

1 COMMITTEE SUBSTITUTE

2 FOR

3 **Senate Bill No. 425**

4 (By Senators Stollings and Edgell)

5 _____
6 [Originating in the Committee on Health and Human Resources;
7 reported February 12, 2014.]

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10
11 A BILL to repeal §30-3-16 and §30-3-16a of the Code of West
12 Virginia, 1931, as amended; to repeal §30-14A-1, §30-14A-2,
13 §30-14A-3, §30-14A-4 and §30-14A-5 of said code; and to amend
14 said code by adding thereto a new article, designated
15 §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-5, §30-3E-6,
16 §30-3E-7, §30-3E-8, §30-3E-9, §30-3E-10, §30-3E-11, §30-3E-12,
17 §30-3E-13, §30-3E-14, §30-3E-15 and §30-3E-16, all relating to
18 the licensure, supervision and regulation of physician
19 assistants by the West Virginia Board of Medicine; defining
20 term; providing for rule-making authority; setting forth
21 licensing requirements; providing for a temporary license;
22 providing for a practice agreement; setting out practice
23 agreement requirements; setting forth requirements for a
24 supervising physician; setting forth requirements for an

1 alternate supervisory physician; providing for prescriptive
2 authority for physician assistants; setting limits on the
3 number of full-time physician assistants which may be
4 supervised by a single supervisory physician; providing for
5 emergency practice provisions; and providing for a summer camp
6 license.

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

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9 as amended, be repealed; that §30-14A-1, §30-14A-2, §30-14A-3,
10 §30-14A-4 and §30-14A-5 of said code be repealed; and that said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

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

17 **§30-3E-1. Definitions.**

18 (a) As used in this article:

19 (1) "Advance duties" means medical acts that require
20 additional training beyond the basic education program training
21 required for licensure as a physician assistant.

22 (2) "Alternate supervising physician" means one or more
23 physicians licensed in this state and designated by the supervising
24 physician to provide supervision of a physician assistant in

1 accordance with an authorized practice agreement.

2 (3) "Approved program" means an educational program for
3 physician assistants approved and accredited by the Accreditation
4 Review Commission on Education for the Physician Assistant or its
5 successor. Prior to 2001, approval and accreditation would have
6 been by either the Committee on Allied Health Education and
7 Accreditation or the Accreditation Review Commission on Education
8 for the Physician Assistant.

9 (4) "Boards" means the West Virginia Board of Medicine and/or
10 the West Virginia Board of Osteopathic Medicine.

11 (5) "Chronic condition" means a condition which lasts three
12 months or more, generally cannot be prevented by vaccines, can be
13 controlled but not cured by medication and does not generally
14 disappear. These conditions include, but are not limited to,
15 arthritis, asthma, cardiovascular disease, cancer, diabetes,
16 epilepsy and seizures and obesity.

17 (6) "Health care facility" means any licensed hospital,
18 nursing home, extended care facility, state health or mental
19 institution, clinic or physician's office.

20 (7) "Hospital" means a facility licensed pursuant to article
21 five-b of chapter sixteen of this code and any acute care facility
22 operated by the state government that primarily provides inpatient
23 diagnostic, treatment or rehabilitative services to injured,
24 disabled or sick persons under the supervision of physicians and

1 includes psychiatric hospitals.

2 (8) "Physician" means a doctor of allopathic or osteopathic
3 medicine who is fully licensed pursuant to the provisions of either
4 article three or article fourteen of this chapter to practice
5 medicine and surgery in this state.

6 (9) "Physician assistant" means a person who meets the
7 qualifications set forth in this article and is licensed pursuant
8 to this article to practice medicine under supervision.

9 (10) "Practice Agreement" means a document that is executed
10 between a supervision physician and a physician assistant pursuant
11 to the provisions of section six of this article and is filed with
12 and approved by the appropriate licensing board.

13 (11) "Supervising physician" means a doctor of medicine,
14 osteopathy or podiatry permanently and fully licensed by the
15 appropriate board in this state without restriction or limitation
16 who supervises physician assistants.

