name on it. We must stop everything and either call the pharmacy or resend the prescription. This takes away from patient care and adds ONE MORE additional bureaucracy to our day. ONE MORE rule that does not make any sense or add benefit to patients. This rule wastes pharmacy's time and takes away from PA's time we could/should be spending with patients. It adds to burn out with PAs, clinic staff and pharmacy staff. Please tell me how this is value-added to the patient? Often times my prescription will make it onto the PMP in Virginia for my collaborating physician. The	3/12/25 8:33 am CommentID:233012

		MD/DO doesn't even know the patient, and now MY PATIENTS' controlled meds are falsely elevating the MDs' list of prescribed controlled meds. This is a liability. Perhaps this is another reason it can be hard to find collaborators in psychiatry; add that to the critical shortages of psychiatrists. Please help us rid these antiquated rules that hinder patient care and steal valuable time from providers.	
Kristina Kinsella	Support in Removing this antiquated rule that hinders care	Please remove this antiquated rule. All it does is hinder patient care and unnecessarily increase workload.	3/12/25 2:43 pm CommentID:233015
Olushola Ilogho, PA-C	Call to action.	<p>I fully support the removal of physician name on schedule II-V drug prescriptions written by Virginia PAs. As highly trained medical professionals, PAs possess the expertise to safely and effectively prescribe these medications within their scope of practice.</p> <p>Eliminating this requirement will:</p> <ol style="list-style-type: none"> 1. Enhance Efficiency and Patient Care 2. Expand Access to Care: PAs are essential healthcare providers, particularly in rural and underserved areas. This regulatory change will empower PAs to provide comprehensive care where physician shortages are present. 3. Reduce Administrative Burden: Removing this requirement will alleviate administrative workload, including pharmacy calls, allowing healthcare teams to focus more on patient care. 4. Reduce unnecessary emergency room visits. 	3/12/25 11:28 pm CommentID:233017
Melissa Shaffron, DMSc, PA-C	Support of Petition to Remove the Physician Name Requirement on Schedule II-V Prescriptions	<p>As a practicing PA and a PA Medicine program director, I strongly support the petition to remove the requirement that a patient care team physician's name be included on prescriptions for Schedule II-V medications in Virginia.</p> <p>This outdated requirement places an unnecessary administrative burden on PAs and their collaborating physicians without providing any added benefit to patient safety or care quality. PAs are highly trained, licensed medical professionals who prescribe these medications within their scope of practice and in accordance with state and federal regulations. The current rule creates inefficiencies that can delay patient access to necessary medications and adds redundant documentation requirements that do not enhance oversight or accountability.</p> <p>Furthermore, this requirement does not align with the prescribing practices in many other states where PAs can prescribe independently within the bounds of their scope of practice. Removing this requirement would modernize Virginia's approach, reducing administrative barriers and improving workflow efficiency while maintaining high</p>	3/13/25 3:37 pm CommentID:233020

		standards of patient care. I urge the regulatory board to support this petition and remove this requirement, ensuring that PAs can continue to provide timely, effective, and patient-centered care without unnecessary administrative constraints.	
Amber Balzer	Support removing a barrier to adequate patient care	I support removing this barrier to patient care	3/14/25 2:31 am CommentID:233022
Grace Burman	Support this in order to reduce care barriers	As the healthcare field & scopes of practice change, it is important that legislation change with it in order to support patient-centered, accessible care.	3/14/25 10:30 pm CommentID:233086
Kathleen Scarbalis PA-C	Support regulatory action	<i>I support the proposed regulatory change to PA prescribing requirements.</i> <i>PAs have individual DEA license numbers. The PA prescribing is responsible, and educated. PAs have pharmacology training. PAs are trained, licensed and credentialed to appropriately prescribe in Virginia. Should a pharmacist or patient have questions regarding the prescription, the prescriber/PA is the best contact.</i> <i>PAs work in a variety of environments. Many EMRs prove difficult to navigate, Adding a note to the prescription with the collaborating physician can be cumbersome. This has created delays care for the patient if the pharmacy must be called, in my experience. Many hours on hold have been wasted waiting to speak with a pharmacist to clarify. Physicians have been contacted in lieu of the prescribing PA. PAs are capable and will provide excellent care.</i>	3/16/25 1:10 pm CommentID:233215
Anonymous	Removal of need for physician name on PA prescriptions	In today's day and time PA's practice in all fields of medicine and all states, so why do we still have this obsolete clause. This is unfair to PA's and their patients and creates unnecessary delays in patient care. PA's have their own DEA license (similar to NP's) and should not need any other physician's name / DEA to write any prescriptions which their DEA allows them to. PA's and NP's have the same scope of practice, however just because NP's have a bigger lobby, they are exempt from this while PA's are still required to have a physician name on a PA's prescription. PA's undergo more vigorous training and education than NP's, are held to much higher standards of certification maintenance than NPs , are licensed by Board of Medicine similar to physicians and despite that have to deal with these unfair regulations. It's high time that these unfair regulations are put to an end.	3/16/25 9:04 pm CommentID:233241
Daniel Dollison PA-C	Support the Regulatory Action	I've been a PA for 30 years both in rural as well as urban settings. I feel we need to remove barriers to the most effective use of PA's. My home state of Nebraska fully removed the need for the supervising physician's name	3/16/25 9:09 pm CommentID:233242

being added to PA prescriptions in 2020 via LB 755.
Nebraska more progressive than Virginia?

