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Military Medics and Corpsman (MMAC) Program Stakeholder Work Group Meeting

Virginia War Memorial (Veterans Hall)
621 S. Belvidere Street
Richmond, VA 23220
August 13, 2026
1:00 p.m.

Call to Order – David E. Brown, DC, Director Department of Health Professions
- Emergency Egress Procedures
- Introductions

Ordering of Agenda – Dr. Brown

Public Comment – Dr. Brown
The work group will accept public comments related to the agenda at this time.

Discussion – Dr. Brown
- Adopt Electronic Meeting Policy
- 2026 Legislative Mandate (HB523, Chapter 626 of the Acts of Assembly)
- Overview of MMAC Program & Work Group – **Deputy Commissioner Steven Combs/ MMAC Program Manager Tameka Leftwich**
- Timeline
- Report to the General Assembly due by November 1, 2026
- Outcomes

New Business – Dr. Brown

Next Meeting – Dr. Brown
- Subcommittees
- Work Group

Meeting Adjournment – Dr. Brown

This information is in **DRAFT** form and is subject to change.

Virginia Military Medics and Corpsmen (MMAC) Program

Stakeholder Work Group

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation in Military Medics and Corpsmen (MMAC) Program Stakeholder Group meetings or its subcommittees.

Policy:

Electronic participation by members of the MMAC Program Stakeholder Group or its subcommittees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with Virginia Code § 2.2-3708.3.

Procedures:

1. One or more members of the work group may participate electronically if, on or before the day of a meeting, the member notifies the chair that he/she is unable to attend the meeting due to:

    a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;

    b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;

    c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or

    d. the member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

    No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the work group chair or subcommittee chair. The reason for the member's electronic participation shall be stated in the minutes in accordance with Virginia Code § 2.2-

3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The MMAC Program Stakeholder Group shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

4. Only two meetings per calendar year or 50% of the meetings held per calendar year (which ever is greater) of any part of the work group may all-virtual. Subcommittees are separate public bodies.

5. All-virtual meetings cannot be held consecutively.

CHAPTER 625

An Act to amend and reenact §§ 2.2-2001.4, 54.1-2901, and 54.1-3001 of the Code of Virginia, relating to Department of Veterans Services; Department of Health Professions; military medical personnel; program; work group; report.

[H 523]

Approved April 13, 2026

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.2-2001.4, 54.1-2901, and 54.1-3001 of the Code of Virginia are amended and reenacted as follows:

§ 2.2-2001.4. Military medical personnel; program.

A. For the purposes of this section~~, "military~~*:*

"Licensed practitioner" means a medical professional licensed by the Board of Medicine, Board of Nursing, or Board of Counseling.

"Military medical personnel" means an individual who has recently served as a medic in the United States Army, medical technician in the United States Air Force, medical personnel in the United States Space Force, or corpsman in the United States Navy or the United States Coast Guard *and any other enlisted service member who successfully completed appropriate technical training and any required certifications* and who was discharged or released from such service under conditions other than dishonorable.

B. The Department, in collaboration with the Department of Health Professions, shall establish a program in which military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine or nursing in accordance with subsection B of § 54.1-2901 or subsection B of § 54.1-3001. Such activities shall reflect the level of training and experience of the military medical personnel *and shall be supervised by a licensed practitioner. Such supervision shall be limited to the licensed practitioner's existing scope of practice*. The supervising ~~physician or podiatrist~~ *licensed practitioner* shall retain responsibility for the care of the patient.

C. Any licensed ~~physician or podiatrist~~ *practitioner*, professional corporation, or partnership of any licensee, hospital, commercial enterprise having medical facilities for its employees that are supervised by one or more ~~physicians or podiatrists~~ *licensed practitioners*, or facility that offers medical services to the public and that is supervised by one or more ~~physicians or podiatrists~~ *licensed practitioners* may participate in such program.

D. The Department shall establish general requirements for military medical personnel, licensees, and employers participating in the military medical personnel program established pursuant to subsection B.

E. The Department shall assist veterans and other service members who are preparing for discharge or release and who have recently served in health care-related specialties but who do not meet the definition of "military medical personnel" in finding employment in the health care sector.

§ 54.1-2901. Exceptions and exemptions generally.