17 (12) "Supervision" means overseeing the activities of, and
18 accepting responsibility for, the medical services rendered by a
19 physician assistant. Constant physical presence of the supervising
20 physician is not required as long as the supervising physician and
21 physician assistant are, or can be, easily in contact with one
22 another by telecommunication. Supervision does not require the
23 personal presence of the supervising physician at the place or
24 places where services are rendered if the physician assistant's

1 normal place of employment is the same premises as the supervising
2 physician.

3 **§30-3E-2. Legislative Rules.**

4 (a) The boards shall promulgate emergency rules and
5 legislative rules, pursuant to article three, chapter twenty-nine-a
6 of this code to ensure conformity with this section to govern the
7 extent to which physician assistants may function in this state.
8 The rules shall provide that the physician assistant is limited to
9 the performance of those services for which he or she is trained
10 and that he or she performs only with the supervision and control
11 of a physician or podiatrist permanently licensed by the boards. In
12 promulgating the rules, the boards shall allow the physician
13 assistant to perform those procedures and examinations submitted to
14 it in the practice agreement required by this article. Physician
15 assistants may pronounce death in accordance with the rules. The
16 boards shall compile and publish an annual report that includes a
17 list of currently licensed physician assistants and their
18 supervising physicians and locations in the state.

19 (b) (1) The boards shall promulgate rules pursuant to the
20 provisions of article three, chapter twenty-nine-a of this code
21 governing the eligibility and extent to which a physician assistant
22 may prescribe at the direction of his or her supervising physician.
23 The rules shall include, but are not limited to, the following:

24 (A) A list of drugs and pharmacologic categories, or both, the

1 prescription of which may not be delegated to a physician
2 assistant, including all drugs listed in Schedules I and II of the
3 Uniform Controlled Substances Act, antineoplastic and
4 chemotherapeutic agents, or both, used in the active treatment of
5 current cancer, radiopharmaceuticals, general anesthetics,
6 radiographic contrast materials and any other limitation or
7 exclusions of specific drugs or categories of drugs as determined
8 by the boards;

9 (B) Authority to include, in a practice agreement, the
10 delegation of prescribing authority for up to a seventy-two hour
11 supply of drugs listed under Schedule III of the Uniform Controlled
12 Substances Act so long as the prescription is nonrefillable and an
13 annual supply of any drug, with the exception of controlled
14 substances, which is prescribed for the treatment of a chronic
15 condition, other than chronic pain management with the chronic
16 condition being treated identified on the prescription; and

17 (C) A description of the education and training requirements
18 for a physician assistant to be eligible to receive delegated
19 prescriptive writing authority as part of a practice agreement.

20 (2) A supervising physician may delegate prescribing,
21 dispensing and administering of controlled substances, prescription
22 drugs or medical devices if the practice agreement includes:

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

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

4 (C) An attestation that all medical charts or records shall
5 contain a notation of any prescriptions written by a physician
6 assistant in accordance with this section;

7 (D) An attestation that all prescriptions written pursuant to
8 this article shall include the physician assistant's name and the
9 supervising physician's name, business address and business
10 telephone number legibly written or printed; and

11 (E) An attestation that the physician assistant has
12 successfully completed each of the requirements established by the
13 boards to be eligible to prescribe pursuant to a practice agreement
14 accompanied by the production of any required documentation
15 establishing eligibility.

16 (3) The Board of Osteopathy may establish standards and a
17 process for temporary licensure.

18 **§30-3E-3. License to practice as a physician assistant.**

19 A person seeking licensure as a physician assistant shall
20 apply to the Board of Medicine or to the Board of Osteopathic
21 Medicine. The appropriate board shall issue a license to practice
22 as a physician assistant under the supervision of that boards'
23 licensed physicians or podiatrists. A license shall be granted to
24 a person who:

- 1 (1) Files a complete application;
- 2 (2) Pays the necessary fee as set by the boards;
- 3 (3) Demonstrates to the boards' satisfaction that he or she:
 - 4 (A) Obtained a baccalaureate or master's degree from an
 - 5 accredited program of instruction for physician assistants; or
 - 6 (B) Prior to July 1, 1994, graduated from an approved program
 - 7 of instruction in primary health care or surgery; or
 - 8 (C) Prior to July 1, 1983, was certified by the Board of
 - 9 Medicine as a physician assistant then classified as "Type B".
- 10 (4) Has passed the Physician Assistant National Certifying
- 11 Examination administered by the National Commission on
- 12 Certification of Physician Assistants and has maintained a current
- 13 certification by that commission;
- 14 (5) Is mentally and physically able to engage safely in
- 15 practice as a physician assistant;
- 16 (6) Has no physician assistant licensure, certification or
- 17 registration in any jurisdiction currently suspended or revoked;
- 18 (7) Has no professional licensure, certification or
- 19 registration in any jurisdiction under current discipline, or is
- 20 subject to any limitation or restriction unless the boards is aware
- 21 of the discipline, limitation or restriction and agrees to
- 22 licensure;
- 23 (8) Is of good moral character; and
- 24 (9) Submits to the boards any further information the boards

1 deems necessary to evaluate the applicant's qualifications.

2 **§30-3E-4. Scope of Practice.**

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

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

8 (2) Appropriate to the education, training and experience of
9 the physician assistant;

10 (3) Customary to the practice of the supervising physician;
11 and

12 (4) Consistent with the rules governing physician assistant
13 practice promulgated by the appropriate licensing board.

14 (b) The provisions of this section do not authorize a
15 physician assistant to perform any specific function or duty
16 delegated by this code to those persons licensed as chiropractors,
17 dentists, dental hygienists, optometrists or pharmacists or
18 certified as nurse anesthetists.

19 **§30-3E-5. Practice during emergency.**

20 (a) A physician assistant licensed in this state, authorized
21 to practice in another jurisdiction of the United States or, who is
22 credentialed as a physician assistant by a federal employer who is
23 responding to a need for medical care created by an emergency or a
24 state or local disaster (not to be defined as an emergency

1 situation which occurs in the place of one's employment), may
2 render such care that the physician assistant is able to provide
3 without supervision as it is defined in this section, or with such
4 supervision as is available.

5 (1) Any physician who supervises a physician assistant
6 providing medical care in response to an emergency or state or
7 local disaster is not required to meet the requirements set forth
8 in this article for a supervising physician.

9 (2) A physician assistant, licensed in this state or licensed
10 or authorized to practice in other states of the United States who
11 voluntarily and gratuitously renders emergency medical assistance
12 other than in the ordinary course of employment or practice, is not
13 liable for civil damages or any personal injuries which result from
14 acts or omissions by those persons in rendering emergency care when
15 the physician assistant is acting in good faith and within his or
16 her education, training and experience. The immunity granted by
17 this section does not apply to acts or omissions constituting
18 gross, willful or wanton negligence or when the medical assistance
19 is rendered at any hospital, physician's office or other health
20 care delivery entity where those services are normally rendered.

21 (3) A physician who supervises a physician assistant
22 voluntarily and gratuitously providing emergency care as described
23 in this subsection, is not liable for civil damages for any
24 personal injuries which result from acts or omissions by the

1 physician assistant rendering emergency care.

2 **§30-3E-6. Practice Agreements.**

3 (a) A physician assistant may not practice independent of a
4 supervising physician. Before a supervising physician may delegate
5 medical acts to a licensed physician assistant, and before a
6 physician assistant may practice as a physician assistant, the
7 supervising physician and the physician assistant shall file a
8 completed practice agreement with the appropriate licensing board
9 in the form and manner prescribed by the board with the necessary
10 fee. The fee shall be established by legislative rule of the
11 appropriate licensing board. Once approved, the appropriate
12 licensing board shall issue written authorization for the physician
13 assistant to commence practicing as a physician assistant pursuant
14 to the practice agreement. Alternate supervising physicians shall
15 be designated as part of the practice agreement.

16 (b) A physician applying to the appropriate licensing board to
17 supervise a physician assistant shall affirm that the range of
18 medical services set forth in the physician assistant's practice
19 agreement are consistent with the skills and training of the
20 supervising physician and the physician assistant. Activities shall
21 be delegated to physician assistants in a manner consistent with
22 sound medical practice and the protection of the health and safety
23 of the patient and consistent with the practice agreement filed
24 with the appropriate licensing board.

