

# **WEST VIRGINIA LEGISLATURE**

**2024 REGULAR SESSION**

**Enrolled**

**Committee Substitute**

**for**

**Senate Bill 714**

By Senators Takubo and Deeds

[Passed March 6, 2024; in effect 90 days from

passage]

1 AN ACT to amend and reenact §30-1D-1 of the Code of West Virginia, 1931, as amended; to  
2 amend and reenact §30-3-1, §30-3-2, §30-3-4, §30-3-5, §30-3-6, §30-3-7, §30-3-8, §30-3-  
3 9, §30-3-10, §30-3-11, §30-3-11a, §30-3-12, §30-3-13, §30-3-13a, §30-3-15, §30-3-16,  
4 §30-3-17, and §30-3-18 of said code; to amend said code by adding thereto three new  
5 sections, designated §30-3-10b, §30-3-21, and §30-3-22; to repeal §30-3-7a, §30-3-11b,  
6 and §30-3-11c of said code; to amend said code by adding thereto a new article,  
7 designated §30-3G-1, §30-3G-2, §30-3G-3, §30-3G-4, §30-3G-5, §30-3G-6, §30-3G-7,  
8 §30-3G-8, §30-3G-9, §30-3G-10, §30-3G-11, and §30-3G-12; to amend and reenact §30-  
9 14-3 of said code; and to amend said code by adding thereto two new sections, designated  
10 §30-14-18 and §30-14-19, all relating to professionals to be licensed by the West Virginia  
11 Board of Medicine; requiring criminal background checks of any applicant for a license to  
12 engage in genetic counseling; making legislative findings; including osteopathic  
13 physicians within the purpose of a certain article; defining terms; providing that the West  
14 Virginia Board of Medicine (Board) will be reconstituted effective January 1, 2025;  
15 providing that the Board is to assume, carry on, and succeed to all of the duties, rights,  
16 powers, obligations, and liabilities previously belonging to, or exercised by, the West  
17 Virginia Board of Osteopathic Medicine effective January 1, 2025; stating the powers and  
18 duties of the Board; providing for Board membership; providing that the Board may call  
19 emergency meetings; exempting the Board from certain Purchasing Division  
20 requirements; repealing certain provisions pertaining to radiologist assistants; providing for  
21 certain use of electronic signatures; providing for the creation of a complaint file that is  
22 separate from and in addition to a licensee's historical record; providing requirements for  
23 licensure to practice medicine and surgery; providing for certain special license types;  
24 providing that certain endorsement and temporary-license requirements also apply to  
25 osteopathic physicians; providing for a license to practice administrative medicine;  
26 repealing certain provisions relating to the practice of medicine and surgery in certain

27 nursing homes; repealing certain provisions pertaining to administrative medicine  
28 licenses; providing for the renewal of physician licenses; prohibiting certain practices;  
29 clarifying that osteopathic physicians may also practice telemedicine; providing that a  
30 medical corporation formed outside of this state for the purpose of engaging in medical  
31 acts through one or more licensed physician assistants may receive a certificate of  
32 authorization; providing for the issuance of educational permits; providing that certain  
33 provisions shall not apply to the practice of osteopathic medicine and surgery prior to  
34 January 1, 2025; requiring the development of a transition plan; providing for the transfer of  
35 certain special revenue funds; providing for the Board's special revenue fund; requiring  
36 persons to possess a valid license prior to practicing genetic counseling; providing  
37 licensure requirements for genetic counseling; stating the duties and powers of the Board  
38 with regard to genetic counseling; providing for the practice of ACS and ABGC permittees;  
39 authorizing the Board to promulgate rules for legislative approval; providing for the  
40 expiration, renewal, and reinstatement of licenses to practice genetic counseling; setting  
41 certain continuing-education requirements; setting a genetic counselor's scope of practice;  
42 providing for disciplinary proceedings involving genetic counselors; authorizing the Board  
43 or the Attorney General to seek certain injunctive relief; requiring certain reports from  
44 health care facilities; prohibiting any genetic counselor or ACS permittee to represent that  
45 he or she is a licensed physician and providing that any person who violates that  
46 prohibition is guilty of a felony and, upon conviction, shall be imprisoned for not less than  
47 one nor more than two years, or be fined not more than \$2,000, or both find and  
48 imprisoned; allowing members of the current West Virginia Board of Osteopathic Medicine  
49 to serve three consecutive terms; terminating the West Virginia Board of Osteopathic  
50 Medicine effective December 31, 2024; providing that the West Virginia Board of  
51 Osteopathic Medicine shall transfer any and all of its remaining functions to the Board

51 effective January 1, 2025; setting forth additional provisions pertaining to the transfer; and  
52 requiring the development and implementation of a transition plan.

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

**ARTICLE 1D. PROVISIONS AFFECTING CERTAIN BOARDS OF LICENSURE.**

**§30-1D-1. Criminal background checks required of new applicants.**

1 (a) This article shall be known as "Lynette's Law."

2 (b) The requirements in subsection (c) of this section for criminal background checks apply  
3 to those persons applying to be licensed in West Virginia for the first time by the boards governing  
4 licensing under the following sections: §30-3-10, §30-3E-4, §30-3G-5; §30-4-8; §30-5-9; §30-7-6;  
5 §30-7A-3; §30-8-8; §30-10-8; §30-14-4; and §30-21-7.

6 (c) A person applying for licensing to a board listed in subsection (b) of this section must  
7 submit to a state and national criminal history record check, as set forth in this subsection:  
8 *Provided*, That an applicant for a license who is an attorney at law may submit a letter of good  
9 standing from the Clerk of the Supreme Court of Appeals of West Virginia in lieu of submitting to a  
10 state and national criminal history record check.

11 (1) This requirement is found not to be against public policy.

12 (2) The criminal history record check shall be based on fingerprints submitted to the West  
13 Virginia State Police or its assigned agent for forwarding to the Federal Bureau of Investigation.

14 (3) The applicant shall meet all requirements necessary to accomplish the state and  
15 national criminal history record check, including:

16 (A) Submitting fingerprints for the purposes set forth in this subsection; and

17 (B) Authorizing the board, the West Virginia State Police, and the Federal Bureau of  
18 Investigation to use all records submitted and produced for the purpose of screening the applicant  
19 for a license.

20 (4) The results of the state and national criminal history record check may not be released  
21 to or by a private entity except:

- 22 (A) To the individual who is the subject of the criminal history record check;
- 23 (B) With the written authorization of the individual who is the subject of the criminal history
- 24 record check; or
- 25 (C) Pursuant to a court order.
- 26 (5) The criminal history record check and related records are not public records for the
- 27 purposes of §29B-1-1, *et seq.* of this code.
- 28 (6) The applicant shall pay the actual costs of the fingerprinting and criminal history record
- 29 check.
- 30 (d) Before implementing the provisions of this subsection, the board shall propose rules for
- 31 legislative approval in accordance with §29A-3-1 of this code. The rules shall set forth the
- 32 requirements and procedures for the criminal history check and must be consistent with standards
- 33 established by the Federal Bureau of Investigation and the National Crime Prevention and Privacy
- 34 Compact as authorized by 34 U.S.C.S. § 40311 *et seq.*

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

**§30-3-1. Legislative findings.**

1 The Legislature hereby finds and declares that the practice of allopathic, osteopathic,

2 and/or podiatric medicine and surgery is a privilege and not a natural right of individuals. As a

3 matter of public policy, it is necessary to protect the public interest through enactment of this article

4 and to regulate the granting of such privileges and their use.