A. The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed advanced practice registered nurse from rendering care in accordance with the provisions of §§ 54.1-2957 and 54.1-2957.01, any advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957, or any advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist practicing pursuant to subsection J of § 54.1-2957 when such services are authorized by regulations promulgated jointly by the Boards of Medicine and Nursing;

4. Any registered professional nurse, licensed advanced practice registered nurse, graduate laboratory technician, or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine or osteopathy, an advanced practice registered nurse, or a physician assistant;

5. Any dentist, pharmacist, or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment

for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed advanced practice registered nurse, to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat, or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician, licensed advanced practice registered nurse, or licensed physician assistant directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministration to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia temporarily and such practitioner has been issued a temporary authorization by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, space force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any person from engaging in the five needle auricular acupuncture protocol (5NP), a standardized five needle protocol wherein up to five needles are inserted into the external human ear to provide relief from the effects of behavioral health conditions, provided such person (i) has appropriate training in the 5NP, including training established by the National Acupuncture Detoxification Association or equivalent certifying body; (ii) does not use any letters, words, or insignia indicating or implying that the person is an acupuncturist; and (iii) makes no statements implying that his practice of the 5NP is licensed, certified, or otherwise overseen by the Commonwealth. Treatment utilizing the 5NP pursuant to this subdivision shall be strictly limited to the insertion of disposable, sterile acupuncture needles into the ear and only in compliance with the 5NP. The application or insertion of needles anywhere else on the body of another person by a person acting under the provisions of this subdivision shall be considered engaging in the practice of acupuncture without a license;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR)

acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or advanced practice registered nurse from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when such testing is conducted (i) in accordance with a written protocol between the physician or advanced practice registered nurse and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or an advanced practice registered nurse;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing;

31. Any person from performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks;

32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state from engaging in the practice of that profession in Virginia with a patient who is being transported to or from a Virginia hospital for care;

33. Any doctor of medicine or osteopathy, physician assistant, or advanced practice registered nurse who would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, from engaging in the practice of his profession and providing behavioral health services to a patient located in the Commonwealth in accordance with the standard of care when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously established a practitioner-patient relationship with the patient and has performed an in-person evaluation of the patient within the previous year. A practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient;

34. Any employee of a program licensed by the Department of Behavioral Health and Developmental

Services who is certified in cardiopulmonary resuscitation from acting in compliance with a program participant's valid written order not to resuscitate issued in accordance with § 54.1-2987.1 if such valid written order not to resuscitate is included in the program participant's individualized service plan; or

35. Any doctor of medicine or osteopathy, physician assistant, respiratory therapist, occupational therapist, or advanced practice registered nurse who would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another state or the District of Columbia and who is in good standing with the applicable regulatory agency in that state or the District of Columbia from engaging in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship and the practitioner has performed an in-person examination of the patient within the previous 12 months.

For purposes of this subdivision, if such practitioner with whom the patient has previously established a practitioner-patient relationship is unavailable at the time in which the patient seeks continuity of care, another practitioner of the same subspecialty at the same practice group with access to the patient's treatment history may provide continuity of care using telemedicine services until the practitioner with whom the patient has a previously established practitioner-patient relationship becomes available. For the purposes of this subdivision, "practitioner of the same subspecialty" means a practitioner who utilizes the same subspecialty taxonomy code designation for claims processing.

For the purposes of this subdivision, if a patient is (a) an enrollee of a health maintenance organization that contracts with a multispecialty group of practitioners, each of whom is licensed by the Board of Medicine, and (b) a current patient of at least one practitioner who is a member of the multispecialty group with whom such practitioner has previously established a practitioner-patient relationship and of whom such practitioner has performed an in-person examination within the previous 12 months, the patient shall be deemed to be a current patient of each practitioner in the multispecialty group with whom each such practitioner has established a practitioner-patient relationship.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed ~~physician or podiatrist~~ *practitioner, as that term is defined in § 2.2-2001.4,* or the chief medical officer of an organization participating in such program, or his designee who is a licensee of the Board and supervising within his scope of practice.

§ 54.1-3001. Exemptions.