1 (c) Practice agreements include, but are not limited to:
2 (1) A description of the qualifications of the supervising
3 physician and physician assistant;
4 (2) A description of the settings in which the physician will
5 practice;
6 (3) A description of the continuous physician supervision
7 mechanisms that are reasonable and appropriate for the practice
8 setting and the experience and training of the physician assistant;
9 (4) A description of the delegated medical acts that are
10 within the supervision physicians's scope of practice; and
11 (5) An attestation that all medical acts to be delegated to
12 the physician assistant are within the scope of the supervising
13 physician's scope of practice and are appropriate to the physician
14 assistant's education, training and level of competence and other
15 attestations as set forth by the appropriate licensing board by
16 rules promulgated pursuant to section two of this article.
17 (d) Either licensing board may decline to authorize a
18 physician assistant to commence practicing pursuant to a practice
19 agreement if it determines that the practice agreement fails to
20 meet the requirements established by the appropriate licensing
21 board. In its consideration of any practice agreement which
22 proposes the delegation of advanced duties, the appropriate
23 licensing board may request additional information from the
24 supervising physician and the physician assistant, or both, to

1 evaluate the delegation of the advanced duties. The appropriate
2 licensing board may decline to authorize an advanced duty
3 incorporated into a practice agreement if it determines that the
4 physician assistant is unable to perform the proposed delegated
5 duties safely.

6 (e) Practice agreements which include advanced duties which
7 are to be performed in a hospital shall be approved if accompanied
8 by certification that:

9 (1) A physician, with credentials that have been reviewed by
10 the hospital or ambulatory surgical facility as a condition of
11 employment as an independent contractor or as a member of the
12 medical staff, supervises the physician assistant;

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

17 (3) Each advanced duty to be delegated to the physician
18 assistant is reviewed and approved within a process approved by the
19 governing body of the health care facility before the physician
20 assistant performs the advanced duties.

21 (f) If an appropriate licensing board declines to approve a
22 practice agreement or any proposed delegated act incorporated
23 therein, the board shall provide the supervising physician and the
24 physician assistant with written notice of the disapproval. A

1 physician assistant who receives notice that the board has
2 disapproved a practice agreement or an advanced duty under the
3 practice agreement may not practice under the agreement or perform
4 the disapproved function.

5 (g) A physician assistant shall notify the appropriate
6 licensing board in writing of any termination of the practice
7 agreement under which the physician assistant is authorized to
8 practice within ten days of the termination.

9 (h) Failure of a physician assistant to provide written
10 notification to the appropriate licensing board that an approved
11 practice agreement has terminated with the ten day time frame
12 constitutes unprofessional conduct and disciplinary proceedings may
13 be instituted by the appropriate licensing board.

14 (i) A supervising physician may enter into practice agreements
15 with up to five full-time physician assistants at any one time. A
16 physician is prohibited from providing supervision to greater than
17 five physician assistants at any one time, whether the supervision
18 is undertaken as a supervising physician or as an alternate
19 supervisor. However, a physician practicing medicine in an
20 emergency department of a hospital or a physician who supervises a
21 physician assistant who is employed by or on behalf of a hospital,
22 may provide supervision for up to five physician assistants per
23 shift if the physician has an authorized practice agreement in
24 place with the supervised physician assistant or the physician has

1 been properly registered as an alternate supervising physician for
2 each physician assistant.

3 **§30-3E-7. Supervision of Practice.**

4 (a) A physician or podiatrist may supervise a physician
5 assistant:

6 (1) As a supervising physician in accordance with a practice
7 agreement authorized by the appropriate licensing board;

8 (2) As an alternate supervising physician if:

9 (A) The alternate supervising physician supervises in
10 accordance with an authorized practice agreement;

11 (B) The alternate supervising physician has been designated as
12 such in the authorized practice agreement; and

13 (C) The alternate supervisor only delegates those medical acts
14 that have been authorized by the practice agreement and are within
15 the scope of practice of both the primary supervising physician and
16 the alternate supervising physician.