**§30-3-2. Purpose.**

1 The purpose of this article is to provide for the licensure and professional discipline of

2 allopathic physicians and podiatrists and for the licensure and professional discipline of physician

3 assistants and to provide a professional environment that encourages the delivery of quality

4 medical services within this state. Effective January 1, 2025, the purpose of this article shall also

5 apply to the licensure and professional discipline of osteopathic physicians.

**§30-3-4. Definitions.**

1 As used in this article:

2 "ACGME" means the Accreditation Council of Graduate Medical Education.

3 "Accredited osteopathic medical school" means a college of osteopathic medicine and  
4 surgery which requires as a minimum prerequisite for admission preprofessional training of at  
5 least two years of academic work in specified scientific subjects, as prescribed by the board or by  
6 the Commission on Osteopathic College Accreditation (COCA), in an accredited college of arts  
7 and sciences and which requires for graduation a course of study approved by the board in  
8 accordance with the minimum standards established by the COCA.

9 "AOA" means the American Osteopathic Association.

10 "APMLE" means the American Podiatric Medical Licensing Examination.

11 "Approved graduate medical education" means education received through: (1) an  
12 internship, residency, or clinical fellowship program conducted in the United States and accredited  
13 by either the ACGME or AOA; or (2) a residency program conducted in Canada and accredited by  
14 RCPSC.

15 "Approved medical school" means an allopathic school of medicine approved by the LCME  
16 or the board and which confers the degree of medical doctor or its equivalent upon graduation.

17 "Board" means the West Virginia Board of Medicine established in §30-3-5 of this code.

18 "COMLEX-USA" means the Comprehensive Osteopathic Medical Licensing Examination  
19 of the United States.

20 "ECFMG" means the Educational Commission for Foreign Medical Graduates.

21 "LCME" means the Liaison Committee on Medical Education.

22 "License" means the legal authorization issued by the board to a fully qualified allopathic  
23 physician or osteopathic physician to engage in the regular practice of medicine and surgery. A  
24 license may also be issued by the board to a fully qualified podiatrist to engage in the practice of  
25 podiatric medicine and surgery, and to fully qualified physician assistants who practice in  
26 collaboration with physicians licensed under this article.

27 "Medical peer review committee" means a committee of, or appointed by, a state or local  
28 professional medical society, or a committee of, or appointed by, a medical staff of a licensed  
29 hospital, long-term care facility, or other health care facility, or any health care peer review  
30 organization as defined in §30-3C-1 *et seq.* of this code, or any other organization of professionals  
31 in this state formed pursuant to state or federal law and authorized to evaluate medical and health  
32 care services.

33 "Medicine and surgery" means the practice of allopathic medicine and surgery. Effective  
34 January 1, 2025, except where specifically limited, "medicine and surgery" means the practice of  
35 allopathic and osteopathic medicine and surgery.

36 "Osteopathic medicine and surgery" means a complete system of medical care with a  
37 philosophy that combines the needs of the patient with the current practice of medicine, surgery,  
38 and obstetrics; that emphasizes the concept of body unity, the interrelationship between structure  
39 and function; and that has an appreciation of the body's ability to heal itself.

40 "Practice of medicine and surgery" means the diagnosis or treatment of, or operation or  
41 prescription for, any human disease, pain, injury, deformity or other physical or mental condition.  
42 "Surgery" includes the use on humans of lasers, ionizing radiation, pulsed light, and  
43 radiofrequency devices. The provisions of this section do not apply to any person who is a duly  
44 licensed health care provider under other pertinent provisions of this code and who is acting within  
45 the scope of his or her license.

46 "Practice of podiatry" means the examination, diagnosis, treatment, prevention and care of  
47 conditions and functions of the human foot and ankle by medical, surgical, and other scientific  
48 knowledge and methods; with surgical treatment of the ankle authorized only when a podiatrist  
49 has been granted privileges to perform ankle surgery by a hospital's medical staff credentialing  
50 committee based on the training and experience of the podiatrist; and medical and surgical  
51 treatment of warts and other dermatological lesions of the hand which similarly occur in the foot.  
52 When a podiatrist uses other than local anesthesia, in surgical treatment of the foot, the

53 anesthesia must be administered by, or under the direction of, an anesthesiologist or certified  
54 registered nurse anesthetist authorized under the State of West Virginia to administer anesthesia.  
55 A medical evaluation shall be made by a physician of every patient prior to the administration of  
56 other than local anesthesia.

57 "Practice credential" or "credential" means any permit, certification, registration, or  
58 authorization, other than a license, issued by this Board which authorizes the credential holder to  
59 practice allopathic, osteopathic, or podiatric medicine and surgery, or to practice as a physician  
60 assistant, to patients in West Virginia within the limits established for the specific credential type.

61 "RCPSC" means the Royal College of Physicians and Surgeons of Canada.

62 "USMLE" means the United States Medical Licensing Examination.

63 "State health officer" means the commissioner for the Bureau for Public Health or his or her  
64 designee, which officer or designee shall be a physician and shall act as secretary of the board  
65 and shall carry out any and all responsibilities assigned in this article to the secretary of the board.

**§30-3-5. West Virginia Board of Medicine powers and duties continued; appointment and  
terms of members; vacancies; removal.**

1 (a) The West Virginia Board of Medicine has assumed, carried on, and succeeded to all the  
2 duties, rights, powers, obligations, and liabilities heretofore belonging to or exercised by the  
3 Medical Licensing Board of West Virginia. All the rules, orders, rulings, licenses, certificates,  
4 permits, and other acts and undertakings of the Medical Licensing Board of West Virginia as  
5 heretofore constituted have continued as those of the West Virginia Board of Medicine until they  
6 expired or were amended, altered, or revoked. The board remains the sole authority for the  
7 issuance of licenses to practice allopathic medicine and surgery and podiatry, and to practice as  
8 physician assistants in this state in collaboration with physicians licensed under this article. The  
9 board shall continue to be a regulatory and disciplinary body for the practice of medicine and  
10 surgery, the practice of podiatry, and for physician assistants in this state.

11 (b) Until January 1, 2025, the board shall consist of 15 members. One member shall be the

12 state health officer ex officio, with the right to vote as a member of the board. The other 14  
13 members shall be appointed by the Governor, with the advice and consent of the Senate. Eight of  
14 the members shall be appointed from among individuals holding the degree of doctor of medicine,  
15 and one shall hold the degree of doctor of podiatric medicine. Two members shall be physician  
16 assistants licensed by the board. Each of these members must be duly licensed to practice his or  
17 her profession in this state on the date of appointment and must have been licensed and actively  
18 practicing that profession for at least five years immediately preceding the date of appointment.  
19 Three lay members shall be appointed to represent health care consumers. Neither the lay  
20 members nor any person of the lay members' immediate families shall be a provider of or be  
21 employed by a provider of health care services. The state health officer's term shall continue for  
22 the period that he or she holds office as state health officer. Each other member of the board shall  
23 be appointed to serve a term of five years: *Provided*, That the members of the Board of Medicine  
24 holding appointments on the effective date of this section shall continue to serve as members of  
25 the Board of Medicine until the expiration of their term unless sooner removed. Each term shall  
26 begin on October 1 of the applicable year and a member may not be appointed to more than three  
27 consecutive full terms on the board.