A. This chapter shall not apply to the following:

1. The furnishing of nursing assistance in an emergency;

2. The practice of nursing, which is prescribed as part of a study program, by nursing students enrolled in nursing education programs approved by the Board or by graduates of approved nursing education programs for a period not to exceed ninety days following successful completion of the nursing education program pending the results of the licensing examination, provided proper application and fee for licensure have been submitted to the Board and unless the graduate fails the licensing examination within the 90-day period;

3. The practice of any legally qualified nurse of another state who is employed by the United States government while in the discharge of his official duties;

4. The practice of nursing by a nurse who holds a current unrestricted license in another state, the District of Columbia, a United States possession or territory, or who holds a current unrestricted license in Canada and whose training was obtained in a nursing school in Canada where English was the primary language, for a period of 30 days pending licensure in Virginia, if the nurse, upon employment, has furnished the employer satisfactory evidence of current licensure and submits proper application and fees to the Board for licensure before, or within 10 days after, employment. At the discretion of the Board, additional time may be allowed for nurses currently licensed in another state, the District of Columbia, a United States possession or territory, or Canada who are in the process of attaining the qualification for licensure in this Commonwealth;

5. The practice of nursing by any registered nurse who holds a current unrestricted license in another state, the District of Columbia, or a United States possession or territory, or a nurse who holds an equivalent credential in a foreign country, while enrolled in an advanced professional nursing program requiring clinical practice. This exemption extends only to clinical practice required by the curriculum;

6. The practice of nursing by any nurse who holds a current unrestricted license in another state, the District of Columbia, or a United States possession or territory and is employed to provide care to any private individual while such private individual is traveling through or temporarily staying, as defined in the Board's regulations, in the Commonwealth;

7. General care of the sick by nursing assistants, companions or domestic servants that does not constitute the practice of nursing as defined in this chapter;

8. The care of the sick when done solely in connection with the practice of religious beliefs by the adherents and which is not held out to the public to be licensed practical or professional nursing;

9. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

10. The practice of nursing by any nurse who is a graduate of a foreign nursing school and has met the credential, language, and academic testing requirements of the Commission on Graduates of Foreign Nursing Schools for a period not to exceed ninety days from the date of approval of an application submitted to the Board when such nurse is working as a nonsupervisory staff nurse in a licensed nursing home or certified nursing facility. During such ninety-day period, such nurse shall take and pass the licensing examination to remain eligible to practice nursing in Virginia; no exemption granted under this subdivision shall be extended;

11. The practice of nursing by any nurse rendering free health care to an underserved population in Virginia who (i) does not regularly practice nursing in Virginia, (ii) holds a current valid license or certification to practice nursing in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any nurse whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a nurse who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

12. Any person performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks;

13. The practice of nursing by any nurse who holds a current unrestricted license from another state, the District of Columbia or a United States possession or territory, while such nurse is in the Commonwealth temporarily and is practicing nursing in a summer camp or in conjunction with clients who are participating in specified recreational or educational activities;

14. The practice of massage therapy that is an integral part of a program of study by a student enrolled in a massage therapy educational program under the direction of a licensed massage therapist. Any student enrolled in a massage therapy educational program shall be identified as a "Student Massage Therapist" and shall deliver massage therapy under the supervision of an appropriate clinical instructor recognized by the educational program;

15. The practice of massage therapy by a massage therapist licensed or certified in good standing in another state, the District of Columbia, or another country, while such massage therapist is volunteering at a sporting or recreational event or activity, is responding to a disaster or emergency declared by the appropriate authority, is travelling with an out-of-state athletic team or an athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing, or is engaged in educational seminars;

16. Any person providing services related to the domestic care of any family member or household member so long as that person does not offer, hold out, or claim to be a massage therapist;

17. Any health care professional licensed or certified under this title for which massage therapy is a component of his practice; or

18. Any individual who provides stroking of the hands, feet, or ears or the use of touch, words, and directed movement, including healing touch, therapeutic touch, mind-body centering, orthobionomy, traeger therapy, reflexology, polarity therapy, reiki, qigong, muscle activation techniques, or practices with the primary purpose of affecting energy systems of the human body.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed ~~physician or podiatrist~~ *practitioner, as that term is defined in § 2.2-2001.4,* or the chief medical officer of an organization participating in such program. The chief medical officer of an organization participating in a program established pursuant to § 2.2-2001.4 may, in consultation with the chief nursing officer of such organization, designate a registered nurse licensed by the Board or practicing with a multistate licensure privilege to supervise military *medical* personnel participating in a program established pursuant to § 2.2-2001.4 in the practice of nursing.