17 (b) The supervising physician is responsible for observing,
18 directing and evaluating the work records and practices of each
19 physician assistant performing under his or her supervision. The
20 legal responsibility for any physician assistant remains with the
21 supervising physician at all times. This includes occasions when
22 the physician assistant under his or her direction and supervision
23 aids in the care and treatment of a patient in a health care
24 facility. A supervising physician shall designate an alternate

1 supervising physician, if the supervising physician is to be
2 absent. The legal responsibility remains with the supervising
3 physician at all times. A health care facility is not legally
4 responsible for the actions or omissions of the physician assistant
5 unless the physician assistant is employed by or on behalf of the
6 facility. Credentialed medical facility staff and attending
7 physicians of a hospital who provide direction to or utilize
8 physician assistants employed by or on behalf of the hospital are
9 considered alternate supervising physicians as defined in section
10 one of this article.

11 (c) A health care facility shall report, in writing to the
12 appropriate licensing board within sixty days after the completion
13 of any facility's formal disciplinary procedure or after the
14 commencement and conclusion of any resulting legal action. The
15 report shall include the name of any physician assistant practicing
16 in the facility whose privileges at the facility have been revoked,
17 restricted, reduced or terminated for any cause including
18 resignation, together with all pertinent information relating to
19 the action. The health care facility shall also report any other
20 formal disciplinary action taken against any physician assistant by
21 the facility relating to professional ethics, medical incompetence,
22 medical malpractice, moral turpitude or drug or alcohol abuse.
23 Temporary suspension for failure to maintain records on a timely
24 basis or for failure to attend staff or section meetings need not

1 be reported.

2 **§30-3E-8. Identification.**

3 (a) When functioning as a physician assistant, the physician
4 assistant shall wear a name tag that identifies him or her as a
5 physician assistant. Identification shall be furnished by the
6 appropriate licensing board upon licensure of the physician
7 assistant.

8 (b) Physician assistants licensed by this article shall keep
9 their license and current practice agreement available for
10 inspection at their primary place of practice.

11 **§30-3E-9. Fees; Renewal.**

12 (a) Each application for licensure, temporary licensure and
13 renewal of a license and each practice agreement submitted to
14 either board shall be accompanied by the appropriate fee as set by
15 legislative rules promulgated by the appropriate licensing board.

16 (b) As a condition of renewal of physician assistant license,
17 which shall occur on a biennial basis on a schedule established by
18 the appropriate licensing board, each physician assistant shall
19 provide:

20 (1) Proof that the physician assistant is currently certified
21 and has been continuously certified during the preceding licensure
22 period by the National Commission on Certification of Physician
23 Assistants;

24 (2) An attestation that all continuing education requirements

1 established by the appropriate licensing board for the reporting
2 period have been met; and

3 (3) A complete renewal application with supporting
4 documentation, including and required documentation of
5 participation in and successful completion of continuing education.

6 (c) Notwithstanding any provision of this chapter to the
7 contrary, failure to timely submit a completed application, the
8 required documentation and the fee required for license renewal
9 shall result in the automatic expiration of any license as a
10 physician assistant.

11 (d) If a license automatically expires and, reinstatement is
12 sought within one year of the automatic expiration, the former
13 licensee shall provide:

14 (1) Proof that the physician assistant is currently certified
15 and has been continuously certified during the preceding licensure
16 period by the National Commission on Certification of Physician
17 Assistants;

18 (2) An attestation that all continuing education requirements
19 established by the appropriate licensing board for the reporting
20 period have been met;

21 (3) A complete reinstatement application with supporting
22 documentation, including any required documentation of
23 participation in and successful completion of continuing education;
24 and

1 (4) Payment of a renewal fee plus a reinstatement fee equal
2 to fifty percent of the renewal fee.

3 (e) If a license automatically expires and more than one year
4 has passed since the automatic expiration, the former licensee
5 shall apply for a new license.

6 **§30-3E-10. Recertification Exam.**

7 (a) If a physician assistant fails a recertification
8 examination of the National Commission on Certification of
9 Physician Assistants and is no longer certified, the physician
10 assistant shall:

11 (1) Immediately notify his or her supervising physician or
12 physicians and his or her appropriate licensing board in writing;
13 and

14 (2) Immediately cease practicing.

15 (b) The license shall terminate automatically and the
16 physician assistant is not eligible for reinstatement until he or
17 she has obtained a passing score on the examination.

