

COMMITTEE SUBSTITUTE

FOR

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FOR

Senate Bill No. 425

(By Senators Stollings and Edgell)

[Originating in the Committee on Government Organization;
reported February 19, 2014.]

A BILL 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That §30-3-16 and 30-3-16a of the Code of West Virginia, 1931, as amended, be repealed; that §30-14A-1, §30-14A-2, §30-14A-3, §30-14A-4 and §30-14A-5 of said code be repealed; and that said code be amended by adding thereto a new article, designated §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-5, §30-3E-6, §30-3E-7, §30-3E-8,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
32 article 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
59 presence of the supervising physician is not required as long
60 as the supervising physician and physician assistant are, or
61 can be, easily in contact with one another by
62 telecommunication. Supervision does not require the
63 personal presence of the supervising physician at the place or
64 places where services are rendered if the physician assistant's
65 normal place of employment is the same premises as the
66 supervising 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;

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

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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
22 treatment of current cancer, radiopharmaceuticals, general
23 anesthetics, radiographic contrast materials and any other
24 limitation or exclusions of specific drugs or categories of
25 drugs as 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
33 subdivision 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
39 unqualified 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;

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
28 of a hospital or a physician who supervises a physician
29 assistant who is employed by or on behalf of a hospital may

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30 provide supervision for up to five physician assistants per
31 shift if the physician has an authorized practice agreement in
32 place with the supervised physician assistant or the physician
33 has been properly authorized as an alternate supervising
34 physician for 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;

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
35 a 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
62 the 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

5 (2) As an alternate supervising physician who:

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

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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
25 facility. Credentialed medical facility staff and attending
26 physicians of a hospital who provide direction to or utilize

27 physician assistants employed by or on behalf of the hospital
28 are 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;

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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
55 assistant at the clinic. Any clinic entering into a written
56 agreement is required to maintain liability coverage of not
57 less than \$1 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
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

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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
8 on 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
16 education, training and experience; and

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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
10 on 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
22 education, 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

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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
7 physician 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
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.