28 .

29 (c) Effective January 1, 2025:

30 (1) The West Virginia Board of Medicine assumes, carries on, and succeeds to all the  
31 duties, rights, powers, obligations, and liabilities previously belonging to, or exercised by, the West  
32 Virginia Board of Osteopathic Medicine;

33 (2) All rules, orders, rulings, licenses, certificates, practice credentials, pending complaints  
34 and investigations, pending disciplinary proceedings and appeals, and other acts and  
35 undertakings of the West Virginia Board of Osteopathic Medicine shall be continued as those of  
36 the West Virginia Board of Medicine until they expire, or are amended, altered, or revoked;

37 (3) The board shall assume sole authority for the issuance of licenses and other practice

38 credentials to practice osteopathic medicine and surgery, and to practice as physician assistants  
39 in this state; and

40 (4) The board shall be the sole regulatory and disciplinary body for the practice of  
41 allopathic, osteopathic and podiatric medicine and surgery, and for physician assistants who  
42 practice in collaboration with physicians.

43 (d) Effective January 1, 2025, the existing members of the Board of Medicine and the  
44 existing members of the Board of Osteopathic Medicine, holding appointments as of December  
45 31, 2024, shall serve as members of the board until the expiration of their term unless sooner  
46 removed. In the event that the Board's membership on January 1, 2025, exceeds 21 members,  
47 subsequent appointments and reappointments shall be undertaken to limit the board to 21  
48 members, with membership allocated as set forth in subsection (e) of this section.

49 (e) After January 1, 2025, except as set forth in subsection (d) of this section, the board  
50 shall consist of the following 21 members:

51 (1) The state health officer, who shall serve ex officio, with the right to vote as a member of  
52 the board, for the length of his or her term as state health officer;

53 (2) Twelve physicians, at least five of which shall be allopathic physicians and at least five  
54 of which shall be osteopathic physicians;

55 (3) One podiatrist;

56 (4) Three physician assistants; and

57 (5) Four citizen members.

58 (f) With the exception of the state health officer, all members shall be appointed by the  
59 Governor with the advice and consent of the Senate. In making appointments to the board, the  
60 Governor shall, so far as practicable, select the members from different geographical sections of  
61 the state.

62 (g) A person is not eligible for membership on the board who is a member of any political  
63 party executive committee or, with the exception of the state health officer, who holds any public

64 office.

65 (h) To be eligible to serve on the board, physicians, podiatrists, and physician assistants  
66 must:

67 (1) Reside in West Virginia;

68 (2) Hold an active, full and unrestricted license to practice as a physician, podiatrist, or  
69 physician assistant in West Virginia, and have held such license for at least five years; and

70 (3) Be engaged in active clinical practice in this state as a licensed provider and have a  
71 history of active clinical practice in West Virginia for the five years prior to the date of appointment.

72 "Active clinical practice" means that the licensee is engaged in the full-time practice of clinical  
73 medicine in West Virginia for a minimum of 50 percent of the licensee's professional practice.

74 (i) To be eligible to serve on the board, citizen members, who represent the interests of  
75 health care consumers, and who are appointed to the board after January 1, 2025:

76 (1) Shall reside in West Virginia and have a history of residing in West Virginia for at least  
77 five years prior to appointment;

78 (2) Shall not be licensed under the provisions of this article and shall never have performed  
79 any services as a licensed health care provider; and

80 (3) Shall not have a financial interest in the practice of the professions regulated by the  
81 board. A person shall be deemed to have a financial interest in the practice of the professionals  
82 regulated by the board if the individual:

83 (A) Owns or operates a business that is engaged in the delivery of health care services or  
84 the provision of health care related goods, services, or staffing;

85 (B) Is married to a health care provider who is licensed to practice in this state; or

86 (C) Is employed by an entity which provides health care goods or services to West Virginia  
87 patients if the individual's work responsibilities relate, in whole or in part, to the delivery of health  
88 care services, health care administration, management, or policy.

89 (j) Board membership terms shall begin on October 1 of the applicable year and a member

90 may not be appointed to more than two consecutive full terms on the board: *Provided*, That to  
91 ensure continuity of board governance as the Board of Medicine assumes the duties and  
92 responsibilities of the Board of Osteopathic Medicine, a member may be appointed to a third  
93 consecutive term if the member's second term expires in 2025 or 2026. Full terms served on the  
94 Board of Osteopathic Medicine and terms initiated on the Board of Osteopathic Medicine and  
95 transferred to the board shall be considered full terms for the purpose of determining a member's  
96 eligibility for reappointment.

97 (k) When a vacancy on the board occurs and less than one year remains in the unexpired  
98 term, the appointee shall be eligible to serve the remainder of the unexpired term and two  
99 consecutive full terms on the board.

100 (l) A member whose term has expired may continue to serve until an eligible successor has  
101 been appointed.

102 (m) A member who has served two consecutive full terms may not be selected for re-  
103 appointment for at least one year after completion of his or her second full term.

104 (n) Excepting the state health officer, whose term shall be limited to their service in that  
105 office, a member of the board immediately and automatically forfeits membership to the board if:

106 (1) The member's license to practice is suspended, revoked, surrendered, expired, or  
107 placed in inactive status;

108 (2) The member is convicted of a felony under the laws of any jurisdiction;

109 (3) The member no longer meets the active clinical practice requirement;

110 (4) The member becomes a non-resident of this state; or

111 (5) A citizen member, who is appointed after January 1, 2025, commences providing  
112 health care services or develops a financial interest in the practice of the professions regulated by  
113 the board.

114 (o) No member may be removed from office by the Governor except for official misconduct,  
115 incompetence, neglect of duty, or gross immorality.

**§30-3-6. Conduct of business of West Virginia Board of Medicine; meetings; officers; compensation; expenses; quorum.**

1 Every two years the board shall elect from among its members a president and vice  
2 president. Regular meetings shall be held as scheduled by the rules of the board. Special  
3 meetings and emergency meetings of the board may be called by the joint action of the president  
4 and vice president or by any three members of the board. With the exception of the state health  
5 officer, members of the board shall receive compensation and expense reimbursement in  
6 accordance with §30-1-11 of this code.

7 A majority of the membership of the board constitutes a quorum for the transaction of  
8 business, and business is transacted by a majority vote of a quorum, except for disciplinary  
9 actions which shall require the affirmative vote of not less than seven members or a majority vote  
10 of those present, whichever is greater.

11 Meetings of the board shall be held in public session. Disciplinary proceedings, prior to a  
12 finding of probable cause as provided in §30-3-14(p) of this code, shall be held in closed sessions,  
13 unless the party subject to discipline requests that the proceedings be held in public session.

