

**WEST VIRGINIA LEGISLATURE**  
**EIGHTY-FIRST LEGISLATURE**  
**REGULAR SESSION, 2014**



**ENROLLED**

COMMITTEE SUBSTITUTE

FOR

COMMITTEE SUBSTITUTE

FOR

**Senate Bill No. 425**

(SENATORS STOLLINGS AND EDGELL, *ORIGINAL SPONSORS*)

[PASSED MARCH 8, 2014; IN EFFECT NINETY DAYS FROM PASSAGE.]

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AN ACT to repeal §30-3-16 and §30-3-16a of the Code of West Virginia, 1931, as amended; to repeal §30-14A-1, §30-14A-2, §30-14A-3, §30-14A-4 and §30-14A-5 of said code; and to amend said code by adding thereto a new article, designated §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-5, §30-3E-6, §30-3E-7, §30-3E-8, §30-3E-9, §30-3E-10, §30-3E-11, §30-3E-12, §30-3E-13, §30-3E-14, §30-3E-15, §30-3E-16, §30-3E-17, §30-3E-18 and §30-3E-19, all relating to physician assistants; defining terms; powers and duties of the Board of Medicine and the Board of Osteopathic Medicine; rule-making authority; licensing requirements; providing for a temporary license; license renewal requirements; expired licenses; termination of licenses; practice requirements; practice agreement requirements; supervision requirements; scope of practice; requiring identification be worn; special volunteer license requirements; summer camp or volunteer endorsement

for in-state and out-of-state physician assistants; complaint process; health care facility reporting requirements; unlawful acts; and criminal penalties.

*Be it enacted by the Legislature of West Virginia:*

That §30-3-16 and §30-3-16a of the Code of West Virginia, 1931, as amended, be repealed; that §30-14A-1, §30-14A-2, §30-14A-3, §30-14A-4 and §30-14A-5 of said code be repealed; and that said code be amended by adding thereto a new article, designated §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-5, §30-3E-6, §30-3E-7, §30-3E-8, §30-3E-9, §30-3E-10, §30-3E-11, §30-3E-12, §30-3E-13, §30-3E-14, §30-3E-15, §30-3E-16, §30-3E-17, §30-3E-18 and §30-3E-19, all to read as follows:

### **ARTICLE 3E. PHYSICIAN ASSISTANTS PRACTICE ACT.**

#### **§30-3E-1. Definitions.**

1       As used in this article:

2       (1) “Advance duties” means medical acts that require  
3 additional training beyond the basic education program  
4 training required for licensure as a physician assistant.

5       (2) “Alternate supervising physician” means one or more  
6 physicians licensed in this state and designated by the  
7 supervising physician to provide supervision of a physician  
8 assistant in accordance with an authorized practice  
9 agreement.

10       (3) “Approved program” means an educational program  
11 for physician assistants approved and accredited by the  
12 Accreditation Review Commission on Education for the  
13 Physician Assistant or its successor. Prior to 2001, approval  
14 and accreditation would have been by either the Committee

15 on Allied Health Education and Accreditation or the  
16 Accreditation Review Commission on Education for the  
17 Physician Assistant.

18 (4) “Boards” means the West Virginia Board of Medicine  
19 and the West Virginia Board of Osteopathic Medicine.

20 (5) “Chronic condition” means a condition which lasts  
21 three months or more, generally cannot be prevented by  
22 vaccines, can be controlled but not cured by medication and  
23 does not generally disappear. These conditions include, but  
24 are not limited to, arthritis, asthma, cardiovascular disease,  
25 cancer, diabetes, epilepsy and seizures and obesity.

26 (6) “Endorsement” means a summer camp or volunteer  
27 endorsement authorized under this article.

28 (7) “Health care facility” means any licensed hospital,  
29 nursing home, extended care facility, state health or mental  
30 institution, clinic or physician’s office.

31 (8) “Hospital” means a facility licensed pursuant to article  
32 five-b, chapter sixteen of this code, and any acute-care  
33 facility operated by the state government that primarily  
34 provides inpatient diagnostic, treatment or rehabilitative  
35 services to injured, disabled or sick persons under the  
36 supervision of physicians and includes psychiatric hospitals.

37 (9) “License” means a license issued by either of the  
38 boards pursuant to the provisions of this article.