18 **§30-3E-11. License Renewal.**

19 The boards may deny an application for license as a physician
20 assistant in this state and may, after providing the licensee an
21 opportunity for hearing, discipline a physician assistant licensed
22 by the appropriate licensing board, or for whom a practice
23 agreement has been approved by the appropriate licensing board, who
24 has been adjudged by the appropriate licensing board as unqualified

1 due to any of the reasons set forth in this article or in
2 legislative rules regarding physician assistant licensure and
3 discipline promulgated by the boards.

4 **§30-3E-12. Special volunteer physician assistant license.**

5 (a) There is continued a special volunteer physician assistant
6 license for a physician assistant retired or retiring from the
7 active practice of medicine who wish to donate his or her expertise
8 for the medical care and treatment of indigent and needy patients
9 in the clinic setting of clinics organized, in whole or in part,
10 for the delivery of health care services without charge. The
11 special volunteer physician assistant license shall be issued by
12 the appropriate licensing board to a physician assistant licensed
13 or otherwise eligible for licensure under this article and the
14 legislative rules promulgated hereunder without the payment of an
15 application fee, license fee or renewal fee, and the initial
16 license shall be issued for the remainder of the licensing period,
17 and renewed consistent with the appropriate licensing board's other
18 licensing requirements. The appropriate licensing board shall
19 develop application forms for the special license provided in this
20 subsection which shall contain the physician assistant's
21 acknowledgment that:

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

1 Virginia;

2 (2) The physician assistant may not receive any payment or
3 compensation, either direct or indirect, or have the expectation of
4 any payment or compensation, for any medical services rendered
5 under the special volunteer physician assistant license;

6 (3) The physician assistant shall supply any supporting
7 documentation that the appropriate licensing board may reasonably
8 require; and

9 (4) The physician assistant agrees to continue to participate
10 in continuing education as required by the appropriate licensing
11 board for the special volunteer physician assistant license.

12 (b) A physician assistant who renders any medical service to
13 indigent and needy patients of a clinic organized, in whole or in
14 part, for the delivery of health care services without charge under
15 a special volunteer physician assistant license authorized under
16 subsection (a) of this section without payment or compensation or
17 the expectation or promise of payment or compensation, is immune
18 from liability for any civil action arising out of any act or
19 omission resulting from the rendering of the medical service at the
20 clinic unless the act or omission was the result of the physician
21 assistant's gross negligence or willful misconduct. In order for
22 the immunity under this subsection to apply, there shall be a
23 written agreement between the physician assistant and the clinic
24 pursuant to which the physician assistant shall provide voluntary

1 uncompensated medical services under the control of the clinic to
2 patients of the clinic before the rendering of any services by the
3 physician assistant at the clinic. Any clinic entering into a
4 written agreement is required to maintain liability coverage of not
5 less than \$1 million per occurrence.

6 (c) Notwithstanding the provisions of subsection (b) of this
7 section, a clinic organized, in whole or in part, for the delivery
8 of health care services without charge is not relieved from imputed
9 liability for the negligent acts of a physician assistant rendering
10 voluntary medical services at or for the clinic under a special
11 volunteer physician assistant license.

12 (d) For purposes of this section, "otherwise eligible for
13 licensure" means the satisfaction of all the requirements for
14 licensure as listed in section three of this article and in the
15 legislative rules promulgated thereunder, except the fee
16 requirements of that section and of the legislative rules
17 promulgated by the appropriate licensing board relating to fees.

18 (e) Nothing in this section may be construed as requiring the
19 appropriate licensing board to issue a special volunteer physician
20 assistant license to any physician assistant whose license is or
21 has been subject to any disciplinary action or to any physician
22 assistant who has surrendered a physician assistant license or
23 caused his or her license to lapse, expire and become invalid in
24 lieu of having a complaint initiated or other action taken against

1 his or her license, or who has elected to place a physician
2 assistant license in inactive status in lieu of having a complaint
3 initiated or other action taken against his or her license, or who
4 has been denied a physician assistant license.