2. That the Department of Veterans Services and the Department of Health Professions shall convene a stakeholder work group to provide guidance on the implementation and further development of the Military Medics and Corpsmen (MMAC) program. The work group shall include representatives from MMAC partner health care systems, the Department of Health, the Department of Professional and Occupational Regulation, the Virginia Community College System, the Virginia Health Workforce Development Authority, the Medical Society of Virginia, the Virginia College of Emergency Physicians, the Virginia Nurses Association, the Virginia Association of EMS Practitioners, the Virginia Hospital and Healthcare Association, and any other relevant stakeholders as deemed necessary by the Department of Veterans Services and the Department of Health Professions. Such work group shall study and make recommendations (i) for recognizing and applying military medical training and experience toward civilian health care education and licensure in the Commonwealth and (ii) related to the implementation and further development of the MMAC program and the career development of MMAC participants, including (a) the establishment of licensure, registration, or certification pathways for military medical personnel entering health care professions and (b) the granting of academic credit through the Virginia Community College System to military medical personnel who are not enrolled in a degree program for the purpose of meeting educational requirements for certain employment, credentials, or licenses. The work group shall report its findings to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2026.

MILITARY MEDICS AND CORPSMEN (MMAC) PROGRAM STAKEHOLDER WORK GROUP

Outline of this Presentation

- Military Medics & Corpsmen (MMAC) Program History (Slide 3)
- Program Overview, Services, Process, and Challenges (Slides 4-7)
- Program changes: HB523 (Chapter 625), 2026 Acts of Assembly (Slide 8)
  - Makes changes to program definitions, scope of service, etc. (effective July 1, 2026)
  - Directs creation of stakeholder work group, to deliver report by November 1, 2026
- Stakeholder work group (Slides 9-16) – approach, subcommittees, and tasks
- Deliverables and timeline (Slide 17)

MMAC HISTORY

- The Military Medics and Corpsmen (MMAC) pilot program was created after legislation from Delegate Chris Stolle and Senator George Barker in the 2016 General Assembly session
- It was inspired by the U.S. Department of Veterans Affairs, Veterans Health Administration's Intermediate Care Technician program.
- The Virginia Department of Veterans Services launched the MMAC Program in July 2016 to help veterans use their military medical training in civilian healthcare roles.
- After a successful pilot, Governor Ralph Northam signed a law on June 25, 2018, making the MMAC Program a permanent part of Virginia's efforts to support veterans' career transitions.
- DVS MMAC webpage:
  - Information for applicants
  - "Action Guide" for partner health care systems and applicants
  - Testimonials

MMAC Overview

Purpose:

- Former military medical personnel may perform tasks under the supervision of a licensed practitioner- licensed by the Board of Medicine, Nursing, or Counseling as allowed by § 54.1-2901(B) or § 54.1-3001(B).
- To bridge the gap between gainful employment for former military medical personnel and civilian healthcare hiring requirements, addressing staff shortages.

Target Audience:

- Former military medical personnel
  - Veteran; discharged or released from such service under conditions other than dishonorable.
- Transition Service Members (TSMs)
  - Preparing for discharge or release and who have recently served in health care-related specialties

Services:

- Hands on healthcare experience must have occurred within 3 years of military separation.
- Must have a MOS that meets Military Medical Personnel definition of military training transcripts to support training

MMAC Process

MMAC Enrollment Process:

1. Applicants can apply to become MMAC qualified to work under a licensed practitioner in healthcare fields licensed by the Board of Medicine, Nursing, or Counseling as allowed by § 54.1-2901(B) or § 54.1-3001(B).
2. Submit MMAC Application; choose from designated fields
3. Provide supporting documentation after Initial Consultation Interview
4. Agree to Applicant/Client Rules of Conduct

Client Requirements

1. Career Readiness Training Courses
2. Hiring/Professional Networking Event Participation
3. Bi-Weekly Report

Employer Requirements

1. Memorandum of Understanding (MOU)
2. Job Announcements with “MMAC” in the Job Title
3. New Hire Surveys/Reports
4. Group Employer Meeting participation
5. Engagement Goals