**§30-3-7. Powers and duties of West Virginia Board of Medicine.**

1 (a) The board is autonomous and, in accordance with this article, shall determine  
2 qualifications of applicants for licenses and other practice credentials to practice medicine and  
3 surgery, to practice podiatry, and to practice as a physician assistant in collaboration with  
4 physicians licensed under this article, and shall issue licenses and other practice credentials to  
5 qualified applicants and shall regulate the professional conduct and discipline of such individuals.  
6 Beginning January 1, 2025, the Board shall also determine license and other practice credential  
7 qualifications, issue licenses and other practice credentials, and regulate the professional conduct  
8 and discipline of osteopathic physicians. In carrying out its functions, the board may:

- 9 (1) Adopt such rules as are necessary to carry out the purposes of this article;  
10 (2) Hold hearings and conduct investigations, subpoena witnesses and documents, and

11 administer oaths;

12 (3) Institute proceedings in the courts of this state to enforce its subpoenas for the  
13 production of witnesses and documents and its orders and to restrain and enjoin violations of this  
14 article and of any rules promulgated under it;

15 (4) Employ investigators, attorneys, hearing examiners, consultants, and such other  
16 employees as may be necessary, who shall be exempt from the classified service of the Division of  
17 Personnel and who shall serve at the will and pleasure of the board;

18 (5) Enter into contracts and receive and disburse funds according to law: *Provided*, That  
19 the provisions of §5A-3-1 *et seq.* of this code do not apply to purchases of hardware, software,  
20 technology, or technical services made for the purpose of digitizing records or improving the  
21 board's technological capability to carry out its functions;

22 (6) Establish and certify standards for physician assistants;

23 (7) Authorize medical and podiatry corporations in accordance with the limitations of §30-  
24 3-15 of this code to practice medicine and surgery or podiatry through duly licensed physicians or  
25 podiatrists;

26 (8) Establish the circumstances under which the approval of applications and the issuance  
27 of licenses and other practice credentials may be delegated to board staff; and

28 (9) Perform such other duties as are set forth in this article or otherwise provided for in this  
29 code.

30 (b) The board shall submit an annual report of its activities to the Legislature. The report  
31 shall include a statistical analysis of complaints received, charges investigated, charges  
32 dismissed after investigation, the grounds for each such dismissal, and disciplinary proceedings  
33 and disposition.

**§30-3-7a. Findings and Rule-making authority.**

1 [Repealed.]

**§30-3-8. State health officer to act as secretary of the board.**



19 within 30 days of the placement and substance of any information in his or her individual historical  
20 record that pertains to him or her and that was not submitted to the board by him or her.

21 (f) Except for information relating to biographical background, education, professional  
22 training and practice, a voluntary agreement entered into pursuant to §30-3-9(h) of this code and  
23 which has been disclosed to the board, prior disciplinary action by any entity, or information  
24 contained on the licensure application, the board shall expunge information in an individual's  
25 historical record unless it has initiated a proceeding for a hearing upon such information within two  
26 years of the placing of the information into the historical record.

27 (g) Orders and decisions of the board relating to disciplinary action against a physician,  
28 podiatrist, or physician assistant are public information and shall be placed into the historical  
29 record.

30 (h)(1) In order to encourage voluntary participation in monitored alcohol, chemical  
31 dependency, or major mental illness programs and in recognition of the fact that major mental  
32 illness, alcoholism, and chemical dependency are illnesses, a physician, podiatrist, or physician  
33 assistant licensed, certified, or otherwise lawfully practicing in this state or applying for a license to  
34 practice in this state may enter into a voluntary agreement with the physician health program as  
35 defined in §30-3D-2 of this code. The agreement between the physician, podiatrist, or physician  
36 assistant and the physician health program shall include a jointly agreed upon treatment program  
37 and mandatory conditions and procedures to monitor compliance with the program of recovery.

38 (2) Any voluntary agreement entered into pursuant to this subsection shall not be  
39 considered a disciplinary action or order by the board, shall not be disclosed to the board, and  
40 shall not be public information if:

41 (A) Such voluntary agreement is the result of the physician, podiatrist, or physician  
42 assistant self-enrolling or voluntarily participating in the board-designated physician health  
43 program;

44 (B) The board has not received nor filed any written complaints regarding said physician,

45 podiatrist, or physician assistant relating to an alcohol, chemical dependency, or major mental  
46 illness affecting the care and treatment of patients, nor received any reports pursuant to §30-3-  
47 14(b) of this code relating to an alcohol or chemical dependency impairment; and

48 (C) The physician, podiatrist, or physician assistant is in compliance with the voluntary  
49 treatment program and the conditions and procedures to monitor compliance.

50 (3) If any physician, podiatrist, or physician assistant enters into a voluntary agreement  
51 with the board-approved physician health program, pursuant to this subsection and then fails to  
52 comply with or fulfill the terms of said agreement, the physician health program shall report the  
53 noncompliance to the board within 24 hours. The board may initiate disciplinary proceedings  
54 pursuant to §30-3-14(a)(1) of this code or may permit continued participation in the physician  
55 health program or both.

56 (4) If the board has not instituted any disciplinary proceeding as provided for in this article,  
57 any information received, maintained, or developed by the board relating to the alcohol or  
58 chemical dependency impairment of any physician, podiatrist, or physician assistant and any  
59 voluntary agreement made pursuant to this subsection shall be confidential and not available for  
60 public information, discovery, court subpoena, for introduction into evidence in any medical  
61 professional liability action, or other action for damages arising out of the provision of or failure to  
62 provide health care services.

63 In the board's annual report of its activities to the Legislature required under §30-3-7 of this  
64 code, the board shall include information regarding the success of the voluntary agreement  
65 mechanism established therein: *Provided*, That in making such report, the board shall not disclose  
66 any personally identifiable information relating to any physician, podiatrist, or physician assistant  
67 participating in a voluntary agreement as provided herein.

68 Notwithstanding any of the foregoing provisions, the board may cooperate with and  
69 provide documentation of any voluntary agreement entered into pursuant to this subsection to  
70 licensing boards in other jurisdictions of which the board has become aware and may be

71 appropriate.

72 (i) When the board receives a report submitted pursuant to the provisions of §30-3-14 of  
73 this code, or when the board receives or initiates a complaint regarding the conduct of anyone  
74 practicing medicine or surgery, the board shall create a separate complaint file in which the board  
75 shall maintain all documents relating to the investigation and action upon the alleged conduct. The  
76 final disposition of a complaint is public information and shall be placed in the physician, podiatrist,  
77 or physician assistant's historical record.

78 (j) Any physician-patient privilege does not apply in any investigation or proceeding by the  
79 board, or by a medical peer review committee, or by a hospital governing board with respect to  
80 relevant hospital medical records, while any of the aforesaid are acting within the scope of their  
81 authority: *Provided*, That the disclosure of any information pursuant to this provision shall not be  
82 considered a waiver of any such privilege in any other proceeding.