39 (10) “Licensee” means a person licensed pursuant to the  
40 provisions of this article.

41 (11) “Physician” means a doctor of allopathic or  
42 osteopathic medicine who is fully licensed pursuant to the

43 provisions of either article three or article fourteen of this  
44 chapter to practice medicine and surgery in this state.

45 (12) “Physician assistant” means a person who meets the  
46 qualifications set forth in this article and is licensed pursuant  
47 to this article to practice medicine under supervision.

48 (13) “Practice agreement” means a document that is  
49 executed between a supervising physician and a physician  
50 assistant pursuant to the provisions of this article, and is filed  
51 with and approved by the appropriate licensing board.

52 (14) “Supervising physician” means a doctor of medicine,  
53 osteopathy or podiatry fully licensed by the appropriate board  
54 in this state, without restriction or limitation, who supervises  
55 physician assistants.

56 (15) “Supervision” means overseeing the activities of,  
57 and accepting responsibility for, the medical services  
58 rendered by a physician assistant. Constant physical presence  
59 of the supervising physician is not required as long as the  
60 supervising physician and physician assistant are, or can be,  
61 easily in contact with one another by telecommunication.  
62 Supervision does not require the personal presence of the  
63 supervising physician at the place or places where services  
64 are rendered if the physician assistant’s normal place of  
65 employment is the same premises as the supervising  
66 physician.

**§30-3E-2. Powers and duties of the boards.**

1 In addition to the powers and duties set forth in this code  
2 for the boards, the boards shall:

3 (1) Establish the requirements for licenses and temporary  
4 licenses pursuant to this article;

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5 (2) Establish the procedures for submitting, approving  
6 and rejecting applications for licenses and temporary  
7 licenses;

8 (3) Propose rules for legislative approval in accordance  
9 with the provisions of article three, chapter twenty-nine-a of  
10 this code to implement the provisions of this article;

11 (4) Compile and publish an annual report that includes a  
12 list of currently licensed physician assistants, their  
13 supervising physicians and their locations in the state; and

14 (5) Take all other actions necessary and proper to  
15 effectuate the purposes of this article.

**§30-3E-3. Rulemaking.**

1 (a) The boards shall propose rules for legislative approval  
2 in accordance with the provisions of article three, chapter  
3 twenty-nine-a of this code to implement the provisions of this  
4 article, including:

5 (1) The extent to which physician assistants may practice  
6 in this state;

7 (2) The extent to which physician assistants may  
8 pronounce death;

9 (3) Requirements for licenses and temporary licenses;

10 (4) Requirements for practice agreements;

11 (5) Requirements for continuing education;

12 (6) Conduct of a licensee for which discipline may be  
13 imposed;

14 (7) The eligibility and extent to which a physician  
15 assistant may prescribe at the direction of his or her  
16 supervising physician, including the following:

17 (A) A list of drugs and pharmacologic categories, or both,  
18 the prescription of which may not be delegated to a physician  
19 assistant, including all drugs listed in Schedules I and II of  
20 the Uniform Controlled Substances Act, antineoplastic and  
21 chemotherapeutic agents, or both, used in the active treatment  
22 of current cancer, radiopharmaceuticals, general anesthetics,  
23 radiographic contrast materials and any other limitation or  
24 exclusions of specific drugs or categories of drugs as  
25 determined by the boards;

26 (B) Authority to include, in a practice agreement, the  
27 delegation of prescribing authority for up to a 72-hour supply  
28 of drugs listed under Schedule III of the Uniform Controlled  
29 Substances Act so long as the prescription is nonrefillable  
30 and an annual supply of any drug, with the exception of  
31 controlled substances, which is prescribed for the treatment  
32 of a chronic condition, other than chronic pain management,  
33 with the chronic condition being treated identified on the  
34 prescription; and

35 (C) A description of the education and training  
36 requirements for a physician assistant to be eligible to receive  
37 delegated prescriptive writing authority as part of a practice  
38 agreement;

39 (8) The authority a supervising physician may delegate  
40 for prescribing, dispensing and administering of controlled  
41 substances, prescription drugs or medical devices if the  
42 practice agreement includes:

43 (A) A notice of intent to delegate prescribing of  
44 controlled substances, prescription drugs or medical devices;

