

# Advisory Board on Physician Assistants

---

---

---

Virginia Board of Medicine

February 5, 2026

1:00 p.m.



Virginia Department of

**Health Professions**

**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 2**

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

Exit the room using one of the doors at the back of the room. (**Point**). Upon exiting the doors, 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

---

Board of Medicine

Thursday, February 5, 2026, 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

Roll Call – Kathleen LaMotte

Introduction of Members – Justin Hepner, PA-C,

Chair Approval of minutes from October 23, 2025,

Meeting Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

## New Business

1. Regulatory Update – Matthew Novak
2. Legislative Update - Matthew Novak
3. Consideration of proposed stage language regarding consultation and Collaboration – Matthew Novak

## Announcements

Next meeting: Thursday, May 14, 2026, at 1:00 p.m.

## Adjournment



<< DRAFT >>

ADVISORY BOARD ON PHYSICIAN ASSISTANTS

**Minutes**

October 23, 2025

The Advisory Board on Physician Assistants met on Thursday, October 23, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

**MEMBERS PRESENT:** Justin Hepner, PA-C, Chair  
Tracey Dunn - citizen  
Erin Myers, PA-C  
Lucy Treene, PA-C  
Brian Hanrahan, MD \*

*\* Dr. Hanrahan joined at 1:09*

**MEMBERS ABSENT:**

**STAFF PRESENT:** Michael Sobowale, LLM, Deputy Executive Director - Licensure  
Jennifer Deschenes, Deputy Executive Director – Discipline  
Colanthia M. Opher, Deputy Executive Director – Medical  
Licensure and Administration  
Kathleen LaMotte, Board Administrator  
Matthew Novak, DHP Policy and Economic Analyst  
Roslyn Nickens, Licensing Supervisor  
Jamie Culp, Licensing Specialist  
Erin Pollard, Licensing Specialist

**GUESTS PRESENT:** Jonathan Williams - VAPA

**Call to Order**

Justin Hepner called the meeting to order @ 1:00 p.m.

**Emergency Egress Procedures**

Kathleen LaMotte announced the emergency egress instructions.

**Roll Call**

Ms. LaMotte called the roll; a quorum was declared.

## **Introduction of Members**

Mr. Hepner asked everyone present in the room to introduce themselves.

## **Approval of Minutes**

Two scrivener's errors were noted and corrected on the previous minutes. Ms. Dunn moved to approve the minutes as amended from the June 12, 2025, meeting. Ms. Treene seconded. The motion passed unanimously.

## **Adoption of Agenda**

Staff requested a change to the agenda. An orientation to the Board of Medicine (BOM) had been planned; however, this presentation was delivered to most members of the Advisory Board last year. Staff proposed sending the presentation out as a refresher for those who previously viewed it and as an introduction for new members. Ms. Dunn motioned to adopt the agenda as amended. The motion was seconded by Ms. Meyers. The motion passed unanimously.

## **Public Comment on Agenda Items**

None received

## **New Business**

### **1. Regulatory Update**

Since publication, the proposal to remove the requirement for including the name of the patient care team physician or podiatrist on prescriptions issued by physician assistants has progressed from the Department of Planning and Budget to the Secretary's Office for further review.

Regarding the broader revisions to 18VAC85-50, which govern the practice of physician assistants, the Board of Medicine's Executive Committee has scheduled further discussion for its December 5, 2025, meeting.

### **2. Recommendation of draft amendments for licensure by endorsement**

Mr. Novak reviewed a draft regulatory change for licensure by endorsement to create a separate path to licensure in Virginia when people are licensed in other states. This will allow a slightly easier process for these applicants to enter Virginia. This board's recommendation will be sent to the executive committee in December to consider adoption of an exempt regulatory action to amend the regulations.

**Ms. Dunn moved to approve the licensure by endorsement proposal. Ms. Meyers seconded. The motion passed unanimously.**

### **3. Report on PA education and scope of practice nationally – Matthew Novak**

Mr. Novak presented the study required by HB2489, which was submitted by the Virginia Department of Health Professions. A copy of the report was provided to the Advisory Board. The study offers a national overview of physician assistant education and scope of practice, including:

- A review of PA education and training requirements across the U.S., which are largely consistent and include a master's level education, national certification, and extensive clinical rotations.
- A survey of scope of practice models, noting that Virginia uses a collaborative practice model, while other states vary between supervisory, collaborative, or fully autonomous models.
- An analysis of potential costs and benefits to patients if PA autonomy were expanded in Virginia.

