

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

2 That §30-3-16 and §30-3-16a of the Code of West Virginia,
3 1931, as amended, be amended and reenacted, all to read as follows:

4 **ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.**

5 **§30-3-16. Physician assistants; definitions; Board of Medicine**
6 **rules; annual report; licensure; temporary license;**
7 **license renewal; practice agreement required;**
8 **revocation or suspension of licensure;**
9 **responsibilities of supervising physician; legal**
10 **responsibility for physician assistants; reporting by**
11 **health care facilities; identification; limitations**
12 **on employment and duties; fees; continuing education;**
13 **unlawful representation of physician assistant as a**
14 **physician; criminal penalties.**

15 (a) As used in this section:

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

19 (2) "Alternate supervising physician" means one or more
20 physicians licensed by the board and designated by the supervising
21 physician to provide supervision of a physician assistant in
22 accordance with a practice agreement authorized by the board.

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

8 (4) "Board" means the West Virginia Board of Medicine.

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

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

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

1 (8) "Physician assistant" means a health care professional who
2 meets the qualifications set forth in this article and is licensed
3 pursuant to this article to practice medicine with physician
4 supervision.

5 (9) "Practice Agreement" means a document that is executed
6 between a supervision physician and a physician assistant and is
7 filed with and approved by the board. Practice agreements include,
8 but are not limited to: a description of the qualifications of the
9 supervising physician and physician assistant, a description of the
10 settings in which the physician will practice, a description of the
11 continuous physician supervision mechanisms that are reasonable and
12 appropriate for the practice setting and the experience and
13 training of the physician assistant, a description of the delegated
14 medical acts that are within the supervision physicians's scope of
15 practice, an attestation that all medical acts to be delegated to
16 the physician assistant are within the scope of the supervising
17 physician's scope of practice and are appropriate to the physician
18 assistant's education, training and level of competence and other
19 attestations as set forth by the board by rules promulgated
20 pursuant to subsection (b) of this section.

21 (10) "Supervising physician" means a doctor of medicine or
22 podiatry permanently and fully licensed by the board without
23 restriction or limitation who supervises physician assistants.

1 (11) "Supervision" means overseeing the activities of, and
2 accepting responsibility for, the medical services rendered by a
3 physician assistant. Constant physical presence of the supervising
4 physician is not required as long as the supervising physician and
5 physician assistant are, or can be, easily in contact with one
6 another by telecommunication. Supervision does not require the
7 personal presence of the supervising physician at the place or
8 places where services are rendered if the physician assistant's
9 normal place of employment is the same premises as the supervising
10 physician.

11 (b) The board shall promulgate rules, including emergency
12 rules, pursuant to article three, chapter twenty-nine-a of this
13 code to ensure conformity with this section, governing the extent
14 to which physician assistants may function in this state. The
15 rules shall provide that the physician assistant is limited to the
16 performance of those services for which he or she is trained and
17 that he or she performs only with the supervision and control of a
18 physician or podiatrist permanently licensed by the board. In
19 promulgating the rules, the board shall allow the physician
20 assistant to perform those procedures and examinations submitted to
21 it in the practice agreement required by this section. Physician
22 assistants may pronounce death in accordance with the rules. The
23 board shall compile and publish an annual report that includes a

1 list of currently licensed physician assistants and their
2 supervising physician(s) and location(s) in the state.

3 (c) The board shall issue a license to practice as a physician
4 assistant under the supervision of a physician or podiatrist
5 licensed by the board to any person who:

6 (1) Files a complete application;

7 (2) Pays the necessary fee as set by the board;

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

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

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

13 (C) Prior to July 1, 1983, was certified by the board as a
14 physician assistant then classified as "Type B".

15 (4) Has passed the Physician Assistant National Certifying
16 Examination administered by the National Commission on
17 Certification of Physician Assistants and has maintained a current
18 certification by that commission;

19 (5) Is mentally and physically able to engage safely in
20 practice as a physician assistant;

21 (6) Has no physician assistant licensure, certification or
22 registration in any jurisdiction currently suspended or revoked;

23 (7) Has no professional licensure, certification or

1 registration in any jurisdiction under current discipline, or is
2 subject to any limitation or restriction unless the board is aware
3 of the discipline, limitation or restriction and agrees to
4 licensure;

5 (8) Is of good moral character; and

6 (9) Submits to the board any further information the board
7 deems necessary to evaluate the applicant's qualifications.

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

13 (e) If a physician assistant fails a recertification
14 examination of the National Commission on Certification of
15 Physician Assistants and is no longer certified, the physician
16 assistant shall:

17 (1) Immediately notify his or her supervising physician or
18 physicians and the board in writing; and

19 (2) Immediately cease practicing.

20 The license shall terminate automatically and the physician
21 assistant is not eligible for reinstatement until he or she has
22 obtained a passing score on the examination.