Anonymous

FNP in Support of Petition to Remove the Physician Name Requirement on Schedule II-V Prescriptions

As a Family Nurse Practitioner, I strongly support the petition to remove the requirement that a patient care team physician's name be included on prescriptions for Schedule II-V medications in Virginia.

This outdated requirement places an unnecessary administrative burden on PAs and their collaborating physicians without providing any added benefit to patient safety or care quality. PAs are highly trained, licensed medical professionals who prescribe these medications within their scope of practice and in accordance with state and federal regulations. The current rule creates inefficiencies that can delay patient access to necessary medications and adds redundant documentation requirements that do not enhance oversight or accountability.

Furthermore, this requirement does not align with the prescribing practices in many other states where PAs can prescribe independently within the bounds of their scope of practice. Removing this requirement would modernize Virginia's approach, reducing administrative barriers and improving workflow efficiency while maintaining high standards of patient care.

I urge the regulatory board to support this petition and remove this requirement, ensuring that PAs can continue to provide timely, effective, and patient-centered care without unnecessary administrative constraints.

3/17/25 9:37 am
CommentID:233254

Bobby Cockram, DMSc PA-C

Support removal of the need for physician name on controlled rx written by PAs

As a leader of approximately 1600 advanced practice providers across northern Virginia I have seen first-hand how the current language requiring a physician's name to be present on a controlled substance prescription by a PA has caused significant delay in care for patients, significant burden on physicians and PAs delivering care, and broad confusion among pharmacies, leading to their own interpretation of this language, further complicating patients filling prescriptions for needed medications. I have countless examples of how this language has delayed or prevented patients from receiving medications. Imagine a patient being discharged from the hospital after major surgery and being unable to pick up pain medications for a full day. Imagine a patient receiving cancer treatment being delayed in picking up much needed medications. These are 2 quick examples of real-world scenarios happening regularly across the commonwealth. This language needs to be removed right away and align our prescriptive requirements with our NP colleagues. This language has no benefit to patient care at all.

3/17/25 5:55 pm
CommentID:233261

Anonymous

In support of removing requirement for

As a practicing PA of 12 years, I fully support the removal of the requirement to have a physician's name on prescriptions for controlled substances. It is illogical as we

3/18/25 2:16 pm
CommentID:233272

	physician's name on controlled substances	already have a DEA number and ability to independently prescribe controlled substances, and it does nothing to improve patient care or access to care. It does, however, add administrative burden to an already overworked group of professionals who just want to care for our patients.	
Dara Wotherspoon, PA-C	Support Removal of Physician Name on Controlled Substance Prescriptions	In support of removing physician names from controlled substances.	3/18/25 8:11 pm CommentID:233276
Jared Ng, PA-C	Allow providers to practice to maximum of their licensure	Hello, I'm a PA practicing for nearly 10 years. I believe the current language within the Virginia physician assistant language requiring name to be on prescriptions is not necessary and provides a barrier to patient care and confusion. Nurse practitioners do not currently utilize these same regulations. Physician assistant function similarly as advanced practice providers. Medications and management of patients happen with the care of physicians.	3/19/25 4:13 pm CommentID:233279
Mark Ford	Remove restrictions	Good morning, Simply ask that you remove the unneeded MD name to prescriptions. It is cumbersome, stimulates call backs from pharmacies and just delays care for the patient. I have 26 years of experience and I am all for patient safety. This does not improve safety or patient care. Thank you Mark Ford, PA-C Fredericksburg, VA	3/21/25 7:49 am CommentID:233286
Jenna Rolfs	Support Removing Barriers in Order to Improve Access to Patient Care	Please support the removal of the physician name on schedule II-V drug prescriptions written by Virginia PAs. As highly trained medical professionals, PAs possess the expertise to safely and effectively prescribe these medications within their scope of practice. Eliminating this requirement will: 1. Enhance Efficiency and Patient Care 2. Expand Access to Care: PAs are essential healthcare providers, particularly in rural and underserved areas. This regulatory change will empower PAs to provide comprehensive care where physician shortages are present. 3. Reduce Administrative Burden: Removing this requirement will alleviate administrative workload, including pharmacy calls, allowing healthcare teams to focus more on patient care. 4. Reduce unnecessary emergency room visits.	3/23/25 5:54 pm CommentID:233299
Grace Allison Beers - Direct	Statement of support	Statement in Support of Removing the Requirement for a Collaborating Physician's Name on Controlled Substance	3/23/25 7:30 pm CommentID:233301