No formal recommendations were made in the report; it was presented as an informational item for the Board's awareness

#### **4. Compact update – Justin Hepner, PA-C, Chair**

Mr. Hepner provided an update on the Physician Assistant (PA) Licensure Compact. As of this report, 19 states have officially joined the compact, with additional states having legislation pending<sup>1</sup>. The compact facilitates multistate practice for PAs, allowing them to obtain a compact privilege to practice in other member states without needing separate licenses.

The inaugural meeting of the Compact Commission was held in September 2024, and the annual meeting now includes delegates from all member states. At the inaugural meeting, Mr. Hepner was appointed to the Executive Committee.

Mr. Hepner reported that the compact is progressing well and remains on track for full implementation.

#### **5. Election of Officers**

**Ms. Treene nominated Mr. Hepner to serve as Chair. Ms. Treene seconded the nomination.**

**Ms. Treene nominated Ms. Meyers to serve as Vice Chair, and Dr. Hanrahan seconded the nomination.**

**Both motions passed unanimously.**

#### **6. Approval of 2026 Meeting Calendar**

**Mr. Hepner moved to approve the 2026 meeting calendar. Ms. Dunn seconded the motion. The motion passed unanimously.**

### **Licensing Report**

Mr. Culp provided the following licensing statistics for Physician Assistants:

- **Total licenses issued this year:** 7,269
- **New licenses issued:** 741
- **Total reinstatements:** 20
- **Total by reciprocity:** 97
  - From Maryland: 60
  - From D.C.: 15
  - From both MD and D.C.: 22
- **Average processing time:** 31 days
- **Clearance rate:** 104%

### **Announcements**

Members were reminded to submit their travel reimbursement voucher within 30 days

### **Next Scheduled Meeting**

The next scheduled meeting is Thursday, February 5, 2026, at 1:00 p.m.

### **Adjournment**

Mr. Hepner adjourned the meeting at 1:30 p.m.

---

William L. Harp, MD, Executive Director

**Board of Medicine – Advisory Board on Physician Assistants**  
**Regulatory Actions**  
**As of January 27, 2026**

**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	281 days	Implement regulations to facilitate entry into the PA Compact.

**At DPB or OAG**

None.

**Recently effective/awaiting publication**

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-50	Proposed	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	N/A	TBD	Removes requirement that prescriptions issued by PA include physician or podiatrist’s name. Result of petition for rulemaking.
18VAC85-50	Fast-Track	Creation of reinstatement process for physician assistants with lapsed licenses	N/A	TBD	These changes voted on by ad board and full board in October 2024

**Other**

<b>VAC</b>	<b>Stage</b>	<b>Subject Matter</b>	<b>Submitted for publication</b>	<b>Effective Date</b>	<b>Notes</b>
18VAC85-50	NOIRA	Amendment to requirements for patient car team physician or podiatrist consultation and collaboration	2/5/2025	3/10/2025	The executive committee at their last meeting did not vote to adopt proposed stage regulations and requested this action return to a subsequent executive committee meeting. The action is being returned to this advisory board for reconsideration before returning to the executive committee.

**Board of Medicine**  
**Advisory Board on Physician Assistants**  
**Legislative Update**

[HB 156](#)

**Chief Patron:** Krizek

**SUMMARY AS INTRODUCED**

**Board of Medicine and Board of Nursing; continuing education; electronic death registration system; death certificates.** Directs the Board of Medicine and the Board of Nursing, in collaboration with the Virginia Office of Vital Records, to establish continuing education requirements on the electronic death registration system for and require an attestation on the requirements of the timely signing of death certificates from physicians and advanced practice registered nurses authorized to practice independently. The bill directs the agencies to adopt emergency regulations to implement the provisions of the bill. House companion of SB194.

01/16/2026 Assigned sub: Health Professions

01/06/2026 Referred to Committee on Health and Human Services

01/06/2026 Prefiled and ordered printed; Offered 01-14-2026

[HB 746](#)

**Chief Patron:** Henson

**SUMMARY AS INTRODUCED**

**Physician assistants; authorization to practice without a practice agreement.** Authorizes a physician assistant with at least three years of full-time clinical experience to practice without a practice agreement upon receipt of an attestation from a patient care team physician or patient care team podiatrist who provided collaboration and consultation to such physician assistant verifying the length and nature of the physician assistant's practice. The bill establishes methods for a physician assistant who is unable to obtain the required attestation to submit other evidence that the physician assistant meets the requirements to practice without a practice agreement and establishes a method for physician assistants who obtain licensure by endorsement to practice without a practice agreement if they meet the applicable requirements. The bill also establishes a scope of practice for physician assistants who practice without a practice agreement.

