



Legislative Committee Meeting

Virginia Board of Medicine

January 9, 2026

8:30 a.m.

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

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

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



AGENDA
Legislative Committee
 Virginia Board of Medicine
 Friday, January 9, 2026 @ 8:30 a.m.
 Board Room 4

	Page
Call to Order – Leroy Vaughan, MD – Vice-President, Chair	
Egress Instructions	i
Roll Call	
Approval of Minutes of September 5, 2025	1
Adoption of Agenda	
Public Comment on Agenda Items - 5 minutes per speaker	
DHP Agency Director’s Report	6
<u>New Business</u>	
1. Regulatory Chart.....	7
2. 2026 Legislation Update	---
3. Medical Device Implant Information	10
4. Announcements	14
5. Next Meeting: January 9, 2026	
Adjournment	



VIRGINIA BOARD OF MEDICINE LEGISLATIVE COMMITTEE MINUTES

Friday, September 5, 2025

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Vaughan called the meeting of the Legislative Committee to order at 8:36 a.m.

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

MEMBERS PRESENT: Leroy Vaughan, Jr., MD - Vice-President & Chair
J. Randy Clements, DPM - Past President
Krishna Madiraju, MD
Patrick McManus, MD
Jennifer Rathmann, DC
Michele Nedelka, MD

MEMBERS ABSENT: Peter Apel, MD - President

STAFF PRESENT: William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Director, Discipline
Colanthia Morton Opher - Deputy Director, Doctors'
Licensing and Administration
Michael Sobowale, LLM - Deputy Director, Allied Health
Professions' Licensing
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

COUNCIL PRESENT: W. Brent Saunders, JD - Senior Assistant Attorney General

OTHERS PRESENT: Tamika Hines - Discipline Case Manager
Brandi Kilmer – Refugee Physicians Advocacy Coalition
Scott Castro – Medical Society of Virginia
Ben Traynham – Hancock, Daniel & Johnson, PC

EMERGENCY EGRESS INSTRUCTIONS

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

APPROVAL OF MINUTES OF May 9, 2025

Dr. Rathmann moved to approve the meeting minutes of May 9, 2025. The motion was seconded by Dr. McManus and carried unanimously.

ADOPTION OF AGENDA

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

PUBLIC COMMENT

Brandi Kilmer, representing the Refugee Physician Advocacy Coalition, expressed her appreciation to the Board for its work with HB995. Ms. Kilmer asked the Committee to consider removing “no more than two years out of practice”, stating that this requirement would exclude qualified physicians who may have been displaced due to conflict in their country.

DHP AGENCY DIRECTOR’S REPORT

Arne Owens, DHP Director, shared that DHP is tracking activities in Washington, DC to include new guidelines for administering COVID vaccines, Medicaid, PMP Federal funding, and the November 2026 elections.

Internally, Mr. Owens stated that DHP’s biennial budget will indicate that it is striving for greater efficiency. He said DHP is developing several legislative proposals for the 2026 General Assembly.

NEW BUSINESS

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

Dr. Vaughan shared with the Board that the Federation of State Medical Boards (FSMB) released a Guidance Document from the Advisory Commission on Additional Licensing Models in August 2025. The document provides recommendations regarding optional licensure pathways for internationally trained physicians (ITPs). Dr. Vaughan reviewed several points from the Commission’s report to assist the Committee with the review of the draft regulations.

Ms. Barrett stated that the Committee’s draft will go to the October full Board for review and further revision. After proposed regulations are adopted, they will be posted for 60 days to allow public comment.

18VAC85-20-10. Definitions.

Ms. Barrett reviewed options for defining direct supervision and indirect supervision. She presented the following as the definition for “Direct Supervision.”

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

MOTION: Dr. Vaughan moved the definition of direct supervision as presented. The motion was adopted by a unanimous show of hands.

Ms. Barrett then presented the first option for defining Indirect Supervision.

- **“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.

MOTION: Dr. Vaughan moved the first option for defining indirect supervision. The vote was 3 yeas and 3 nays. The definition was not adopted.

Ms. Barrett presented a second possible definition for indirect supervision.

- **“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.

MOTION: Dr. Vaughan moved this definition for indirect supervision. The vote was 3 yeas and 3 nays. The definition was not adopted.

Ms. Barrett said that the discussion of the Committee on this matter will be presented to the full Board in October.

18VAC85-20-20. Required fees.

Ms. Barrett reviewed the application fee for a provisional license, stating that the fees match the current Medicine license fees.