45 (B) An attestation that all prescribing activities of the  
46 physician assistant shall comply with applicable federal and  
47 state law governing the practice of physician assistants;

48 (C) An attestation that all medical charts or records shall  
49 contain a notation of any prescriptions written by a physician  
50 assistant;

51 (D) An attestation that all prescriptions shall include the  
52 physician assistant's name and the supervising physician's  
53 name, business address and business telephone number  
54 legibly written or printed; and

55 (E) An attestation that the physician assistant has  
56 successfully completed each of the requirements established  
57 by the appropriate board to be eligible to prescribe pursuant  
58 to a practice agreement accompanied by the production of  
59 any required documentation establishing eligibility;

60 (9) A fee schedule; and

61 (10) Any other rules necessary to effectuate the  
62 provisions of this article.

63 (b) The boards may propose emergency rules pursuant to  
64 article three, chapter twenty-nine-a of this code to ensure  
65 conformity with this article.

**§30-3E-4. License to practice as a physician assistant.**

1 (a) A person seeking licensure as a physician assistant  
2 shall apply to the Board of Medicine or to the Board of  
3 Osteopathic Medicine. The appropriate board shall issue a  
4 license to practice as a physician assistant under the  
5 supervision of that board's licensed physicians or podiatrists.



6 (b) A license may be granted to a person who:

7 (1) Files a complete application;

8 (2) Pays the applicable fees;

9 (3) Demonstrates to the board's satisfaction that he or  
10 she:

11 (A) Obtained a baccalaureate or master's degree from an  
12 accredited program of instruction for physician assistants;

13 (B) Prior to July 1, 1994, graduated from an approved  
14 program of instruction in primary health care or surgery; or

15 (C) Prior to July 1, 1983, was certified by the Board of  
16 Medicine as a physician assistant then classified as "Type B";

17 (4) Has passed the Physician Assistant National  
18 Certifying Examination administered by the National  
19 Commission on Certification of Physician Assistants;

20 (5) Has a current certification from the National  
21 Commission on Certification of Physician Assistants;

22 (6) Is mentally and physically able to engage safely in  
23 practice as a physician assistant;

24 (7) Has not had a physician assistant license, certification  
25 or registration in any jurisdiction suspended or revoked;

26 (8) Is not currently subject to any limitation, restriction,  
27 suspension, revocation or discipline concerning a physician  
28 assistant license, certification or registration in any  
29 jurisdiction: *Provided*, That if a board is made aware of any  
30 problems with a physician assistant license, certification or

31 registration and agrees to issue a license, certification or  
32 registration notwithstanding the provisions of this subdivision  
33 or subdivision (7) of this subsection;

34 (9) Is of good moral character; and

35 (10) Has fulfilled any other requirement specified by the  
36 appropriate board.

37 (c) A board may deny an application for a physician  
38 assistant license to any applicant determined to be unqualified  
39 by the board.

**§30-3E-5. Temporary license.**

1 (a) A temporary license may be issued by the boards to a  
2 person applying for a license under this article, if the person  
3 meets all of the qualifications for a license but is awaiting the  
4 next scheduled meeting of the board for action upon his or  
5 her application.

6 (b) The temporary license expires six months after  
7 issuance or after the board acts, whichever is earlier.

**§30-3E-6. License renewal requirements.**

1 (a) A licensee shall renew biennially, on a schedule  
2 established by the appropriate licensing board, by submitting:

3 (1) A complete renewal application;

4 (2) The renewal fee;

5 (3) Proof that he or she is currently certified and has been  
6 continuously certified during the preceding licensure period  
7 by the National Commission on Certification of Physician  
8 Assistants; and

9 (4) An attestation that all continuing education  
10 requirements for the reporting period have been met.

11 (b) If a licensee fails to timely renew his or her license,  
12 then the license automatically expires.

**§30-3E-7. Expired license requirements.**

1 (a) If a license automatically expires and reinstatement is  
2 sought within one year of the automatic expiration, then an  
3 applicant shall submit:

4 (1) A complete reinstatement application;

5 (2) The applicable fees;

6 (3) Proof that he or she is currently certified and has been  
7 continuously certified during the preceding licensure period  
8 and expiration period by the National Commission on  
9 Certification of Physician Assistants; and

10 (4) An attestation that all continuing education  
11 requirements have been met.