01/21/2026 Assigned sub: Health Professions

01/13/2026 Referred to Committee on Health and Human Services

01/13/2026 Prefiled and ordered printed; Offered 01-14-2026

[HB 1223](#)

**Chief Patron:** Delaney

**SUMMARY AS INTRODUCED**

**Health professionals; mandatory suicide training required.** Requires health care professionals to complete training in suicide assessment, treatment, and management. The bill requires counselors, licensed substance abuse treatment practitioners, marriage and family therapists, behavioral health technicians, qualified mental health professionals, occupational therapists, psychologists, and social workers to complete such training at least once every six years and requires other health professionals to complete such training once. The bill requires the Commissioner of Health and the Department of Health Professions to develop a model list of training programs in suicide assessment, treatment, and management and update such list at least once every two years.

01/23/2026 Assigned sub: Behavioral Health

01/14/2026 Referred to Committee on Health and Human Services

01/14/2026 Prefiled and ordered printed; Offered 01-14-2026

[SB 22](#)

**Chief Patron:** Locke

**SUMMARY AS INTRODUCED**

**Board of Medicine and Board of Nursing; continuing education; bias reduction training.** Directs the Board of Medicine and Board of Nursing to require certain licensees to complete continuing learning activities on bias reduction in health care as part of their continuing education and continuing competency requirements for licensure and authorizes the Board of Nursing to require certain continuing learning activities or courses in a specific subject area. Under current law, the Board of Medicine has such authority.

01/23/2026 Assigned Education sub: Health Professions

11/17/2025 Referred to Committee on Education and Health

[SB 359](#)

**Chief Patron:** Boysko

**SUMMARY AS INTRODUCED**

**Health care; decision-making; end of life; penalties.** Allows an adult diagnosed with a terminal disease to request and an attending health care provider to prescribe self-administered

aid in dying medication for the purpose of ending the patient's life. The bill requires that a patient's request for self-administered aid in dying medication to end his life be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for self-administered aid in dying medication to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request self-administered aid in dying medication for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo self-administered aid in dying medication for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of self-administered aid in dying medication to a patient for the purpose of ending the patient's life.

01/13/2026 Referred to Committee on Education and Health

01/13/2026 Prefiled and ordered printed; Offered 01-14-2026

### SB 680 (AGENCY BILL)

**Chief Patron:** Head

#### **SUMMARY AS INTRODUCED**

**Professions and occupations; adjustment of fees by regulatory boards; recovery of disciplinary and monitoring costs.** Repeals the provision of law that requires, following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation (DPOR) shows revenue to be a certain percentage greater than expenses, such regulatory board to distribute excess revenue to current regulants and reduce its licensure or certification fees so that fees are sufficient but not excessive to cover expenses. The bill also repeals the provision with respect to the Department of Health Professions (DHP) that requires, following the close of any biennium, when the account for any regulatory board shows expenses allocated to it for the past biennium to be a certain percentage greater than moneys collected by the board, the board to revise its fees so that such fees are sufficient but not excessive to cover expenses. The bill makes it permissive for the regulatory boards within DPOR and DHP to annually revise the fees levied by it for certification, licensure, registration, or permit and renewal so that the fees are sufficient but not excessive to cover expenses. Regulatory boards are also permitted to recover reasonable administrative costs associated with investigation, disciplinary proceedings, monitoring, and confirming compliance with any terms and conditions from any person who is (i) licensed, registered, certified, or issued a multistate licensure privilege by any regulatory or health regulatory board and (ii) issued a finding of a violation of law or regulation from such regulatory or health regulatory board. Such administrative costs shall not exceed \$500 for regulatory boards within DPOR and \$1,500 for health regulatory boards within DHP. Senate companion of HB796.

01/14/2026 Referred to Committee on General Laws and Technology

01/14/2026 Prefiled and ordered printed; Offered 01-14-2026

## **Agenda Item: Consideration of Proposed Stage Language Regarding Consultation and Collaboration**

### **Included in your agenda package:**

- Previously recommended proposed stage language regarding patient care team collaboration and consultation

**Staff Note:** At a previous meeting, the executive committee failed to advance the proposed stage language previously recommended by this advisory board. The executive committee requested the action return to them at a future date for reconsideration. Due to fortuitous timing, this action is being returned to this advisory board for reconsideration and recommendation of language to the Board of Medicine.

### **Action Needed:**

- Motion to recommend to the Board of Medicine the adoption of proposed stage regulations.

**Project 7656 - Proposed**

**Board of Medicine**

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

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

A patient care team physician or podiatrist shall:

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



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

**March 5, 2026**