23 (f) The board may deny an application for license as a

1 physician assistant in this state and may, after providing the
2 licensee an opportunity for hearing, discipline a physician
3 assistant licensed by the board who has been adjudged by the board
4 as unqualified due to any of the reasons set forth in this article
5 or in legislative rules regarding physician assistant licensure and
6 discipline promulgated by the board.

7 (g) All hearings and processes related to physician assistant
8 licensure and discipline shall be in accord with the processes and
9 procedures set forth in section fourteen of this article.

10 (h) The board may impose and discipline, restrictions and
11 limitations, or both, upon the license of any physician assistant
12 which it is authorized to impose upon physicians and podiatrists.

13 (I) A physician assistant may not practice independent of a
14 supervising physician. Before a supervising physician may delegate
15 medical acts to a licensed physician assistant, and before a
16 physician assistant may practice as a physician assistant, the
17 supervising physician and the physician assistant must file a
18 completed practice agreement with the board in the form and manner
19 prescribed by the board with the necessary fee. The fee shall be
20 established by rule of the board. Once approved, the board shall
21 issue written authorization for the physician assistant to commence
22 practicing as a physician assistant pursuant to the practice
23 agreement. Alternate supervising physician(s) shall be designated

1 as part of the practice agreement.

2 (j) A physician applying to the board to supervise a physician
3 assistant shall affirm that the range of medical services set forth
4 in the physician assistant's practice agreement are consistent with
5 the skills and training of the supervising physician and the
6 physician assistant. Activities shall be delegated to physician
7 assistants in a manner consistent with sound medical practice and
8 the protection of the health and safety of the patient and
9 consistent with the practice agreement filed with the board.

10 (k) The board may decline to authorize a physician assistant
11 to commence practicing pursuant to a practice agreement filed with
12 the board if it determines that the practice agreement fails to
13 meet the requirements established by the board. In its
14 consideration of any practice agreement which proposes the
15 delegation of advanced duties, the board may request additional
16 information from the supervising physician and the physician
17 assistant, or both, to evaluate the delegation of the advanced
18 duties. The board may decline to authorize an advanced duty
19 incorporated into a practice agreement if it determines that the
20 physician assistant is unable to perform the proposed delegated
21 duties safely.

22 (l) Practice agreements which include advanced duties which
23 are to be performed in a hospital shall be approved if accompanied

1 by certification that:

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

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

10 (3) Each advanced duty to be delegated to the physician
11 assistant is reviewed and approved within a process approved by the
12 governing body of the health care facility before the physician
13 assistant performs the advanced duties.

14 (m) If the board declines to approve a practice agreement or
15 any proposed delegated act incorporated therein, the board shall
16 provide the supervising physician and the physician assistant with
17 written notice of the disapproval. A physician assistant who
18 receives notice that the board has disapproved a practice agreement
19 or an advanced duty under the practice agreement may not practice
20 under the agreement or perform the disapproved function.

21 (n) A physician licensed by the West Virginia Board of
22 Medicine may supervise a physician assistant:

23 (1) As a supervising physician in accordance with a practice

1 agreement authorized by the board;

2 (2) As an alternate supervising physician if:

3 (A) The alternate supervising physician supervises in
4 accordance with the practice agreement authorized by the board;

5 (B) The alternate supervising physician has been designated as
6 such in the practice agreement authorized by the board; and

7 (C) The alternate supervisor only delegates those medical acts
8 that have been authorized by the practice agreement and are within
9 the scope of practice of both the primary supervising physician and
10 the alternate supervising physician.

11 (o) The supervising physician is responsible for observing,
12 directing and evaluating the work records and practices of each
13 physician assistant performing under his or her supervision. The
14 legal responsibility for any physician assistant remains with the
15 supervising physician at all times including occasions when the
16 physician assistant under his or her direction and supervision aids
17 in the care and treatment of a patient in a health care facility.
18 A supervising physician must designate an alternate supervising
19 physician, if the supervising physician is to be absent, but the
20 legal responsibility remains with the supervising physician at all
21 times. A health care facility is not legally responsible for the
22 actions or omissions of the physician assistant unless the
23 physician assistant is employed by or on behalf of the facility.

1 Credentialed medical facility staff and attending physicians of a
2 hospital who provide direction to or utilize physician assistants
3 employed by or on behalf of the hospital are considered alternate
4 supervising physicians as defined in subdivision (a) (2) of this
5 section.

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

20 (q) When functioning as a physician assistant, the physician
21 assistant shall wear a name tag that identifies him or her as a
22 physician assistant. Identification shall be furnished by the board
23 upon licensure of the physician assistant. Physician assistants

1 licensed by this article shall keep their license and current
2 practice agreement(s) available for inspection at their primary
3 place of practice. A physician assistant shall notify the board in
4 writing of any termination of the practice agreement under which
5 the physician assistant is authorized to practice within ten days
6 of the termination. Failure of a physician assistant to provide
7 written notification to the board that an approved practice
8 agreement has terminated with the ten day time frame constitutes
9 unprofessional conduct and disciplinary proceedings may be
10 instituted.

