

During the 2026 General Assembly Session, legislators sought to improve workforce development, scope-of-practice policy, and regulatory alignment, reflecting lawmakers' efforts to address persistent health care workforce shortages while maintaining patient safety and system stability. This document provides a summary of the changes to law and provides background and guidance to assist you in compliance.

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Summary

AMENDS EXISTING LAW

HB746 (Henson) 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 legislation 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 legislation also establishes a scope of practice for physician assistants who practice without a practice agreement. The provisions of the legislation will not become effective until the Board of Medicine adopts regulations establishing processes for granting authorization to physician assistants to practice without a practice agreement within the physician assistant's current scope of practice. **The law is effective July 1, 2026.**

HB452 (Willett) permits a person employed or engaged by a hospital, health system, or urgent care center that is affiliated with a hospital or health care system to practice within the scope of his employment as a radiologic technologist, radiologic assistant, or radiologic technologist, limited, without obtaining a license. Under current law, such exception only applies to radiologic technologists who are employees of a hospital. **The law is effective July 1, 2026. The provisions of the law have an expiration date of July 1, 2029.**

Action Required

HB746

Evaluate the need for any changes to existing policies and procedures related to physician assistants to ensure that they are able to practice without a practice agreement as necessary to comply with the requirements of the law.

HB452

Evaluate the need for any changes to the existing policies and procedures related to radiologic technologists and assistants to ensure that they are able to practice without a license as necessary to comply with the requirements of the law.

Background Information

HB746

The intent of the legislation is to standardize Virginia's physician assistant (PA) practice framework by reducing unnecessary administrative barriers for experienced PAs, aligning PA practice authority more closely with nurse practitioners, and improving access to care, particularly in underserved and rural areas.

HB452

The intent of the legislation is to address staffing and operational challenges by extending existing licensure exceptions for radiologic technologists to include individuals employed or engaged by hospital systems and hospital-affiliated urgent care centers, rather than only direct hospital employees. This change aligns outdated licensure rules with current health system structures, reducing administrative burdens while maintaining practice limitations tied to scope of employment.

Statutory Text

(NOTE: The language in *italics* and ~~strike through~~ are the only changes to the law. All other language and requirements under the law remain unchanged.)

HB746

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:

...

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.

...

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.

...

§ 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.

HB452

1. That § 54.1-2956.8:1 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2956.8:1. Unlawful to practice radiologic technology without license; unlawful designation as a radiologist assistant, radiologic technologist, or radiologic technologist, limited; Board to regulate radiologist assistants and radiologic technologists.

Except as set forth herein, it shall be unlawful for a person to practice or hold himself out as practicing as a radiologist assistant, radiologic technologist, or radiologic technologist, limited, unless he holds a license as such issued by the Board.

In addition, it shall be unlawful for any person who is not licensed under this chapter whose licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to use in conjunction with his name the words "licensed radiologist assistant," "licensed radiologic technologist" or "licensed radiologic technologist, limited" or to otherwise by letters, words, representations, or insignias assert or imply that he is licensed to practice radiologic technology.

The Board shall prescribe by regulation the qualifications governing the licensure of radiologist assistants, radiologic technologists, and radiologic technologists, limited. The regulations may include requirements for approved education programs, experience, examinations, and periodic review for continued competency.

The provisions of this section shall not apply to ~~any employee of a hospital licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1~~ *person employed or engaged by a hospital, health care system, or urgent care center that is affiliated with a hospital or health care system* acting within the scope of his employment or engagement as a radiologic technologist, *radiologic assistant, or radiologic technologist, limited.*

2. That the initial promulgation of regulations by the Board of Medicine pursuant to this act shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

3. That the provisions of this act shall expire on July 1, 2029.

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