**§30-3-10. Licenses to practice allopathic, osteopathic, and podiatric medicine and surgery.**

1 (a) *License to practice allopathic medicine and surgery – graduates of approved medical*  
2 *schools located in the United States, Canada, or Puerto Rico.* — The board may grant a license to  
3 practice allopathic medicine and surgery to an applicant who has graduated and received the  
4 degree of doctor of medicine or its equivalent from a school of medicine located within the United  
5 States, the Commonwealth of Puerto Rico, or Canada, and is approved by the LCME or by the  
6 board, and who:

- 7 (1) Submits a complete application;
- 8 (2) Pays the applicable fees;
- 9 (3) Demonstrates to the board's satisfaction that the applicant:
- 10 (A) Is physically and mentally capable of engaging in the practice of medicine and surgery;
- 11 (B) Has, within 10 consecutive years, passed all component parts of the USMLE or any  
12 prior examination or examination series approved by the board which relates to a national

13 standard, is administered in the English language, and is designed to ascertain an applicant's  
14 fitness to practice medicine and surgery;

15 (C) Has successfully completed one year of approved graduate medical education; and

16

17 (D) Meets any other criteria for licensure set forth in this article or in rules promulgated by  
18 the board pursuant to §30-3-7 of this code and in accordance with §29A-3-1 *et seq.* of this code.

19 (b) *License to Practice Allopathic Medicine and Surgery – International Medical*  
20 *Graduates.*

21 The board may grant a license to practice allopathic medicine and surgery to an applicant  
22 who has received the degree of doctor of medicine or its equivalent from an approved school of  
23 medicine located outside of the United States, the Commonwealth of Puerto Rico, and Canada,  
24 who:

25 (1) Submits a complete application;

26 (2) Pays the applicable fees;

27 (3) Demonstrates to the board's satisfaction that the applicant:

28 (A) Is physically and mentally capable of engaging in the practice of medicine and surgery;

29 (B) Has, within 10 consecutive years, passed all component parts of the USMLE or any  
30 prior examination or examination series approved by the board which relates to a national  
31 standard, is administered in the English language, and is designed to ascertain an applicant's  
32 fitness to practice medicine and surgery;

33 (C) Has successfully completed:

34 Two years of approved graduate medical education; or

35 One year of approved graduate medical education and the applicant holds a current  
36 certification by a member board of the American Board of Medical Specialties;

37

38 (D) Holds a valid ECFMG certification or:

39 (i) Holds a full, unrestricted, and unconditional license to practice medicine and surgery  
40 under the laws of another state, the District of Columbia, Canada, or the Commonwealth of Puerto  
41 Rico;

42 (ii) Has been engaged in the practice of medicine on a full-time professional basis within  
43 the state or jurisdiction where the applicant is fully licensed for a period of at least five years; and

44 (iii) Is not the subject of any pending disciplinary action by a medical licensing board and  
45 has not been the subject of professional discipline reportable to the National Practitioner Data  
46 Bank by a medical licensing board in any jurisdiction;

47 (E) Can communicate in the English language; and

48 (F) Meets any other criteria for licensure set forth in this article or in rules promulgated by  
49 the board pursuant to §30-3-7 of this code and in accordance with §29A-3-1 *et seq.* of this code.

50 (c) *License to Practice Osteopathic Medicine and Surgery.* – Beginning January 1, 2025,  
51 the board may grant a license to practice osteopathic medicine and surgery to an applicant who:

52 (1) Submits a complete application;

53 (2) Pays the applicable fees;

54 (3) Demonstrates to the board's satisfaction that the applicant:

55 (A) Is physically and mentally capable of engaging in the practice of osteopathic medicine  
56 and surgery;

57 (B) Graduated from an accredited osteopathic college;

58 (C) Has, within 10 consecutive years, passed all component parts of the COMLEX-USA  
59 examination or any prior state examination or examination series approved by the board which  
60 relates to a national standard, has been determined by the board to have equivalent standards to  
61 the COMLEX-USA, is administered in the English language, and is designed to ascertain an  
62 applicant's fitness to practice osteopathic medicine and surgery.

63 (D) Has completed one year of approved graduate medical education; and

64 (E) Meets any other criteria for licensure set forth in this article or in rules promulgated by

65 the board pursuant to §30-3-7 of this code and in accordance with §29A-3-1 *et seq.* of this code.

66 (d) *License to practice podiatric medicine and surgery.* – The board may grant a license to  
67 practice podiatric medicine and surgery to an applicant who:

68 (1) Submits a complete application;

69 (2) Pays the applicable fees;

70 (3) Demonstrates to the board’s satisfaction that the applicant:

71 (A) Is physically and mentally capable of engaging in the practice of podiatric medicine and  
72 surgery;

73 (B) Has graduated and received the degree of doctor of podiatric medicine or its equivalent  
74 from a school of podiatric medicine approved by the Council of Podiatric Medical Education or by  
75 the board;

76 (C) Has, within 10 consecutive years, passed all component parts of the APMLE, or any  
77 prior examination or examination series approved by the board which relates to a national  
78 standard, is administered in the English language, and is designed to ascertain an applicant’s  
79 fitness to practice podiatric medicine;

80 (D) Has successfully completed a minimum of one year of graduate clinical training in a  
81 program approved by the Council on Podiatric Medical Education or the Colleges of Podiatric  
82 Medicine. The board may consider a minimum of two years of graduate podiatric clinical training in  
83 the United States armed forces or three years’ private podiatric clinical experience in lieu of this  
84 requirement; and

85 (E) Meets any other reasonable criteria for licensure set forth in this article or in legislative  
86 rules promulgated by the board.

87 (e) Personal interviews by board members of all applicants are not required. An applicant  
88 for a license may be required by the board, in its discretion, to appear for a personal interview and  
89 may be required to produce original documents for review by the board.

90 (f) All licenses to practice medicine and surgery granted prior to July 1, 2008, and valid on

91 that date shall continue in full effect for the term and under the conditions provided by law at the  
92 time of the granting of the license.

93 (g) The board shall not issue a license to a person not previously licensed in West Virginia  
94 whose license has been revoked or suspended in another state until reinstatement of his or her  
95 license in that state.

96 (h) The board shall not issue an initial license, reinstate, or reactivate a license, to any  
97 individual whose license has been revoked, suspended, surrendered, or deactivated in another  
98 state based upon conduct which is substantially equivalent to an act of unprofessional conduct  
99 prohibited by §30-3-14(c) of this code or the board's legislative rules, until reinstatement of his or  
100 her license in that state.

101 (i) The board need not reject a candidate for a nonmaterial technical or administrative error  
102 or omission in the application process that is unrelated to the candidate's professional  
103 qualifications as long as there is sufficient information available to the board to determine the  
104 eligibility and qualifications of the candidate for licensure.

**§30-3-10b. Special license types.**

1 (a) *Restricted License Issued in Extraordinary Circumstances.* – A restricted license  
2 issued in extraordinary circumstances may be limited as directed by the board based upon the  
3 facts and circumstances of the application. Notwithstanding any of the provisions of this article, the  
4 board may issue a restricted license to an allopathic or osteopathic physician applicant in  
5 extraordinary circumstances who submits a complete application and pays the applicable fee  
6 under the following conditions:

7 (1) Upon a finding by the board that based on the applicant's exceptional education,  
8 training, and practice credentials, the applicant's practice in the state would be beneficial to the  
9 public welfare;

10 (2) Upon a finding by the board that the applicant's education, training, and practice  
11 credentials are substantially equivalent to the requirements of licensure established in this article;

12 (3) Upon a finding by the board that the applicant received his or her post-graduate medical  
13 training outside of the United States and its territories;

14 (4) That the restricted license issued under extraordinary circumstances is approved by a  
15 vote of three fourths of the members of the board; and

16 (5) That orders denying applications for a restricted license under this subsection are not  
17 appealable.