MMAC Services

Program Services: Statewide

1. Career Readiness Assistance
2. Talent Acquisition Assistance
3. Employer Technical Assistance

Client Support:

1. Resume Review
2. Career Guidance and Referrals
3. Job vacancy notification
4. Events and Engagement Opportunities

Employer Support:

1. Memorandum of Understanding (MOU) protection
2. Applicant Referrals
3. Employer Training and Technical Assistance
4. Job vacancy Promotion
5. Events and Engagement Opportunities; Direct Access to Talent Pool

MMAC Program - Challenges

These are some of the challenges that the MMAC program (and the medics and corpsmen it serves) has faced in helping former service members in finding employment in Virginia's health care sector:

1. Demonstrating that military training and competencies meet civilian standards
2. Documenting proof of training rigor and competency for credentialing.
3. Lack of access to military training curricula

MMAC Stakeholder Work Group can begin to help address these challenges

2026 HB523 (Chapter 625)

1. Expands definition of "Military medical personnel" to include “and any other enlisted service member who successfully completed appropriate technical training and any required certifications.”

2. Requires that work done under MMAC “shall be supervised by a licensed practitioner. Such supervision shall be limited to the licensed practitioner's existing scope of practice.”

3. Defines "Licensed practitioner" as “a medical professional licensed by the Board of Medicine, Board of Nursing, or Board of Counseling.

4. Creates stakeholder work group

Stakeholder Work Group: the Directive

- The Department of Veterans Services and the Department of Health Professions will form a stakeholder work group to guide the implementation and development of the Military Medics and Corpsmen (MMAC) program. The group will include representatives from relevant Virginia health and education organizations. Their tasks are to recommend ways to:

    1. Recognize and apply military medical training toward civilian healthcare education and licensure.

    2. Improve the MMAC program and career pathways for participants, including creating licensure and certification routes for military medical personnel and granting academic credit for their experience

- HB523 (2026, Chapter 625) defines the work group membership

- The work group is to report its findings to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2026

HTTPS://LIS.VIRGINIA.GOV/BILL - DETAILS/20261/HB523/TEXT/CHAP0625

Our Approach

1. Work group co-chaired by DVS and DHP
2. Three sub-committees, one each for Boards of Medicine, Nursing, and Counseling
3. Each sub-committee to focus on two professions licensed by that board
4. Each sub-committee will
    a) Identify military educational equivalents for coursework and training required by educational programs whose candidates seek licensure with one of the three DHP boards
    b) Identify clinical training opportunities
    c) Research and recommend academic credit opportunities for military medics not enrolled in degree programs

Subcommittee #1

Board of Medicine

23 Professions

Target two during MMAC work group

- Assistant Behavior Analyst-Civilian
- Athletic Trainer- Civilian
- Behavior Analyst- Civilian
- Chiropractor- Civilian
- Genetic Counselor-Civilian
- Interns & Residents-61H /60N
- Licensed Acupuncturist- Civilian
- Licensed Midwife- 66W/ 46YXG/290X;1981
- Licensed Surgical Assistant- Civilian
- Limited Radiologic Technologist- Civilian
- Medicine- 61H/ 41AX/ 210X
- Occupational Therapist- 65A/ 42TX
- Occupational Therapy Assistant-L21A / 68L
- Osteopathic Medicine- 61F/ 44FX/ 2100
- Physician Assistant-65D/ 42GX
- Podiatry- 67G/ 892/ 42F
- Polysomnographic Technologist- 68W/ HM/ 4N0X1
- **Radiologic Technologist- 4R0X1/ 68P /HM**
- Radiologist Assistant-Civilian
- **Respiratory Therapist- L32A / 68V / 4H0X1**
- Restricted Volunteer- Civilian
- Surgical Technologist- 4N1X1 / L23A/ 68D
- University Limited License-Civilian

Subcommittee #1

Board of Medicine

DVS/DHP recommended Membership:

1. Executive Director Board of Medicine (Subcommittee Chair)
2. Medical Society of Virginia
3. MMAC Partner Healthcare System - Sentara
4. Virginia Community College System
5. Virginia Department of Professional Occupational Regulation
6. Virginia Health Workforce Development Authority
7. Virginia College of Emergency Physicians
8. Virginia Department of Health

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For the Radiologic Technologist and Respiratory Therapist professions, identify the following deliverables:

1. Recommendation for License and Certification Pathways
2. Recommendations for Academic Credit and Education
3. Recommendation for MMAC Program Implementation, Expansion, and Stakeholder Engagement

Subcommittee #2

Board of Nursing

11 Professions

Target two during MMAC work group

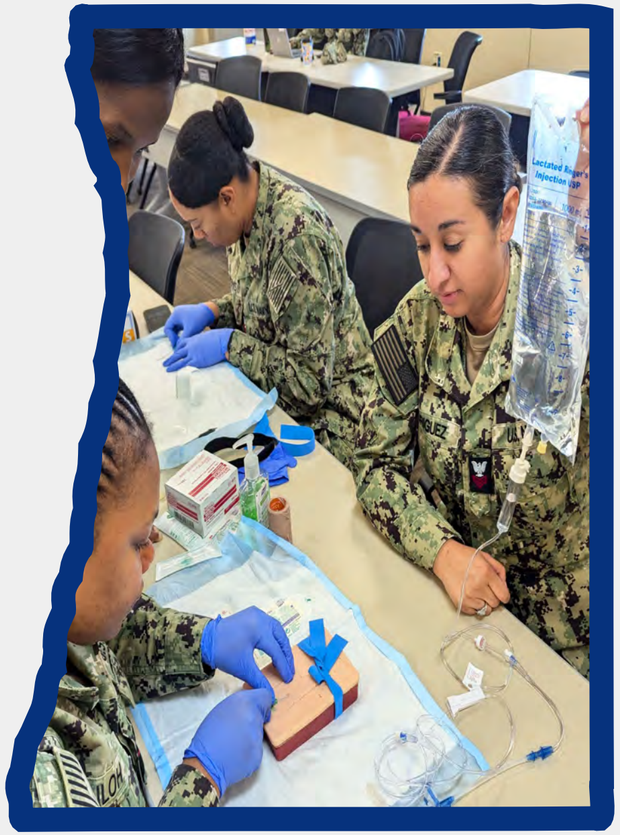
- Advanced Certified Nurse Aide 68W/ 4N0X1/ HM;HS
- **Certified Nurse Aide-68W/ 4N0X1/ HM;HS**
- Licensed Certified Midwife- 66W/ 46YXG/290X;1981
- Licensed Massage Therapist- Civilian
- Advanced Practice Registered Nurse- 1973/ 4NC0X/ 66F
- Advanced Practice Registered Nurse Restricted Volunteer- Civilian
- **Licensed Practical Nurse- 68C**
- Licensed Practical Nurse Restricted Volunteer- Civilian
- *Medication Aide- 68W/ 4N0X1/ HM;HS*
- Registered Nurse- 66H/ 46NX/ 290X
- Registered Nurse Restricted Volunteer-Civilian

Subcommittee #2

Board of Nursing

DVS/DHP recommended Membership :

1. Executive Director Board of Nursing (Subcommittee Chair)
2. Virginia Nurses Association
3. Virginia Hospital and Healthcare Association
4. Virginia Health Workforce Development Authority
5. Virginia Community College System
6. MMAC Partner Healthcare System – HCA
7. Virginia Department of Health



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For the Licensed Practical Nurse and Certified Nurse Aide professions, identify the following deliverables:

1. Recommendation for License and Certification Pathways
2. Recommendations for Academic Credit and Education
3. Recommendation for MMAC Program Implementation, Expansion, and Stakeholder Engagement