Wellness RVA		<p>Prescriptions</p> <p>I am a Physician Assistant with 10 years of experience in both emergency medicine and primary care, and I have seen firsthand the delays and barriers caused by Virginia's outdated requirement for a collaborating physician's name to be included on controlled substance prescriptions. This antiquated rule leads to unnecessary pharmacy call-backs, confusion for patients, and delays in accessing essential medications.</p> <p>Nurse Practitioners in Virginia are not subject to this requirement, yet PAs function similarly as advanced practice providers. This discrepancy places an undue burden on PAs and creates unnecessary hurdles for patients who are already facing long wait times and increased healthcare costs due to provider shortages.</p> <p>As a PA serving my hometown community, I witness daily the impact of these regulatory barriers. Removing this outdated requirement will allow PAs to practice more efficiently, ensuring patients receive the care they need without unnecessary delays. I urge the state to modernize its regulations, eliminate unnecessary restrictions, and empower PAs to help address Virginia's healthcare access shortage.</p>	
Christie Meek, PA-C	MD name on prescription	<p>Good Evening,</p> <p>As providers approved by the DEA and trained in prescribing, please remove the requirement for MD name on the prescription. The DEA is the organization that confirms we have been adequately trained and gives us authorization to prescribe. Duplication isn't helpful, rather cumbersome.</p> <p>Sincerely,</p> <p>Christie L Meek, PA-C</p> <p>graduation 8/1993</p>	3/23/25 7:40 pm CommentID:233302
Tara Villano, PA-C	Support removal of unnecessary and burdensome regulation	<p>Hello,</p> <p>I am writing to support this legislation to improve the patient care process by removing unnecessary and burdensome regulation 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</p>	3/24/25 10:38 am CommentID:233305

		increases by streamlining processes and removing unnecessary burdens, all the people of Virginia benefit.	
Nicole Lando, MSHS, PA-C	I support removing this regulatory language	As a critical care PA, I am a member of a large and interdisciplinary care team. Because of this, it is quite rare that I work with my designated supervising physician. I am always working collaboratively with attending physicians, but this changes every 12 hours based on the nature of my work and shift work in general. Adding the requirement for physician signature for controlled substances seems both redundant in the setting of my training and DEA certifications; it also adds confusion for pharmacies filling said prescriptions. The language should align with that of our NP colleagues, who do not have this proposed requirement when writing prescriptions.	3/24/25 11:53 pm CommentID:233310
Kimberly Gordon PA-C	Support for regulatory change	I support removal of the current requirement that a physician's name be included on prescriptions for Schedule II-V medications. PAs already have prescriptive authority at the state level and DEA via licensure. PAs undergo pharmacological education both during initial training and through ongoing CME. Requiring a physician name on a prescription serves no meaningful purpose and creates unnecessary administrative burden. In the scenario of EMR downtimes or network issues, it creates delays in patient care when pharmacists are made to contact PA prescribers when the physician's name is missing.	3/25/25 10:27 am CommentID:233312
Max Doyle, PA-C	I support removing this requirement	I support removing this requirement	3/25/25 6:25 pm CommentID:233316
Carolyn Herrera	I support removal of this requirement.	I am in support of the petition to remove this requirement and to increase access to care for patients by PAs.	3/28/25 6:00 pm CommentID:233333
Emily Frank	See below	I support removal of this requirement	3/29/25 1:59 pm CommentID:233356
Emory and Henry School of Health Sciences Masters in Physician Assistant Pr	COMMENT NO PRESCRIPTION REQUIREMENT	Physician Assistants are licensed and credentialed providers most of whom are also registered with the DEA for prescribing controlled substances. Physicians are not liable for prescriptions that PAs write so having physician's name on the prescriptions is an unnecessary administrative requirement.	4/7/25 10:49 am CommentID:233534
Meredith Dhillon	Please remove this barrier to care	Please remove the SP requirement for controlled substances. Its a barrier to care and causes issues with patients getting their script filled if missing. Pharmacies are always calling about it. Its not necessary if I pay all that money for my DEA.	4/7/25 10:53 am CommentID:233535

Aaron Horton PA-C	Statement of support	I support the petition to remove the requirement that a patient care team physician's name be included on prescriptions for Schedule II-V medications in Virginia. This is an unnecessary administrative redundancy that doesn't benefit patients or providers in any way.	4/7/25 10:55 am CommentID:233536
J. Barton Gillum,	Romoval 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 11:08 am CommentID:233539
Terry Carlisle PAC	Removing physician name from prescription for controlled substances	I support this change of removing the physicians name	4/8/25 7:21 am CommentID:233557
Alison Moran	I support removal of this requirement	I am in support of removing the requirement for a physician signature on prescriptions. This is an unnecessary administrative burden and limits access to care. Let's make it easier for our patients to receive the care they need and for providers to give appropriate care!	4/8/25 7:37 am CommentID:233559
Tara Elkins, PA-C	I support this initiative❖	I support this initiative.	4/8/25 10:02 pm CommentID:233577



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 cannot be approved.

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

July 12, 2025