12 (b) If a license automatically expires and more than one  
13 year has passed since the automatic expiration, then an  
14 applicant shall apply for a new license.

**§30-3E-8. Termination of license.**

1 (a) A licensee who fails the recertification examination of  
2 the National Commission on Certification of Physician  
3 Assistants, and is no longer certified, shall immediately:

4 (1) Notify his or her supervising physician;

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5 (2) Notify his or her licensing board in writing; and

6 (3) Cease practicing.

7 (b) The license automatically terminates and the  
8 physician assistant is not eligible for reinstatement until he or  
9 she has obtained a passing score on the examination.

**§30-3E-9. Practice requirements.**

1 (a) A physician assistant may not practice independent of  
2 a supervising physician.

3 (b) Before a licensed physician assistant may practice and  
4 before a supervising physician may delegate medical acts to  
5 a physician assistant, the supervising physician and the  
6 physician assistant shall:

7 (1) File a practice agreement with the appropriate  
8 licensing board, including any designated alternate  
9 supervising physicians;

10 (2) Pay the applicable fees; and

11 (3) Receive written authorization from the appropriate  
12 licensing board to commence practicing as a physician  
13 assistant pursuant to the practice agreement.

14 (c) A physician applying to supervise a physician  
15 assistant shall affirm that:

16 (1) The medical services set forth in the practice  
17 agreement are consistent with the skills and training of the  
18 supervising physician and the physician assistant; and

19       (2) The activities delegated to a physician assistant are  
20 consistent with sound medical practice and will protect the  
21 health and safety of the patient.

22       (d) A supervising physician may enter into practice  
23 agreements with up to five full-time physician assistants at  
24 any one time. A physician is prohibited from being a  
25 supervising or alternate supervising physician to more than  
26 five physician assistants at any one time. However, a  
27 physician practicing medicine in an emergency department of  
28 a hospital or a physician who supervises a physician assistant  
29 who is employed by or on behalf of a hospital may provide  
30 supervision for up to five physician assistants per shift if the  
31 physician has an authorized practice agreement in place with  
32 the supervised physician assistant or the physician has been  
33 properly authorized as an alternate supervising physician for  
34 each physician assistant.

**§30-3E-10. Practice agreement requirements.**

1       (a) A practice agreement shall include:

2       (1) A description of the qualifications of the supervising  
3 physician, the alternate supervising physicians, if applicable,  
4 and the physician assistant;

5       (2) A description of the settings in which the supervising  
6 physician assistant will practice;

7       (3) A description of the continuous physician supervision  
8 mechanisms that are reasonable and appropriate for the  
9 practice setting, and the experience and training of the  
10 physician assistant;

11       (4) A description of the medical acts that are to be  
12 delegated;

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13 (5) An attestation by the supervising physician that the  
14 medical acts to be delegated are:

15 (A) Within the supervising physician's scope of practice;  
16 and

17 (B) Appropriate to the physician assistant's education,  
18 training and level of competence;

19 (6) A description of the medical care the physician  
20 assistant will provide in an emergency, including a definition  
21 of an emergency; and

22 (7) Any other information required by the boards.

23 (b) A licensing board may:

24 (1) Decline to authorize a physician assistant to  
25 commence practicing pursuant to a practice agreement, if the  
26 board determines that:

27 (A) The practice agreement is inadequate; or

28 (B) The physician assistant is unable to perform the  
29 proposed delegated duties safely; or

30 (2) Request additional information from the supervising  
31 physician and/or the physician assistant to evaluate the  
32 delegation of duties and advanced duties.

33 (c) A licensing board may authorize a practice agreement  
34 that includes advanced duties which are to be performed in a  
35 hospital or ambulatory surgical facility, if the practice  
36 agreement has a certification that:

37 (1) A physician, with credentials that have been reviewed  
38 by the hospital or ambulatory surgical facility as a condition

39 of employment as an independent contractor or as a member  
40 of the medical staff, supervises the physician assistant;

41 (2) The physician assistant has credentials that have been  
42 reviewed by the hospital or ambulatory surgical facility as a  
43 condition of employment as an independent contractor or as  
44 a member of the medical staff; and

45 (3) Each advanced duty to be delegated to the physician  
46 assistant is reviewed and approved within a process approved  
47 by the governing body of the health care facility or  
48 ambulatory surgical facility before the physician assistant  
49 performs the advanced duties.