Subcommittee #3

Board of Counseling

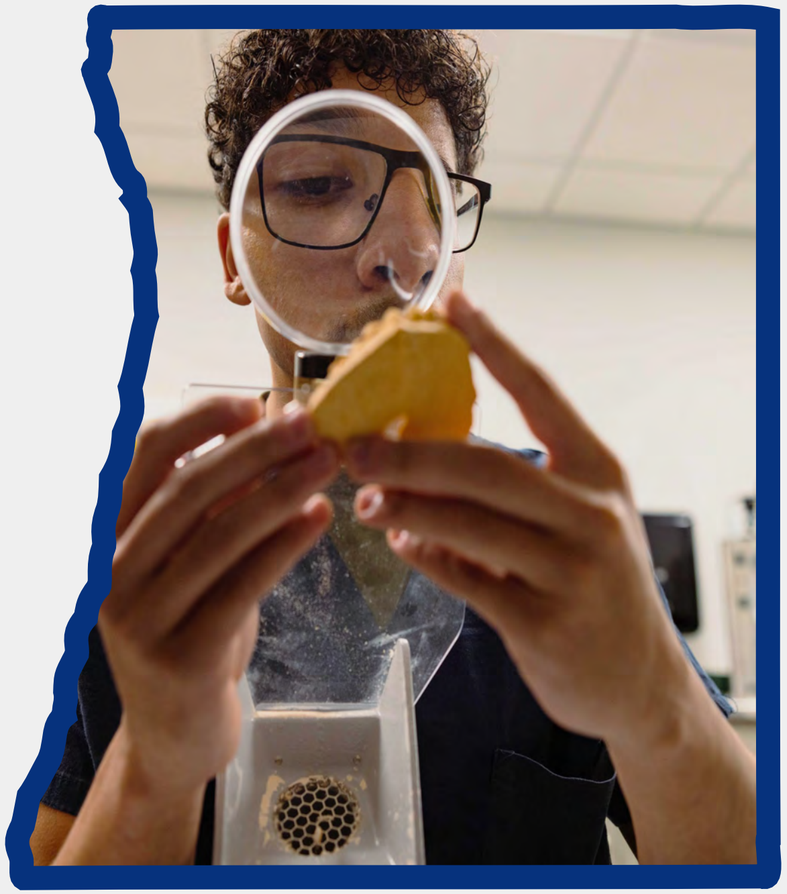
15 Professions

Target two during MMAC work group

- **Behavioral Health Technicians- 68X/ 4C0X1/ L24A**
- Behavioral Health Technician Assistants- 68X/ 4C0X1/ L24A
- Certified Substance Abuse Counselors- 0149/ 68X/ 4C0X1/ L24A
- Certified Substance Abuse Counseling Assistants- 0149/ 68X/ 4C0X1/ L24A
- Certified Substance Abuse Counselor Supervisees- 0149/ 68X/ 4C0X1/ L24A
- Licensed Marriage and Family Therapists- Civilian
- Licensed Professional Counselors- 73A/ 42S/ 2205
- Licensed Substance Abuse Treatment Practitioners- 73A/ 425X
- Qualified Mental Health Professionals-73B/ 42PX
- Qualified Mental Health Professional – Trainees- 73A/ 73B/ 41AX
- **Registered Peer Recovery Specialist- 68X/ 4C0X1/ L24A**
- Rehabilitation Providers- 65B/ 42BX
- Resident in Counseling- Civilian
- Resident in Marriage and Family Therapy- Civilian
- Resident in Substance Abuse Treatment- Civilian

Subcommittee #3

Board of Counseling



DVS/DHP recommended Membership :

1. Executive Director Board of Counseling (Subcommittee Chair)
2. Department of Behavioral Health and Developmental Services
3. Virginia Hospital and Healthcare Association
4. Virginia Department of Health
5. Virginia Health Workforce Development Authority
6. Virginia Community College System
7. MMAC Partner Healthcare System - Carillion

For the Behavioral Health Technician and Registered Peer Recovery Specialist professions, identify the following deliverables:

1. Recommendation for License and Certification Pathways
2. Recommendations for Academic Credit and Education
3. Recommendation for MMAC Program Implementation, Expansion, and Stakeholder Engagement

Timeline

- August 13 – work group meeting 1 - kickoff
- Mid-August to early-September 2026:
  - Subcommittees meet and submit recommendations to DVS and DHP
- Mid-September:
  - DVS and DHP prepare draft report that includes subcommittee recommendations
  - Draft report shared with work group members
- Late-September (date/location TBD) – work group meeting 2
  - Review and finalize draft report
- November 1: submit report to General Assembly
- Future/ongoing: subcommittees and work group meet as needed to build on recommendations and additional opportunities

QUESTIONS?

Military Medics and Corpsmen (MMAC) Program website

MMAC Action Guide

MMAC Stakeholder Work Group identified professions:

Peer Recovery Specialist, Virginia Department of Behavioral Health and Developmental Services

Human Services (Behavioral Health) AAS, Reynolds Community College

Respiratory Therapy AAS, Tidewater Community College

Radiologic Technology, AAS Brightpoint Community College