18 (b) *Medical School Faculty License.* – The medical practice of a physician licensed under  
19 this subsection is limited to the medical center of the medical school or accredited osteopathic  
20 college to where the physician holds an academic faculty member appointment. A limited license  
21 issued under this section is valid for a term of one year from the effective date of the faculty  
22 appointment. The board shall issue a limited license to practice allopathic or osteopathic medicine  
23 and surgery without examination to an individual appointed to a West Virginia medical school or  
24 accredited osteopathic college faculty who holds a valid license to practice medicine and surgery  
25 from another state, the District of Columbia, the Commonwealth of Puerto Rico, Canada, or other  
26 country the board determines has substantially equivalent requirements for licensure as those  
27 jurisdictions, and who:

28 (1) Submits a complete application;

29 (2) Pays the applicable fees;

30 (3) Demonstrates to the board's satisfaction that the applicant:

31 (A) Is physically and mentally capable of engaging in the practice of medicine and surgery;

32 (B) Is able to communicate in English;

33 (C) Is a graduate of an international school of medicine which is approved by the LCME or  
34 by the World Health Organization or by the board with the degree of doctor of medicine or its  
35 equivalent;

36 (D) Has successfully completed one year of approved graduate medical education or has  
37 received other training which the board determines to be substantially equivalent or in excess of

38 this requirement;

39 (E) Has not committed any act in this or any other jurisdiction which would constitute the  
40 basis for disciplining a physician under §30-3-14 of this code; and

41 (E) Has been offered and has accepted a faculty appointment to teach in a medical school  
42 in this state.

43 (c) The board shall investigate applicants seeking special license types set forth in this  
44 section, and may require a personal interview to review the applicant's qualifications and  
45 professional credentials.

46 (d) A medical school faculty license issued pursuant to this section will automatically expire  
47 and be void, without notice to the physician, when the physician's faculty appointment is  
48 terminated. The dean of the medical school shall notify the board within five days of the  
49 termination of a faculty appointment of a physician licensed pursuant to this section.

50 (e) A physician issued a medical school faculty license under this section must keep all  
51 medical licenses issued by other jurisdictions in good standing and must notify the board, within 15  
52 days of its occurrence, of any denial, suspension or revocation of or any limitation placed on a  
53 medical license issued by another jurisdiction.

54 (f) The board may propose rules for legislative approval in accordance with the provisions  
55 of §29A-3-1 *et seq.* of this code that establish and regulate the restricted license issued to an  
56 applicant in extraordinary circumstances pursuant to the provisions of this section.

57 (g) A physician licensed under this section may apply for license renewal. The board may  
58 propose rules for legislative approval in accordance with the provisions of §29A-3-1 *et seq.* of this  
59 code that establish and regulate the renewal and continuing education requirements for licenses  
60 issued pursuant to this section.

**§30-3-11. Endorsement of licenses to practice medicine and surgery and podiatry; fees;  
temporary license; summer camp license.**

1 (a)(1) Any person seeking to be licensed to practice medicine and surgery in this state who

2 holds a valid license to practice medicine and surgery attained under requirements similar to the  
3 requirement of §30-3-10 of this code from another state, the District of Columbia, the  
4 Commonwealth of Puerto Rico, or Canada; or

5 (2) Any person seeking to be licensed to practice podiatry in this state who holds a valid  
6 license to practice podiatry attained under requirements similar to the requirements in §30-3-10 of  
7 this code from another jurisdiction shall be issued a license to practice podiatry, as appropriate, in  
8 this state if he or she meets the following requirements:

9 (A) He or she must submit an application to the board on forms provided by the board and  
10 remit a licensure fee, as provided in legislative rule. The application must, as a minimum, require a  
11 statement that the applicant is a licensed physician, or podiatrist in good standing and indicate  
12 whether any medical disciplinary action has been taken against him or her in the past; and

13 (B) He or she must demonstrate to the satisfaction of the board that he or she has the  
14 requisite qualifications to provide the same standard of care as a physician or podiatrist initially  
15 licensed in this state.

16 (b) The board may investigate the applicant and may request a personal interview to  
17 review the applicant's qualifications and professional credentials.

18 (c) The board may grant a temporary license to an individual applying for licensure under  
19 this section if the individual meets the requirements of this section. A temporary license issued by  
20 the board authorizes the holder to practice medicine and surgery or podiatry in West Virginia for  
21 the term of the temporary license and includes full prescriptive authority. The temporary license is  
22 valid until its holder has either been granted or denied a license at the next regular meeting of the  
23 board. The board may fix and collect a fee for a temporary license, as provided in legislative rule.

24 (d) The application fee shall be waived, and to the extent consistent with the integrity of the  
25 licensure process and the requirements for licensure as set forth in this section and in the relevant  
26 legislative rules, the board shall expedite its processing of an individual's application to practice  
27 medicine and surgery, or practice podiatry: *Provided*, That the sole purpose for licensure is to

28 provide services at a children's summer camp for not more than one specifically designated three-  
29 week period annually. The license shall be issued for a period of the specifically designated three  
30 weeks only, on an annual basis.

31 (e) Beginning January 1, 2025, the provisions of this section shall be equally available to  
32 any person seeking to be licensed to practice osteopathic medicine and surgery in this state  
33 who holds a valid license to practice medicine and surgery attained under requirements similar  
34 to the requirement of §30-3-10(c) of this code from another state, the District of Columbia, or the  
35 Commonwealth of Puerto Rico.

**§30-3-11a. Administrative medicine license.**

1 (a) For purposes of this section:

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

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

15 (3) "Clinical medicine" includes, but is not limited to:

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

17 (B) Prescribing, administering, or dispensing any medication;

18 (C) Delegating medical acts, service, or prescriptive authority; and  
19 (D) Supervision of physicians or podiatric physicians who practice clinical medicine,  
20 physicians and podiatric physicians engaged in graduate medical education, physician assistants  
21 who render medical services in collaboration with physicians, and/or the clinical practice of any  
22 other medical professional.

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

24 (1) Files a complete application;

25 (2) Pays the applicable fee;

26 (3) Meets all qualifications and criteria for licensure set forth in §30-3-10 or §30-3-11 of this  
27 code and the board's legislative rules; and

28 (4) Demonstrates competency to practice administrative medicine.

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

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

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

39 (f) The board shall propose legislative rules pursuant to the provisions of §29A-3-1 *et seq.*  
40 of this code to implement the provisions of this section and to regulate the practice of  
41 administrative medicine.

**§30-3-11b. License to practice medicine and surgery at certain state veterans nursing  
home facilities.**

1 [Repealed.]

**§30-3-11c. Administrative medicine license.**

1 [Repealed.]

**§30-3-12. Biennial renewal of license to practice medicine and surgery or podiatry; continuing education; rules; fee; inactive license; denial for conviction of felony offense.**

1 (a) A license to practice medicine and surgery or podiatry in this state is valid for a term of  
2 two years.