50 (d) If a licensing board declines to authorize a practice  
51 agreement or any proposed delegated act incorporated  
52 therein, the board shall provide the supervising physician and  
53 the physician assistant with written notice. A physician  
54 assistant who receives notice that the board has not  
55 authorized a practice agreement or a delegated act shall not  
56 practice under the agreement or perform the delegated act.

57 (e) If a practice agreement is terminated, then a physician  
58 assistant shall notify the appropriate licensing board in  
59 writing within ten days of the termination. Failure to provide  
60 timely notice of the termination constitutes unprofessional  
61 conduct and disciplinary proceedings may be instituted by the  
62 appropriate licensing board.

**§30-3E-11. Supervision of physician assistants.**

1 (a) A licensed physician or podiatrist may supervise a  
2 physician assistant:

3 (1) As a supervising physician in accordance with an  
4 authorized practice agreement; or

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5 (2) As an alternate supervising physician who:

6 (A) Supervises in accordance with an authorized practice  
7 agreement;

8 (B) Has been designated an alternate supervising  
9 physician in the authorized practice agreement; and

10 (C) Only delegates those medical acts that have been  
11 authorized by the practice agreement and are within the scope  
12 of practice of both the primary supervising physician and the  
13 alternate supervising physician.

14 (b) A supervising physician is responsible at all times for  
15 the physician assistant under his or her supervision,  
16 including:

17 (1) The legal responsibility of the physician assistant;

18 (2) Observing, directing and evaluating the physician  
19 assistant's work records and practices; and

20 (3) Supervising the physician assistant in the care and  
21 treatment of a patient in a health care facility.

22 (c) A health care facility is only legally responsible for  
23 the actions or omissions of a physician assistant when the  
24 physician assistant is employed by or on behalf of the facility.  
25 Credentialed medical facility staff and attending physicians  
26 of a hospital who provide direction to or utilize physician  
27 assistants employed by or on behalf of the hospital are  
28 considered alternate supervising physicians.

**§30-3E-12. Scope of practice.**



1 (a) A license issued to a physician assistant by the  
2 appropriate state licensing board shall authorize the physician  
3 assistant to perform medical acts:

4 (1) Delegated to the physician assistant as part of an  
5 authorized practice agreement;

6 (2) Appropriate to the education, training and experience  
7 of the physician assistant;

8 (3) Customary to the practice of the supervising  
9 physician; and

10 (4) Consistent with the laws of this state and rules of the  
11 boards.

12 (b) This article does not authorize a physician assistant to  
13 perform any specific function or duty delegated by this code  
14 to those persons licensed as chiropractors, dentists, dental  
15 hygienists, optometrists or pharmacists, or certified as nurse  
16 anesthetists.

**§30-3E-13. Identification.**

1 (a) While practicing, a physician assistant shall wear a  
2 name tag that identifies him or her as a physician assistant.

3 (b) A physician assistant shall keep his or her license and  
4 current practice agreement available for inspection at his or  
5 her primary place of practice.

**§30-3E-14. Special volunteer physician assistant license.**

1 (a) A special volunteer physician assistant license may be  
2 issued to a physician assistant who:

3 (1) Is retired or is retiring from the active practice of  
4 medicine; and

5 (2) Wishes to donate his or her expertise for the medical  
6 care and treatment of indigent and needy patients in the  
7 clinical setting of clinics organized, in whole or in part, for  
8 the delivery of health care services without charge.

9 (b) The special volunteer physician assistant license shall  
10 be issued by the appropriate licensing board:

11 (1) To a physician assistant licensed or otherwise eligible  
12 for licensure under this article;

13 (2) Without the payment of any fee; and

14 (3) The initial license shall be issued for the remainder of  
15 the licensing period.

16 (c) The special volunteer physician assistant license shall  
17 be renewed consistent with the appropriate licensing board's  
18 other licensing requirements.

