Board of Medicine

Regulatory Advisory Panel on Anesthesiologist Assistants

Friday, November 7, 2025
Perimeter Center, 9960 Mayland Drive, Suite 201, Board Room 2, Henrico, VA 23233

Call to Order and Roll Call

Dr. Mark Simcox called the meeting to order at 9:05 a.m.

Roll Call

Kathleen LaMotte called the roll. A quorum was declared.

Attendees:

- Mark Simcox, MD, (Anesthesiologist) - Chair, Board Member
- Dr. Sarah Reece-Stremtan, anesthesiologist at Children's National (DC) and Mary Washington
- Shane Angus, CAA, Executive Program Director, Case Western Reserve University School of Medicine
- Nicole Moore, CAA, Interim Co-Director of Didactic Education, Case Western Reserve University School of Medicine
- Meredith Joyner, CRNA, VANA Government Relations Committee Director
- Doug Heater, CRNA

DHP Staff Present:

- William Harp, MD - Executive Director, Board of Medicine
- Kathleen LaMotte - Board Administrator, Board of Medicine
- Jennifer Deschenes, JD - Deputy Executive Director for Discipline, Board of Medicine
- Erin Barrett, JD - Director for DHP Legislative and Regulatory Affairs
- Michael Sobowale, LLM - Deputy Executive Director for Licensure, Board of Medicine
- Colanthia Morton-Opher - Deputy Executive Director for Administration and Medical Licensure, Board of Medicine
- Matthew Novak – Agency Regulatory Coordinator

Members of the Public Present

Lauren Schmitt

Ryan Caruso

Cathy Harrison

Adrienne Hartgerink

Mark Hickman

Sarah Graham Taylor

Patrice Lewis

David Brown

Emergency Egress Procedures

Ms. LaMotte reviewed the emergency egress procedures for the Perimeter Center.

Introduction of Workgroup Members

Dr. Harp welcomed and thanked members for their participation. Each member introduced themselves and their roles.

Adoption of Agenda

A motion to adopt the agenda was made by Shane Angus, seconded by Meredith Joyner, and passed unanimously by a full show of hands.

Public Comment on Agenda Items

- **Lauren Schmitt**, representing the Virginia Society of Anesthesiologists, expressed enthusiasm for the expansion of the patient care team and urged the panel to move swiftly to implement regulations that would enhance access to care.
- **Ryan Caruso, CRNA**, raised concerns about liability and the supervision of AA students, particularly when they are placed in environments beyond their scope or experience.

- **Cathy Harrison, CRNA**, with over 24 years of experience providing anesthesia in dental offices, emphasized the differences between CRNAs and AAs, advocating for physician-led training for AA students to ensure safety and communication standards.
- **Adrienne Hartgerink**, **CRNA**, Director, Nurse Anesthesia Program at ODU, highlighted the importance of preserving clinical training sites for CRNA students, noting that CRNAs represent the largest anesthesia workforce in Virginia and are critical in rural and underserved areas.
- Ryan Caruso, CRNA, Cathy Harrison, CRNA and Adrienne Hartgerink, CRNA submitted written comments.

New Business

Overview of SB882 and Regulatory Process

Erin Barrett provided an overview of SB882, which establishes licensure for anesthesiologist assistants (AAs) in Virginia. She noted that unlike other allied health professions, the statute does not create an advisory board or define scope of practice or supervision. The regulatory process is in the NOIRA stage and is currently under Executive Branch review. Even with a change in administration, the process will continue. An optimistic timeline for final regulations is 2027.

A state comparison chart was distributed, outlining how other jurisdictions define scope of practice, supervision, and renewal requirements.

Scope of Practice

The panel reviewed how other states define AA scope of practice. Ohio and DC were noted for their comprehensive and flexible language, including catch-all provisions. Washington State provides a detailed list of procedures, while North Carolina uses a delegated authority model without a specific list.

Panel members discussed the implications of defining "assist" as "perform," and the importance of aligning regulatory language with real-world practice. There was consensus that Virginia should avoid overly rigid definitions and instead reflect the dynamic nature of anesthesia care.

> **Nicole Moore moved that Virginia adopt a scope of practice model similar to North Carolina's, allowing facilities discretion to define duties. Shane Angus**

seconded the motion. The vote was tied, with three members in favor and three opposed, so the motion did not carry.

Nicole Moore then proposed that the panel consider the Washington, DC regulations as a middle ground between prescriptive and flexible models. After discussion, Meredith Joyner moved that Virginia adopt a model similar to Washington DC's, emphasizing patient safety and providing a clear framework for a new profession. Doug Heater seconded the motion. The motion carried unanimously.

Supervision Ratios

The panel discussed various supervision models, including 2:1, 3:1, and 4:1 ratios. Members shared experiences from academic and private practice settings, noting that ratios often depend on patient acuity, case complexity, and institutional policy. The 4:1 ratio is derived from CMS guidelines and is commonly used for stable, long-duration cases.

There was strong support for codifying a supervision ratio to ensure patient safety and provide clarity for institutions, while still allowing flexibility.

Meredith Joyner moved that the regulations include a supervision ratio of one anesthesiologist to four anesthesiologist assistants (1:4). Dr. Sarah Reece-Stremtan seconded the motion. The motion carried unanimously.

Shane Angus moved that the regulations adopt the definition of "Direct Supervision" as meaning the supervising physician is physically present in the facility and immediately available to both the supervised individual and the patient. Nicole Moore seconded the motion. The motion passed with four members in favor and two opposed.

Enhanced Supervision for New Graduates

The panel discussed the Ohio model, which requires enhanced supervision for the first four years of practice. While some members felt this was excessive, there was general agreement that new graduates should receive closer oversight initially. A 1:1 ratio for the first few months was suggested as a best practice.

Licensure and Continuing Education

The panel reviewed draft language for initial licensure, including application requirements and NPDB reports. There was consensus that continued national certification (AA-C) should satisfy continuing education requirements, similar to physician assistants.

Dr. Sarah Reece-Stremtan moved that any anesthesiologist supervising an anesthesiologist assistant must be either board certified or board eligible. Dr. Mark Simcox seconded the motion. The motion passed unanimously.

NEXT STEPS

- The panel will reconvene in January or February 2026.
- The next meeting will focus on reviewing the DC model and refining the list of delegable duties, Erin Barrett will prepare materials for the panel to review.
- The Executive Committee of the Board of Medicine is scheduled to meet in April 2026.

Adjournment

The meeting adjourned at 12:18 p.m.