3 (b) The license shall be renewed:

4 (1) Upon receipt of a reasonable fee, as set by the board;

5 (2) Submission of an application on forms provided by the board; and

6 (3) A certification of participation in and successful completion of a minimum of fifty hours  
7 of continuing medical, osteopathic, or podiatric education satisfactory to the board, as appropriate  
8 to the particular license, during the preceding two-year period.

9 (c) The application may not require disclosure of a voluntary agreement entered into  
10 pursuant to §30-3-9(h) of this code.

11 (d) Continuing medical education satisfactory to the board is continuing medical education  
12 designated as Category I by the American Medical Association or the Academy of Family  
13 Physicians and alternate categories approved by the board.

14 (e) Continuing podiatric education satisfactory to the board is continuing podiatric  
15 education approved by the Council on Podiatric Education and alternate categories approved by  
16 the board.

17 (f) Continuing osteopathic education satisfactory to the board is continuing osteopathic  
18 education designated as Category I by the either the American Osteopathic Association or the  
19 American Medical Association and alternative categories approved by the board.

20 (g) Notwithstanding any provision of this chapter to the contrary, beginning July 1, 2007,  
21 failure to timely submit to the board a certification of successful completion of a minimum of 50  
22 hours of continuing medical, osteopathic, or podiatric education satisfactory to the board, as  
23 appropriate to the particular license, shall result in the automatic expiration of any license to  
24 practice medicine and surgery or podiatry until such time as the certification, with all supporting  
25 written documentation, is submitted to and approved by the board.

26 (h) If a license is automatically expired and reinstatement is sought within one year of the  
27 automatic expiration, the former licensee shall:

28 (1) Provide certification with supporting written documentation of the successful  
29 completion of the required continuing education;

30 (2) Pay a renewal fee; and

31 (3) Pay a reinstatement fee equal to 50 percent of the renewal fee.

32 (i) If a license is automatically expired and more than one year has passed since the  
33 automatic expiration, the former licensee shall:

34 (1) Apply for a new license;

35 (2) Provide certification with supporting written documentation of the successful  
36 completion of the required continuing education; and

37 (3) Pay such fees as determined by the board.

38 (j) Any individual who accepts the privilege of practicing medicine and surgery or podiatry  
39 in this state is required to provide supporting written documentation of the continuing education  
40 represented as received within 30 days of receipt of a written request to do so by the board. If a  
41 licensee fails or refuses to provide supporting written documentation of the continuing education  
42 represented as received as required in this section, such failure or refusal to provide supporting  
43 written documentation is prima facie evidence of renewing a license to practice medicine and  
44 surgery or podiatry by fraudulent misrepresentation.

45 (k) The board may renew, on an inactive basis, the license of a physician or podiatrist who  
46 is currently licensed to practice medicine and surgery or podiatry in, but is not actually practicing,  
47 medicine and surgery or podiatry in this state. A physician or podiatrist holding an inactive license  
48 shall not practice medicine and surgery or podiatry in this state.

49 (l) An inactive license may be converted by the board to an active license upon a written  
50 request by the licensee to the board that:

51 (1) Accounts for his or her period of inactivity to the satisfaction of the board; and

52 (2) Includes written documentation of participation in and successful completion of a  
53 minimum of 50 hours of continuing medical or podiatric education satisfactory to the board, as  
54 appropriate to the particular license, during each preceding two-year period.

55 (m) An inactive license may be obtained upon receipt of a reasonable fee, as set by the  
56 board, and submission of an application on forms provided by the board on a biennial basis.

57 (n) The board may not require any physician or podiatrist who is retired or retiring from the  
58 active practice of medicine and surgery or the practice of podiatry and who is voluntarily  
59 surrendering their license to return to the board the license certificate issued to them by the board.

60 (o) The board may deny or refuse to reissue a license to any person who has been  
61 convicted of a felony under the laws of this state, any other state, the United States or the laws of  
62 any other country or state outside of the United States.

**§30-3-13. Licensing requirements for the practice of medicine and surgery or podiatry;  
exceptions; unauthorized practice; notice; criminal penalties.**

1 (a) It is unlawful for any person who does not hold an active, unexpired license issued  
2 pursuant to this article, or who is not practicing pursuant to the licensure exceptions set forth in this  
3 section, to:

4 (1) Engage in the practice of medicine and surgery or podiatry in this state;

5 (2) Represent that he or she is a physician, surgeon or podiatrist authorized to practice  
6 medicine and surgery or podiatry in this state; or

7 (3) Use any title, word, or abbreviation to indicate or induce others to believe that he or she  
8 is licensed to practice medicine and surgery or podiatry in this state.

9 (b) It is unlawful for any person who does not hold an active, unexpired license, or other  
10 practice credential issued by the board to engage in the practice of telemedicine within this state.

11 As used in this section, the "practice of telemedicine" means the practice of medicine using  
12 communication tools such as electronic communication, information technology or other means of  
13 interaction between a licensed health care professional in one location and a patient in another  
14 location, with or without an intervening health care provider, and typically involves secure real time  
15 audio/video conferencing or similar secure audio/video services, remote monitoring, interactive  
16 video and store and forward digital image or health data technology to provide or support health  
17 care delivery by replicating the interaction of a traditional in person encounter between a provider  
18 and a patient. The practice of telemedicine occurs in this state when the patient receiving health  
19 care services through a telemedicine encounter is physically located in this state.

20 (c) It is not unlawful for a person:

21 (1) Who is a licensed health care provider under this code to act within his or her scope of  
22 practice;

23 (2) Who is not a licensed health care professional in this state to provide first aid care in an  
24 emergency situation; or

25 (3) To engage in the bona fide religious tenets of any recognized church in the  
26 administration of assistance to the sick or suffering by mental or spiritual means.

27 (d) The following persons are exempt from the licensure requirements under this article:

28 (1) A person enrolled in an approved medical school, an accredited osteopathic college, or  
29 a school of podiatric medicine approved by the Council of Podiatry Education or by the board;

30 (2) A physician, podiatrist, or physician assistant practicing in this state pursuant to, and  
31 within the limitations of, a practice credential issued by the board;

32 (3) A person engaged in graduate podiatric training in a program approved by the Council  
33 on Podiatric Education or by the board;

34 (4) A physician or podiatrist engaged in the performance of his or her official duties holding  
35 one or more licenses from another state or foreign country and who is a commissioned medical  
36 officer of, a member of, or employed by:

37 (A) The United States Military;

38 (B) The Department of Defense;

39 (C) The United States Public Health Service; or

40 (D) Any other federal agency;

41 (5) A physician or podiatrist holding one or more unrestricted licenses granted by another  
42 state or foreign country serving as visiting medical faculty engaged in education, training, or  
43 research duties at a medical school or institution recognized by the board for up to six months if:

44 (A) The physician does not engage in the practice of medicine and surgery or podiatry  
45 outside of the auspices of the sponsoring school or institution; and

46 (B) The sponsoring medical school or institution provides prior written notification to the  
47 board including the physician's name, all jurisdictions of licensure and the beginning and end date  
48 of the physician's visiting medical faculty status;