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

Ms. Barrett suggested language to be added to 85-20-211A along with adding a new 85-20-211B, which would change the current 85-20-211B and 85-20-211C to 85-20-211C and 85-20-211D.

Dr. Harp suggested rephrasing 85-20-211A to the following:

- A physician that has practiced in a foreign country for at least 5 years after medical training may apply for a provisional license as a physician.

All agreed to the revision, and Mr. Saunders suggested that the Board remove 85-20-211D. Ms. Barrett agreed and struck 85-20-211D.

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

Ms. Barrett reviewed 85-20-212A, asking the Board if they would like to revise the gap for full-time practice from 2 years.

MOTION: Dr. Vaughan moved to revise 85-20-212A from “two years” to “four years.” The motion was adopted with 4 yeas and 2 nays.

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

Ms. Barrett reviewed the updates of 85-20-213 with the Board.

Dr. Harp said that the language in 85-20-213F and 85-20-213G.2 should match for “clinical competency committee” or “clinical competence committee”. Dr. Vaughan suggested that the phrase for both sections be “clinical competency committee.” All Board members agreed.

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

Ms. Barrett reviewed the updates of 85-20-214 with the Board.

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

Ms. Barrett reviewed the updates of 85-20-215 with the Board.

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

Ms. Barrett reviewed the updates of 85-20-216 with the Board.

MOTION: Dr. Vaughan moved to send the revised draft language to the full Board held in October. The motion was seconded by Dr. Madiraju and carried unanimously.

Guidance Regarding Foreign Physicians Obtaining Provisional Licenses

Ms. Barrett reviewed the Guidance Document and asked the Board for a suggested number of years for proof of active practice. All Board members agreed on proof of 5 years of active practice.

In the list of organizations other than the World Health Organization (WHO), Mr. Sobowale suggested removing the Liaison Committee on Medical Education (LCME) because it only recognizes US medical schools, not international schools, and therefore is not applicable to ITP’s. Dr. Harp suggested adding Educational Commission for Foreign Medical Graduates (ECFMG).

CONSIDERATION OF CONSENT ORDER

Ms. Deschenes presented a Consent Order regarding an applicant for reinstatement.

MOTION: Dr. Clements moved to accept the Consent Order. The motion was properly seconded by Dr. Nedelka and passed with a vote of 6-0.

ANNOUNCEMENTS

None.

NEXT MEETING

January 9, 2026.

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 10:29 a.m.

William L. Harp, MD
Executive Director

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

Staff Note: All items for information only

Action: None.

Board of Medicine
Regulatory Actions
As of December 17, 2025

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-20	Fast-Track	Removal of requirement to provide documentation of continuing competency for reactivation of a license	10/29/2024	117 days	This will make only attestation required, similar to renewal of licenses
18VAC85-50	NOIRA	Implementation of the PA Compact	4/14/2025	240 days	Facilitates entry into the PA Compact
18VAC85-50	Fast-Track	Creation of reinstatement process for physician assistants with lapsed licenses	10/29/2024	117 days	Missing process for PAs
18VAC85-180	NOIRA	Licensure of Anesthesiologist Assistants	8/18/2025	111 days	Begins the process to license Anesthesiologist Assistants as required by legislation
18VAC85-50	Proposed	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	8/7/2025	55 days	Results from a petition for rulemaking.

At DPB

None.

At OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-20	Fast-Track	Clean up of continuing education requirement references following regulatory reduction	4/8/2025	253 days	Removes references to CE requirements that were removed in a previous regulatory action
18VAC85-40	Proposed	Implementation of 2022 Periodic Review for Chapter 40	4/8/2025	253 days	Implements changes following 2022 periodic review. Fast-track received an objection from a legislator pursuant to Va. Code § 2.2-4012.1., which converted the fast-track into a NOIRA. This action will now undergo the full regulatory process.
18VAC85-20	Proposed	Licensure of foreign physicians through provisional and restricted licenses	11/14/2025	33 days	Creates a provisional and restricted license pathway for foreign physicians as required by HB995 of the 2024 General Assembly.

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-80	Fast-Track	Expansion of options for reinstatement of lapsed occupational therapy or occupational therapy assistant license	12/15/2025	1/29/2026	Expands options and reduces burdens for licensees who hold a license in another jurisdiction.
18VAC85-50	NOIRA	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	3/10/2025	4/9/2025	This action will be before the executive committee in April.