5 (f) Any policy or contract of liability insurance providing
6 coverage for liability sold, issued or delivered in this state to
7 any physician assistant covered under the provisions of this
8 article, shall be read so as to contain a provision or endorsement
9 whereby the company issuing the policy waives or agrees not to
10 assert as a defense on behalf of the policyholder or any
11 beneficiary thereof, to any claim covered by the terms of the
12 policy within the policy limits, the immunity from liability of the
13 insured by reason of the care and treatment of needy and indigent
14 patients by a physician assistant who holds a special volunteer
15 physician assistant license.

16 **§30-3E-13. Summer camp or volunteer endoresment.**

17 (a) The Board of Medicine or the Board of Osteopathic Medicine
18 may grant to a physician assistant, currently licensed by the
19 appropriate licensing board who holds a license with no current
20 discipline, limitations or restrictions on any professional license
21 restrictions, and who has submitted a timely application on a form
22 prescribed by the appropriate licensing board, a summer camp or
23 volunteer endorsement to provide services at a children's summer
24 camp or volunteer services for a public or community event. The

1 appropriate licensing board may grant no more than one summer camp
2 endorsement annually to licensees of the appropriate licensing
3 board. Any summer camp or volunteer endorsement is active for one
4 specifically designated three week period annually. An application
5 fee may not be assessed for the endorsement for a licensee of the
6 appropriate licensing board if the physician assistant is
7 volunteering his or her services to the camp without compensation
8 or remuneration.

9 (b) The boards may also grant a limited summer camp license to
10 any physician assistant, currently licensed or authorized to
11 practice in any other state, who has no current discipline,
12 limitations or restrictions on any professional license in any
13 jurisdiction, and who has submitted a timely application along with
14 documentation of current NCPA certification, authorizing the
15 physician assistant to provide services at a children's summer camp
16 for no more than one specifically designated three-week period
17 annually.

18 (c) To be eligible for a summer camp license or a summer camp
19 or volunteer endorsement, the physician assistant shall apply in a
20 timely fashion and on a form prescribed by the appropriate
21 licensing board, and attest that:

22 (1) The organizers of the summer camp and public or community
23 event have arranged for a supervising physician to be available as
24 needed to the physician assistant;

1 (2) The physician assistant shall limit his or her scope of
2 practice to medical acts which are within his or her education,
3 training and experience; and

4 (3) The physician assistant may not prescribe any controlled
5 substances or legend drugs as part of his or her physician
6 assistant practice at the summer camp or public or community event.

7 **§30-3E-14. Temporary License.**

8 (a) The Board of Medicine may grant a temporary license to a
9 person applying for licensure under this section if the person
10 meets all of the qualifications for licensure but is awaiting the
11 next scheduled meeting of the board for action upon his or her
12 application.

13 **§30-3E-15. Complaint Process.**

14 (a) All hearings and processes related to physician assistant
15 licensure and discipline shall be in accordance with the processes
16 and procedures set forth by the in article three, section fourteen
17 for a physician assistant who is licensed by the Board of Medicine
18 and practicing pursuant to a practice agreement with a medical
19 doctor and article fourteen for a physician assistant who is
20 licensed by the Board of Osteopathic Medicine and practicing
21 pursuant to a practice agreement with an osteopathic physician.

22 (b) The boards may impose any discipline, restrictions and
23 limitations, or both, upon the license of any physician assistant
24 which it is authorized to impose upon physicians and/or

1 podiatrists.

2 (c) The Board of Medicine and the Board of Osteopathic
3 Medicine shall direct to the appropriate licensing board a
4 complaint against a physician assistant, a supervising physician
5 and/or an alternate supervising physician.

6 (d) In the event that independent complaint processes are
7 warranted by the boards with respect to the professional conduct of
8 a physician assistant or a supervising and/or alternate supervising
9 physician, the boards are authorized to work cooperatively and to
10 disclose to one another information which may assist the recipient
11 appropriate licensing board in its disciplinary processes. The
12 determination of what information, if any, to disclose shall be at
13 the discretion of the disclosing board.

14 **§30-3E-16. Penalty.**

15 It is unlawful for any physician assistant to represent to any
16 person that he or she is a physician, surgeon or podiatrist. A
17 person who violates the provisions of this subsection is guilty of
18 a felony and, upon conviction thereof, shall be imprisoned in a
19 state correctional facility for not less than one nor more than two
20 years, or be fined not more than \$2,000, or both fined and
21 imprisoned."