11 (r) The board shall promulgate rules pursuant to the
12 provisions of article three, chapter twenty-nine-a of this code
13 governing the eligibility and extent to which a physician assistant
14 may prescribe at the direction of his or her supervising physician.
15 The rules shall include, but not be limited to, the following:

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

1 by the board;

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

10 (3) A description of the education and training required for
11 a physician assistant to be eligible to receive delegated
12 prescriptive writing authority as part of a practice agreement.

13 (s) A supervising physician may delegate prescribing,
14 dispensing and administering of controlled substances, prescription
15 drugs or medical devices if the practice agreement includes:

16 (1) A notice of intent to delegate prescribing of controlled
17 substances, prescription drugs or medical devices;

18 (2) An attestation that all prescribing activities of the
19 physician assistant will comply with applicable federal and state
20 law governing the practice of physician assistants;

21 (3) An attestation that all medical charts or records will
22 contain a notation of any prescriptions written by a physician
23 assistant in accordance with this section;

1 (4) An attestation that all prescriptions written under this
2 section will include the physician assistant's name and the
3 supervising physician's name, business address and business
4 telephone number legibly written or printed; and

5 (5) An attestation that the physician assistant has
6 successfully completed each of the requirements established by the
7 board to be eligible to prescribe pursuant to a practice agreement
8 accompanied by the production of any required documentation
9 establishing eligibility.

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

23 (u) A license issued to a physician assistant by the board

1 shall authorize the physician assistant to perform medical acts:

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

4 (2) Appropriate to the education, training and experience of
5 the physician assistant;

6 (3) Customary to the practice of the supervising physician;
7 and

8 (4) Consistent with the rules governing physician assistant
9 practice promulgated by the board.

10 (v) The provisions of this section do not authorize a
11 physician assistant to perform any specific function or duty
12 delegated by this code to those persons licensed as chiropractors,
13 dentists, dental hygienists, optometrists or pharmacists or
14 certified as nurse anesthetists. Nothing in this section limits
15 the right of an individual to practice a health occupation that the
16 individual is authorized to practice under this chapter.

17 (w) Each application for licensure, temporary licensure and
18 renewal of a license and each practice agreement submitted to the
19 board shall be accompanied by the appropriate fee as set by the
20 board.

21 (x) As a condition of renewal of physician assistant license,
22 which shall occur on a biennial basis on a schedule established by
23 the board, each physician assistant shall provide:

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

5 (2) An attestation that all continuing education requirements
6 established by the board for the reporting period have been met;

7 (3) A complete renewal application with supporting
8 documentation, including and required documentation of
9 participation in and successful completion of continuing education;
10 and

11 (4) Payment of the appropriate fee.

12 (y) Notwithstanding any provision of this chapter to the
13 contrary, failure to timely submit a completed application, the
14 required documentation and the fee, or both, required for license
15 renewal shall result in the automatic expiration of any license as
16 a physician assistant.

17 (z) If a license is automatically expired and reinstatement is
18 sought within one year of the automatic expiration, the former
19 licensee shall 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;

1 (2) An attestation that all continuing education requirements
2 established by the board for the reporting period have been met;

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

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

9 (aa) If a license is automatically expired and more than one
10 year has passed since the automatic expiration, the former licensee
11 shall apply for a new license.

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

19 **§30-3-16a. Special volunteer physician assistant license; civil**
20 **immunity for voluntary services rendered to**
21 **indigents.**

22 (a) There is established a special volunteer physician
23 assistant license for physician assistants retired or retiring from

1 the active practice of medicine who wish to donate their expertise
2 for the medical care and treatment of indigent and needy patients
3 in the clinic setting of clinics organized, in whole or in part,
4 for the delivery of health care services without charge. The
5 special volunteer physician assistant license shall be issued by
6 the West Virginia Board of Medicine to physician assistants
7 licensed or otherwise eligible for licensure under this article and
8 the legislative rules promulgated hereunder without the payment of
9 an application fee, license fee or renewal fee, and the initial
10 license shall be issued for the remainder of the licensing period,
11 and renewed consistent with the boards other licensing
12 requirements. The board shall develop application forms for the
13 special license provided in this subsection which shall contain the
14 physician assistant's acknowledgment that:

15 (1) The physician assistant's practice under the special
16 volunteer physician assistant license will be exclusively devoted
17 to providing medical care to needy and indigent persons in West
18 Virginia;

19 (2) The physician assistant will not receive any payment or
20 compensation, either direct or indirect, or have the expectation of
21 any payment or compensation, for any medical services rendered
22 under the special volunteer physician assistant license;

23 (3) The physician assistant will supply any supporting

1 documentation that the board may reasonably require; and

2 (4) The physician assistant agrees to continue to participate
3 in continuing education as required by the board for the special
4 volunteer physician assistant license.