19 (d) The appropriate licensing board shall develop  
20 application forms for the special volunteer physician assistant  
21 license which shall contain the physician assistant's  
22 acknowledgment that:

23 (1) The physician assistant's practice under the special  
24 volunteer physician assistant license shall be exclusively  
25 devoted to providing medical care to needy and indigent  
26 persons in West Virginia;

27 (2) The physician assistant will not receive any payment  
28 or compensation, either direct or indirect, or have the  
29 expectation of any payment or compensation, for any medical

30 services rendered under the special volunteer physician  
31 assistant license;

32 (3) The physician assistant shall supply any supporting  
33 documentation that the appropriate licensing board may  
34 reasonably require; and

35 (4) The physician assistant agrees to continue to  
36 participate in continuing education as required by the  
37 appropriate licensing board for the special volunteer  
38 physician assistant license.

39 (e) A physician assistant who renders medical service to  
40 indigent and needy patients of a clinic organized, in whole or  
41 in part, for the delivery of health care services without  
42 charge, under a special volunteer physician assistant license,  
43 without payment or compensation or the expectation or  
44 promise of payment or compensation, is immune from  
45 liability for any civil action arising out of any act or omission  
46 resulting from the rendering of the medical service at the  
47 clinic unless the act or omission was the result of the  
48 physician assistant's gross negligence or willful misconduct.  
49 In order for the immunity under this subsection to apply,  
50 there shall be a written agreement between the physician  
51 assistant and the clinic pursuant to which the physician  
52 assistant shall provide voluntary uncompensated medical  
53 services under the control of the clinic to patients of the clinic  
54 before the rendering of any services by the physician assistant  
55 at the clinic. Any clinic entering into a written agreement is  
56 required to maintain liability coverage of not less than \$1  
57 million per occurrence.

58 (f) Notwithstanding the provisions of this section, a clinic  
59 organized, in whole or in part, for the delivery of health care  
60 services without charge is not relieved from imputed liability  
61 for the negligent acts of a physician assistant rendering

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62 voluntary medical services at or for the clinic under a special  
63 volunteer physician assistant license.

64 (g) For purposes of this section, “otherwise eligible for  
65 licensure” means the satisfaction of all the requirements for  
66 licensure under this article, except the fee requirements.

67 (h) Nothing in this section may be construed as requiring  
68 the appropriate licensing board to issue a special volunteer  
69 physician assistant license to any physician assistant whose  
70 license is or has been subject to any disciplinary action or to  
71 any physician assistant who has surrendered a physician  
72 assistant license or caused his or her license to lapse, expire  
73 and become invalid in lieu of having a complaint initiated or  
74 other action taken against his or her license, or who has  
75 elected to place a physician assistant license in inactive status  
76 in lieu of having a complaint initiated or other action taken  
77 against his or her license, or who has been denied a physician  
78 assistant license.

79 (i) Any policy or contract of liability insurance providing  
80 coverage for liability sold, issued or delivered in this state to  
81 any physician assistant covered under the provisions of this  
82 article shall be read so as to contain a provision or  
83 endorsement whereby the company issuing the policy waives  
84 or agrees not to assert as a defense on behalf of the  
85 policyholder or any beneficiary thereof, to any claim covered  
86 by the terms of the policy within the policy limits, the  
87 immunity from liability of the insured by reason of the care  
88 and treatment of needy and indigent patients by a physician  
89 assistant who holds a special volunteer physician assistant  
90 license.

**§30-3E-15. Summer camp or volunteer endorsement – West  
Virginia licensee.**

1 (a) The appropriate licensing board may grant a summer  
2 camp or volunteer endorsement to provide services at a  
3 children's summer camp or volunteer services for a public or  
4 community event to a physician assistant who:

5 (1) Is currently licensed by the appropriate licensing  
6 board;

7 (2) Has no current discipline, limitations or restrictions on  
8 his or her license;

9 (3) Has submitted a timely application; and

10 (4) Attests that:

11 (A) The organizers of the summer camp and public or  
12 community event have arranged for a supervising physician  
13 to be available as needed to the physician assistant;

14 (B) The physician assistant shall limit his or her scope of  
15 practice to medical acts which are within his or her education,  
16 training and experience; and

17 (C) The physician assistant will not prescribe any  
18 controlled substances or legend drugs as part of his or her  
19 practice at the summer camp or public or community event.

20 (b) A physician assistant may only receive one summer  
21 camp or volunteer endorsement annually. The endorsement  
22 is active for one specifically designated period annually,  
23 which period cannot exceed three weeks.

24 (c) A fee cannot be assessed for the endorsement if the  
25 physician assistant is volunteering his or her services without  
26 compensation or remuneration.

