

Regulatory Advisory Panel on Anesthesiologist Assistants Meeting Minutes

Date: January 23, 2026

Location: 9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 1

Time: 9:00 a.m.

Call to Order

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, Chair, Board of Medicine Member
- Shane Angus, CAA, Executive Program Director, 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
- 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
- Rosalyn Nickens, Licensing Supervisor
- Matthew Novak, Agency Regulatory Coordinator

Members of the Public Present

None

Emergency Egress Procedures

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

Introduction of Members

Dr. Harp asked the attendees, including staff members present, to introduce themselves.

Approval of Minutes from November 7, 2025

A motion to approve the minutes was made by Meredith Joyner, seconded by Doug Heater, and passed unanimously.

Adoption of Agenda

A motion to adopt the agenda was made by Shane Angus, seconded by Meredith Joyner, and passed unanimously.

Public Comments

None received

New Business

Continued Formulation of Draft Regulations – Discussion led by Matt Novak.

Mr. Novak opened the discussion by noting that while the previous meeting included a robust exchange of ideas, several key decisions remain outstanding. These include definitions, scope of practice, and delegation of duties. The panel reaffirmed its prior consensus to model Virginia's scope of practice on the Washington, D.C. framework, which offers clarity without being overly prescriptive. A comparative chart of state regulations was reviewed to guide deliberations.

The panel examined practice settings and supervision requirements. Members agreed that anesthesiologist assistants (AAs) should work under the authority of an anesthesiologist and not in unregulated environments such as dental offices. Concerns were raised about patient safety and credentialing in office-based settings. The group expressed preference for language requiring practice in accredited facilities that meet Joint Commission standards, noting that Virginia ambulatory surgery centers are licensed as hospitals by the Department of Health.

Supervision requirements were a focal point. The panel discussed whether regulations should mandate physical presence or adopt the “immediately available” standard used in D.C. Members acknowledged the challenge of defining this term precisely, preferring flexibility over rigid time or distance metrics. CMS guidance and the D.C. definition—which places responsibility squarely on the supervising physician—were cited as useful references. The panel agreed that over-regulating could limit the Board’s discretion and suggested that future guidance documents may clarify interpretation if needed.

Additional topics included:

- **Board Certification:** The panel reaffirmed that supervising anesthesiologists must be board certified or board eligible, ideally under ASA standards, though further legal review may be required.
- **Delegable Duties:** The group supported adding “in consultation with an anesthesiologist” to all tasks and confirmed alignment with D.C.’s scope, including authority to administer anesthetic and adjuvant drugs (including narcotics), assist with regional techniques, and manage monitoring systems.
- **Prescriptive Authority:** Consensus was that AAs will not have prescriptive authority; postoperative orders should be co-signed by the supervising anesthesiologist.
- **Continuing Education:** The panel favored maintaining national certification as the standard for ongoing education rather than prescribing specific hours.
- **Title Protection:** Members agreed to include language requiring AAs to clearly identify themselves by title in clinical settings.

The panel concluded that the draft regulations provide a strong framework but acknowledged opportunities for refinement during the regulatory review process. Future guidance may address any ambiguities that arise in implementation.

Recommendations to the Legislative Committee and Full Board – Discussion led by Matt Novak.

Shane Angus made a motion to recommend the language as discussed to the Board of Medicine, Meredith Joyner seconded the motion. The motion passed unanimously.

Next Steps – Dr. Mark Simcox.

Mr. Novak provided an update on the regulatory timeline. The Notice of Intended Regulatory Action (NOIRA) is currently under review at the Secretary's office and will subsequently move to the Governor's office. Due to the recent change in administration, the review process may take considerable time. As a result, it is unlikely that the proposed regulations will be ready for presentation to the full Board before late summer.

Once the review is complete, the Board will determine how to proceed and advance the regulatory process. The Regulatory Advisory Panel (RAP) does not anticipate meeting again; however, members will have an opportunity to provide input during the public comment period once the proposed regulations are published.

Travel Reminder

Members were reminded to submit travel reimbursement requests within 30 days of the meeting.

Adjournment

The meeting adjourned at 11:00 a.m.