5 (b) Any physician assistant who renders any medical service to
6 indigent and needy patients of a clinic organized, in whole or in
7 part, for the delivery of health care services without charge under
8 a special volunteer physician assistant license authorized under
9 subsection (a) of this section without payment or compensation or
10 the expectation or promise of payment or compensation, is immune
11 from liability for any civil action arising out of any act or
12 omission resulting from the rendering of the medical service at the
13 clinic unless the act or omission was the result of the physician
14 assistant's gross negligence or willful misconduct. In order for
15 the immunity under this subsection to apply, there must be a
16 written agreement between the physician assistant and the clinic
17 pursuant to which the physician assistant will provide voluntary
18 uncompensated medical services under the control of the clinic to
19 patients of the clinic before the rendering of any services by the
20 physician assistant at the clinic: *Provided*, That any clinic
21 entering into ~~such~~ a written agreement is required to maintain
22 liability coverage of not less than \$1 million per occurrence.

23 (c) Notwithstanding the provisions of subsection (b) of this

1 section, a clinic organized, in whole or in part, for the delivery
2 of health care services without charge is not relieved from imputed
3 liability for the negligent acts of a physician assistant rendering
4 voluntary medical services at or for the clinic under a special
5 volunteer physician assistant license authorized under subsection
6 (a) of this section.

7 (d) For purposes of this section, "otherwise eligible for
8 licensure" means the satisfaction of all the requirements for
9 licensure as listed in section sixteen of this article and in the
10 legislative rules promulgated thereunder, except the fee
11 requirements of subsection (n) of that section and of the
12 legislative rules promulgated by the board relating to fees.

13 (e) Nothing in this section may be construed as requiring the
14 board to issue a special volunteer physician assistant license to
15 any physician assistant whose license is or has been subject to any
16 disciplinary action or to any physician assistant who has
17 surrendered a physician assistant license or caused ~~such~~ the
18 license to lapse, expire and become invalid in lieu of having a
19 complaint initiated or other action taken against his or her
20 license, or who has elected to place a physician assistant license
21 in inactive status in lieu of having a complaint initiated or other
22 action taken against his or her license, or who has been denied a
23 physician assistant license.

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

12 (g) A physician assistant, licensed in this state or licensed
13 or authorized to practice in any other jurisdiction of the United
14 States or who is credentialed as a physician assistant by a federal
15 employer who is responding to a need for medical care created by an
16 emergency or a state or local disaster (not to be defined as an
17 emergency situation which occurs in the place of one's employment),
18 may render such care that the physician assistant is able to
19 provide without supervision as it is defined in this section, or
20 with such supervision as is available.

21 (1) Any physician who supervises a physician assistant
22 providing medical care in response to an emergency or state or
23 local disaster is not required to meet the requirements set forth

1 in this section for a supervising physician.

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

14 (3) A physician who supervises a physician assistant
15 voluntarily and gratuitously providing emergency care as described
16 in this subsection, is not liable for civil damages for any
17 personal injuries which result from acts or omissions by the
18 physician assistant rendering emergency care.

19 (h) The board may grant a physician assistant, currently
20 licensed by the board who holds a license with no current
21 discipline, limitations or restrictions on any professional license
22 restrictions, and who has submitted a timely application on a form
23 prescribed by the board, a summer camp or volunteer endorsement to

1 provide services at a children's summer camp or volunteer services
2 for a public or community event. The board may grant no more than
3 one summer camp endorsement annually to licensees of the board.
4 Any summer camp or volunteer endorsement shall last for no more
5 than one specifically designated three week period annually. An
6 application fee may not be assessed for the endorsement for a
7 licensee of the board if the physician assistant is volunteering
8 his or her services to the camp without compensation or
9 remuneration.

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

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

23 (1) The organizers of the summer camp and public or community

1 event have arranged for a supervising physician to be available as
2 needed to the physician assistant;

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

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

NOTE: The purpose of this bill is to modernize the licensure and regulation of physician assistants by the West Virginia Board of Medicine. It permits physician assistant to obtain licensure prior to finding employment, prohibits physician assistants from practicing without an approved practice agreement on file with the board and authorizes physician assistants to practice in emergency situations and under volunteer licenses/endorsements. The bill does not modify in any way the established scope of practice for physician assistants.

Strike-throughs indicate language that would be stricken from the present law and underscoring indicates new language that would be added.

Section 30-3-16 has been completely rewritten; therefore, strike-throughs and underscoring have been omitted.