**§30-3E-16. Summer camp or volunteer endorsement – Out-of-state licensee.**

1 (a) The appropriate licensing board may grant a summer  
2 camp or volunteer endorsement to provide services at a  
3 children’s summer camp or volunteer services for a public or  
4 community event to a physician assistant licensed from  
5 another jurisdiction who:

6 (1) Is currently licensed in another jurisdiction and has a  
7 current certification from the National Commission on  
8 Certification of Physician Assistants;

9 (2) Has no current discipline, limitations or restrictions on  
10 his or her license;

11 (3) Has passed the Physician Assistant National  
12 Certifying Examination administered by the National  
13 Commission on Certification of Physician Assistants;

14 (4) Has submitted a timely application;

15 (5) Has paid the applicable fees; and

16 (6) Attests that:

17 (A) The organizers of the summer camp and public or  
18 community event have arranged for a supervising physician  
19 to be available as needed to the physician assistant;

20 (B) The physician assistant shall limit his or her scope of  
21 practice to medical acts which are within his or her education,  
22 training and experience; and

23 (C) The physician assistant will not prescribe any  
24 controlled substances or legend drugs as part of his or her

25 practice at the summer camp or public or community event;  
26 and

27 (7) Has fulfilled any other requirements specified by the  
28 appropriate board.

29 (b) A physician assistant may only receive one summer  
30 camp or volunteer endorsement annually. The endorsement  
31 is active for one specifically designated period annually,  
32 which period cannot exceed three weeks.

**§30-3E-17. Complaint process.**

1 (a) All hearings and procedures related to denial of a  
2 license, and all complaints, investigations, hearings and  
3 procedures a physician assistant licenses and the discipline  
4 accorded thereto, shall be in accordance with the processes  
5 and procedures set forth in articles three and/or fourteen of  
6 this chapter, depending on which board licenses the physician  
7 assistant.

8 (b) The boards may impose the same discipline,  
9 restrictions and/or limitations upon the license of a physician  
10 assistant as they are authorized to impose upon physicians  
11 and/or podiatrists.

12 (c) The boards shall direct to the appropriate licensing  
13 board a complaint against a physician assistant, a supervising  
14 physician and/or an alternate supervising physician.

15 (d) In the event that independent complaint processes are  
16 warranted by the boards with respect to the professional  
17 conduct of a physician assistant or a supervising and/or  
18 alternate supervising physician, the boards are authorized to  
19 work cooperatively and to disclose to one another  
20 information which may assist the recipient appropriate

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21 licensing board in its disciplinary process. The determination  
22 of what information, if any, to disclose shall be at the  
23 discretion of the disclosing board.

**§30-3E-18. Health care facility reporting requirements.**

1 (a) A health care facility shall report, in writing, to the  
2 appropriate licensing board within sixty days after the  
3 completion of the facility's formal disciplinary procedure or  
4 after the commencement and conclusion of any resulting  
5 legal action against a licensee.

6 (b) The report shall include:

7 (1) The name of the physician assistant practicing in the  
8 facility whose privileges at the facility have been revoked,  
9 restricted, reduced or terminated for any cause including  
10 resignation;

11 (2) All pertinent information relating to the action; and

12 (3) The formal disciplinary action taken against the  
13 physician assistant by the facility relating to professional  
14 ethics, medical incompetence, medical malpractice, moral  
15 turpitude or drug or alcohol abuse.

16 (c) A health care facility does not need to report  
17 temporary suspensions for failure to maintain records on a  
18 timely basis or for failure to attend staff or section meetings.

**§30-3E-19. Unlawful act and penalty.**

1 It is unlawful for any physician assistant to represent to  
2 any person that he or she is a physician, surgeon or podiatrist.  
3 A person who violates this section is guilty of a felony and,  
4 upon conviction thereof, shall be imprisoned in a state



5 correctional facility for not less than one nor more than two  
6 years, or be fined not more than \$2,000, or both fined and  
7 imprisoned.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

.....  
*Chairman Senate Committee*

.....  
*Chairman House Committee*

Originated in the Senate.

In effect ninety days from passage.

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*Clerk of the Senate*

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*Clerk of the House of Delegates*

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*President of the Senate*

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*Speaker of the House of Delegates*

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The within ..... this  
the..... Day of ....., 2014.

.....  
*Governor*