

VIRGINIA ACTS OF ASSEMBLY - 2026 SESSION

CHAPTER 418

An Act to amend and reenact §§ 54.1-2951.1, 54.1-2952, and 54.1-2952.1 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2952.01, relating to physician assistants; authorization to practice without a practice agreement.

[H 746]

Approved April 8, 2026

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2951.1, 54.1-2952, and 54.1-2952.1 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-2952.01 as follows:

§ 54.1-2951.1. Requirements for licensure and practice as a physician assistant; licensure by endorsement.

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant that shall include the following:

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;
2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and
3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. The Board may issue a license by endorsement to an applicant for licensure as a physician assistant if the applicant (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

C. Except as provided in subsection E *or permitted pursuant to § 54.1-2952.01*, every physician assistant shall practice as part of a patient care team and shall provide care in accordance with a written or electronic practice agreement with one or more patient care team physicians or patient care team podiatrists.

A practice agreement shall include acts pursuant to § 54.1-2952, provisions for the periodic review of patient charts or electronic health records, guidelines for collaboration and consultation among the parties to the agreement and the patient, periodic joint evaluation of the services delivered, and provisions for appropriate physician input in complex clinical cases, in patient emergencies, and for referrals.

A practice agreement may include provisions for periodic site visits by a patient care team physician or patient care team podiatrist who is part of the patient care team at a location other than where the licensee regularly practices. Such visits shall be in the manner and at the frequency as determined by the patient care team physician or patient care team podiatrist who is part of the patient care team.

D. Except as provided in subsection E, evidence of a practice agreement shall be maintained by the physician assistant and provided to the Board upon request. The practice agreement may be maintained in writing or electronically and may be a part of credentialing documents, practice protocols, or procedures.

E. Physician assistants employed by a hospital as defined in § 32.1-123 or employed in (i) a state facility as defined in § 37.2-100 operated by the Department of Behavioral Health and Developmental Services or (ii) a federally qualified health center designated by the Centers for Medicare and Medicaid Services may practice without a separate practice agreement if the credentialing and privileging requirements of the applicable facility include a practice arrangement that incorporates the components of a practice agreement set forth in the provisions of subsection C, including requiring and designating a patient care team physician or podiatrist, and the patient care team requirements of § 54.1-2952. Such physician assistants shall continue to practice as part of a patient care team in collaboration and consultation with patient care team physicians or patient care team podiatrists.

§ 54.1-2952. Role of patient care team physician or patient care team podiatrist on patient care teams; services that may be performed by physician assistants; responsibility of licensee; employment of physician assistants.

A. A patient care team physician or patient care team podiatrist licensed under this chapter may serve on a patient care team with physician assistants and shall provide collaboration and consultation to such physician assistants. No patient care team physician or patient care team podiatrist shall be allowed to collaborate or consult with more than six physician assistants on a patient care team at any one time.

Service as part of a patient care team by a patient care team physician or patient care team podiatrist shall not, by the existence of such service alone, establish or create vicarious liability for the actions or inactions of other team members.

B. Physician assistants may practice medicine to the extent and in the manner authorized by the Board. A patient care team physician or patient care team podiatrist shall be available at all times to collaborate and consult with physician assistants, *except physician assistants who are authorized to practice without a practice agreement pursuant to § 54.1-2952.01*. Each patient care team shall identify the relevant physician assistant's scope of practice and an evaluation process for the physician assistant's performance.

C. Physician assistants appointed as medical examiners pursuant to § 32.1-282 may practice without a written or electronic practice agreement.

D. Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees that are supervised by one or more physicians or podiatrists may employ one or more physician assistants in accordance with the provisions of this section.

Activities shall be performed in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice agreement or by the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1 and may include health care services that are educational, diagnostic, therapeutic, or preventive, including establishing a diagnosis, providing treatment, and performing procedures. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a physician assistant may perform initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, in accordance with the practice agreement or the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1, including tasks performed, relating to the provision of medical care in an emergency department.

A patient care team physician or the on-duty emergency department physician shall be available at all times for collaboration and consultation with both the physician assistant and the emergency department physician. No person shall have responsibility for any physician assistant who is not employed by the person or the person's business entity.

E. No physician assistant shall perform any acts beyond those set forth in the practice agreement or authorized as part of the patient care team *unless such physician assistant is authorized to practice without a practice agreement pursuant to § 54.1-2952.01*. No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient is available for collaboration or consultation, pursuant to regulations of the Board.

F. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is working in the field of radiology or orthopedics as part of a patient care team, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures consistent with Board regulations, and (iii) has successfully completed the exam administered by the American Registry of Radiologic Technologists for physician assistants for the purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic and therapeutic procedures.

§ 54.1-2952.01. Physician assistants; authorization to practice without a practice agreement.