Agenda Item: Consideration of potential regulatory action regarding medical device implant identifying information

Included in your agenda package:

- Letter from Senator Favola regarding a constituent's concern;
- Letter in response from Director Owens; and
- 18VAC85-20-26.

Staff notes: The Committee to discuss whether this issue should be regulated. If this issue is not appropriate for regulation, specific information regarding the reasons why regulation is inappropriate should be identified by the Committee.

Action needed:

- If the Committee believes this issue should be regulated, recommendation that the Full Board file a notice of intended regulatory action at the February 2026 meeting.

SENATE OF VIRGINIA

BARBARA A. FAVOLA
40TH SENATORIAL DISTRICT
PART OF ARLINGTON COUNTY

P.O. BOX 687
ARLINGTON, VA 22216



COMMITTEE ASSIGNMENTS:
REHABILITATION AND SOCIAL
SERVICES, CHAIR
COURTS OF JUSTICE
EDUCATION AND HEALTH
FINANCE AND APPROPRIATIONS
RULES

Director Arne Owens
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Director Owens:

I write to you to urge the Department of Health Professions to amend its regulations to ensure that patients in Virginia receiving medical device implants have access to the necessary identifying information about those devices, including manufacturer, brand, serial number, and expiration date.

One of my constituents, Ms. Bernadette Lozano of Arlington, experienced the failure of her first hip replacement surgery because one part used in her implant was too small. It was only after a revision surgery that she learned the true cause of the surgery's failure. To obtain basic details about the failed implant, Ms. Lozano had to demand documentation from her original surgeon and personally contact the manufacturer.

I understand that many healthcare professionals in the Commonwealth already distribute this information to patients routinely and accurately, and I am grateful for their diligence. However, this instance highlights the gap created by the absence of a regulatory requirement. Despite many physicians following this best practice voluntarily, there remain bad actors who leave patients vulnerable and uninformed. Amending the regulations to require facilities and providers to record identifying information for implanted devices and provide it to patients will close this gap and protect Virginians.

Please provide a written response confirming whether the Department has the ability to address this issue by modifying existing regulations. If this cannot be accomplished through the regulatory process and would instead require legislative action directing the Department to include identifying information in its regulations, please let my office know. Ensuring that every patient has access to this information about devices implanted in their bodies is a commonsense step toward safety, transparency, and trust in our healthcare system.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Favola".

Senator Barbara A. Favola
Representing District 40



COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
PHONE (804) 367- 4400

September 8, 2025

The Honorable Barbara Favola
Senate of Virginia
P.O. Box 687
Arlington, Virginia 22216
senatorfavola@senate.virginia.gov

Re: Requirements for facilities and providers to record identifying information of implanted devices

Dear Senator Favola,

Thank you for contacting me about your constituent, Ms. Bernadette Lozano, and the issues she faced locating information regarding an implanted device. You asked whether the Department of Health Professions can address the issue Ms. Lozano experienced by modifying existing regulations.

After discussing the matter with the Executive Director of the Board of Medicine and the Executive Director of the Board of Pharmacy, I can share that the Department, through the Board of Medicine, can address this issue through regulation. Any such change would likely be added to the existing regulation governing requirements for patient records, 18VAC85-20-26.

Such a regulatory change would only impact licensed practitioners under the jurisdiction of the Department of Health Professions, however, and would not impact facilities, which you also asked about. The Virginia Department of Health may have jurisdiction over such recording requirements of facilities.

Should you need anything further, please let me know.

Sincerely,

Arne W. Owens

Arne W. Owens
Director

cc: Erin Barrett, Director of Legislative and Regulatory Affairs

Virginia Administrative Code

Title 18. Professional And Occupational Licensing

Agency 85. Board of Medicine

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

Part II. Standards of Professional Conduct

18VAC85-20-26. Patient records.

- A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.
- B. Practitioners shall provide patient records to another practitioner or to the patient or the patient's personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.
- C. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible, and complete patient records.
- D. Practitioners shall maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:
1. Records of a minor child, including immunizations, shall be maintained until the child reaches 18 years of age or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;
 2. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or the patient's personal representative; or
 3. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.
- E. Practitioners shall post information or in some manner inform all patients concerning the timeframe for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

Statutory Authority

§54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 22, Issue 1, eff. October 19, 2005; amended, Virginia Register Volume 35, Issue 24, eff. September 26, 2019; Volume 41, Issue 11, eff. February 27, 2025.

Next Meeting Date of the Legislative Committee is

May 8, 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

February 9, 2026