WEST virginia legislature

2022 regular session

Introduced

Senate Bill 585

By Senators Takubo and Stollings

[Introduced February 07, 2022; referred   
to the Committee on Health and Human Resources]

A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §30-3-11c, relating to administrative licenses and granting rule-making authority related thereto.

Be it enacted by the Legislature of West Virginia:

ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.

**§30-3-11c. Administrative Medicine License.**

(a) For purposes of this section:

(1) “Administrative medicine” means administration or management related to the practice of medicine or to the delivery of health care services using the medical knowledge, skill and judgment of a licensed physician that may affect the health of the public and/or medical research excluding clinical trials on humans. Administrative medicine does not include the authority to practice clinical medicine; examine, care for or treat patients; prescribe medications, including controlled substances; or direct or delegate medical acts or prescriptive authority to others.

(2) “Administrative medicine license” means a medical license restricted to the practice of administrative medicine. A physician with an administrative medicine license may manage the integration of clinical medicine, strategy, operations, and other business activities related to the delivery of health care services, advise organizations, both public and private, on health care matters; authorize and deny financial payments for care; organize and direct research programs; review care provided for quality; and perform other similar duties that do not require or involve direct patient care.

(3) “Clinical medicine” includes, but is not limited to:

(A) Direct involvement in patient evaluation, diagnosis and treatment;

(B) Prescribing, administering or dispensing any medication;

(C) Delegating medical acts, service or prescriptive authority; and

(D) Supervision of physicians and/or podiatric physicians who practice clinical medicine, physician assistants who render medical services in collaboration with physicians, or the clinical practice of any other medical professional.

(b) The board may issue an administrative medicine license to a physician who:

(1) Files a complete application;

(2) Pays the applicable fee;

(3) Has not engaged in the active practice of clinical medicine or graduate medical training in any jurisdiction of the United States or Canada for the last three years:

(4) Meets all other qualifications and criteria for licensure set forth in §30-3-10 of this code and the board’s legislative rules; and

(5) Demonstrates competency to practice administrative medicine.

(c) Administrative medicine licensees may not practice clinical medicine.

(d) A physician applying to renew an administrative medicine license must pay the same fees and meet the same requirements for renewing an active status license, including submission of certification of participation in and successful completion of a minimum of 50 hours of continuing medical education satisfactory to the board during the preceding two-year period.

(e) The board may deny an application for an administrative medicine and may discipline an administrative medicine licensee who, after a hearing, has been adjudged by the board as unqualified due to any reason set forth in §30-3-14 of this code or the board’s rules, and pursuant to the processes set forth therein.

(f) The board shall propose emergency rules pursuant to the provisions of §29A-3-1 *et seq.* of this code to implement the provisions of this section.

NOTE: The purpose of this bill is to create an administrative medicine license for physicians who do not seek to practice clinical medicine.

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