A. For the purposes of this section:

"Attestation" means a written certification, signed and stated by a physician licensed by the Board, affirming that the physician assistant completed the equivalent of at least three years of full-time clinical experience in a specific clinical specialty or practice area in collaboration and consultation with the physician, practiced in accordance with applicable standards of care, had on-call experience as applicable, and has the necessary experience to fulfill the duties set forth in subsection F.

"Clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

"Full-time clinical experience" means 1,800 hours per year of clinical experience.

B. A physician assistant who has completed the equivalent of at least three years of full-time clinical experience may practice within the specific clinical specialty or practice area of that experience without a written or electronic practice agreement upon receipt by the physician assistant of an attestation from the patient care team physician or patient care team podiatrist who provided collaboration and consultation to the physician assistant on a patient care team pursuant to subsection A of § 54.1-2952 stating:

1. That the patient care team physician or patient care team podiatrist has served as a patient care team physician or patient care team podiatrist, respectively, on a patient care team with the physician assistant pursuant to a practice agreement meeting the requirements of §§ 54.1-2952 and 54.1-2952.1;

2. That while a party to such practice agreement, the patient care team physician or patient care team podiatrist routinely practiced with a patient population and in a practice area included within the physician assistant's scope of practice; and

3. The period of time for which the patient care team physician or patient care team podiatrist practiced with the physician assistant under such a practice agreement.

C. A copy of the attestation required pursuant to subsection B shall be submitted to the Board together with a fee established by the Board. A physician assistant may submit attestations from more than one patient care team physician with whom the physician assistant practiced during the equivalent of three years of full-time clinical experience required pursuant to subsection B, provided that all attestations are submitted to the

Board at the same time. Upon receipt of such attestation or attestations and verification that a physician assistant satisfies the requirements of this section, the Board shall issue to the physician assistant a new license that includes a designation indicating that the physician assistant is authorized to practice without a practice agreement.

D. In the event that a physician assistant is unable to obtain the attestation required by subsection B, the Board may accept other evidence demonstrating that the physician assistant has met the requirements of subsection B in accordance with regulations adopted by the Board.

E. A physician assistant who obtains licensure by endorsement pursuant to § 54.1-2951.1 or who exercises a privilege to practice pursuant to the Physician Assistant Licensure Compact (§ 54.1-2953.1) shall only be authorized to practice without a practice agreement pursuant to the requirements of this section if he submits an attestation to the Board confirming he has completed the equivalent of three years of full-time clinical experience in a specific clinical specialty or practice area as required pursuant to this section. A physician assistant who does not meet the specific requirement of this section for independent practice in the Commonwealth shall remain subject to the practice agreement requirement of § 54.1-2952 regardless of his independent status in another jurisdiction.

F. A physician assistant authorized to practice without a practice agreement pursuant to this section shall:

1. Practice (i) within the scope of the physician assistant's clinical and professional training, (ii) within the limits of the physician assistant's knowledge and experience, and (iii) in a manner consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

§ 54.1-2952.1. Prescription of certain controlled substances and devices by licensed physician assistants.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.) and (i) as provided in a practice agreement or, (ii) as provided by the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1, or (iii) in accordance with such physician assistant's authorization to practice without a practice agreement pursuant to § 54.1-2952.01. Such practice agreements or arrangements, if necessary, shall include a statement of the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the patient care team physician or patient care team podiatrist.

B. It is unlawful for the physician assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the requirements of this section and (i) authorized by the practice agreement or, (ii) authorized by the credentialing and privileging practice arrangement requirements of a facility described in subsection E of § 54.1-2951.1 and the requirements in this section, or (iii) made in accordance with such physician assistant's authorization to practice without a practice agreement pursuant to § 54.1-2952.01.

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency, which may include continuing education, testing, and any other requirement and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients, and (ii) a requirement that the physician assistant disclose to his patients his name, address, and telephone number and that he is a physician assistant. If a patient or his representative requests to speak with the patient care team physician or patient care team podiatrist, the physician assistant shall arrange for communication between the parties or provide the necessary information unless the physician assistant is authorized to practice without a practice agreement pursuant to § 54.1-2952.01.

D. This section shall not prohibit a licensed physician assistant from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

2. That the Board of Medicine shall adopt regulations implementing the provisions of this act and establishing processes for granting authorization to physician assistants to practice without a practice agreement within the physician assistant's current scope of practice in accordance with § 54.1-2952.01 of the Code of Virginia, as created by this act. Such initial adoption of regulations by the Board of Medicine shall be exempt from the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of

the Code of Virginia).

3. That the provisions of the first enactment of this act shall not become effective until the Board of Medicine adopts regulations in accordance with the second enactment of this act. The Board of Medicine shall certify in writing to the Virginia Code Commission the date on which it meets such requirement.