49 (6) A physician or podiatrist holding one or more unrestricted licenses granted by another  
50 state present in the state as a member of an air ambulance treatment team or organ harvesting  
51 team;

52 (7) A physician or podiatrist holding one or more unrestricted licenses granted by another  
53 state or foreign country providing a consultation on a singular occasion to a licensed physician or  
54 podiatrist in this state, whether the consulting physician or podiatrist is physically present in the  
55 state for the consultation or not;

56 (8) A physician or podiatrist holding one or more unrestricted licenses granted by another  
57 state or foreign country providing teaching assistance, in a medical capacity, for a period not to  
58 exceed seven days; and

59

60 (9) A physician or podiatrist holding one or more unrestricted licenses granted by another  
61 state or foreign country providing medical services to a college or university affiliated and/or  
62 sponsored sports team or an incorporated sports team if:

63 (A) He or she has a written agreement with that sports team to provide care to team  
64 members, band members, cheerleaders, mascots, coaching staff, and families traveling with the  
65 team for a specific sporting event, team appearance, or training camp occurring in this state;

66 (B) He or she may only provide care or consultation to team members, coaching staff, and  
67 families traveling with the team no longer than seven consecutive days per sporting event;

68 (C) He or she is not authorized to practice at a health care facility or clinic, acute care  
69 facility or urgent care center located in this state, but the physician may accompany the patient to  
70 the facility and consult; and

71 (D) The physician or podiatrist may be permitted, by written permission from the executive  
72 director, to extend his or her authorization to practice medicine for a maximum of seven additional  
73 consecutive days if the requestor shows good cause for the extension.

74 (e) A physician or podiatrist who does not hold a license issued by the board and who is  
75 practicing medicine in this state pursuant to the exceptions to licensure set forth in this section may  
76 practice in West Virginia under one or more of the licensure exceptions for no greater than a  
77 cumulative total of 30 days in any one calendar year.

78 (f) The executive director shall send by certified mail to a physician not licensed in this state  
79 a written order that revokes the privilege to practice medicine under this section if the executive  
80 director finds good cause to do so. If no current address can be determined, the order may be sent  
81 by regular mail to the physician's last known address.

82 (g) A person who engages in the unlawful practice of medicine and surgery or podiatry  
83 while holding a license or other practice credential issued pursuant to this article which has been  
84 classified by the board as expired for 90 days or fewer is guilty of a misdemeanor and, upon  
85 conviction, shall be fined not more than \$5,000 or confined in jail not more than 12 months, or both  
86 fined and confined.

87 (h) A person who practices or attempts to practice medicine and surgery or podiatry and:  
88 (1) Has never been licensed by the board under this article; (2) holds a license or a practice  
89 credential which has been classified by the board as expired for greater than 90 days; or (3) holds  
90 a license or a practice credential which has been placed in inactive status, revoked, suspended, or  
91 surrendered to the board is guilty of a felony and, upon conviction, shall be fined not more than  
92 \$10,000 or imprisoned in a correctional facility for not less than one year nor more than five years  
93 or both fined and imprisoned.

94 (i) Upon a determination by the board that any report or complaint submitted to it concerns  
95 allegations of the unlawful practice of medicine and surgery by an individual who is licensed under  
96 another article of this chapter, the board shall refer the complaint to the appropriate licensing  
97 authority. Additionally, whenever the board receives credible information that an individual is  
98 engaging in the unlawful practice of medicine and surgery or podiatry in violation of this section,  
99 the board may report such information to the appropriate state and/or federal law enforcement  
100 authority and/or prosecuting attorney.

**§30-3-13a. Telemedicine practice; requirements; exceptions; definitions; rulemaking.**

1 (a) *Definitions.* – For the purposes of this section:

2 (1) "Chronic nonmalignant pain" means pain that has persisted after reasonable medical  
3 efforts have been made to relieve the pain or cure its cause and that has continued, either  
4 continuously or episodically, for longer than three continuous months. "Chronic nonmalignant

5 pain" does not include pain associated with a terminal condition or illness or with a progressive  
6 disease that, in the normal course of progression, may reasonably be expected to result in a  
7 terminal condition or illness.

8 (2) "Physician" means a person licensed or registered by the West Virginia Board of  
9 Medicine to practice allopathic or osteopathic medicine in West Virginia.

10 (3) "Store and forward telemedicine" means the asynchronous computer-based  
11 communication of medical data or images from an originating location to a physician or podiatrist  
12 at another site for the purpose of diagnostic or therapeutic assistance.

13 (4) "Telemedicine" means the practice of medicine using tools such as electronic  
14 communication, information technology, store and forward telecommunication, audio only  
15 telephone calls, or other means of interaction between a physician or podiatrist in one location and  
16 a patient in another location, with or without an intervening health care provider.

17 (5) "Telemedicine technologies" means technologies and devices which enable secure  
18 communications and information exchange in the practice of telemedicine, and typically involve  
19 the application of secure real-time audio/video conferencing or similar secure video services,  
20 remote monitoring or store and forward digital image technology, or audio only telephone calls to  
21 provide or support health care delivery by replicating the interaction of a traditional in-person  
22 encounter between a physician or podiatrist and a patient.

23 (b) *Licensure or registration.* –

24 (1) The practice of medicine occurs where the patient is located at the time the  
25 telemedicine technologies are used.

26 (2) A physician or podiatrist who practices telemedicine must be licensed as provided in  
27 this article or registered as provided in §30-1-1 *et seq.* of this code.

28 (3) This section does not apply to:

29 (A) An informal consultation or second opinion, at the request of a physician or podiatrist  
30 who is licensed to practice medicine or podiatry in this state: *Provided*, That the physician or  
31 podiatrist requesting the opinion retains authority and responsibility for the patient's care; and

32 (B) Furnishing of medical assistance by a physician or podiatrist in case of an emergency  
33 or disaster, if no charge is made for the medical assistance.

34 (c) *Physician-patient or podiatrist-patient relationship through telemedicine encounter.* –

35 (1) A physician-patient or podiatrist-patient relationship may not be established through  
36 text-based communications such as e-mail, Internet questionnaires, text-based messaging, or  
37 other written forms of communication.

38 (2) If an existing physician-patient or podiatrist-patient relationship does not exist prior to  
39 the utilization to telemedicine technologies, or if services are rendered solely through telemedicine  
40 technologies, a physician-patient or podiatrist-patient relationship may only be established:

41 (A) Through the use of telemedicine technologies which incorporate interactive audio  
42 using store and forward technology, real-time videoconferencing, or similar secure video services  
43 during the initial physician-patient or podiatrist-patient encounter;

44 (B) For the practice of pathology and radiology, a physician-patient relationship may be  
45 established through store and forward telemedicine or other similar technologies; or

46 (C) Through the use of audio-only calls or conversations that occur in real time. Patient  
47 communication though audio-visual communication is preferable, if available or possible. Audio-  
48 only calls or conversations that occur in real time may be used to establish the physician-patient  
49 relationship.

50 (3) Once a physician-patient or podiatrist-patient relationship has been established, either  
51 through an in-person encounter or in accordance with subdivision (2) of this subsection, the  
52 physician or podiatrist may utilize any telemedicine technology that meets the standard of care  
53 and is appropriate for the patient presentation.

54 (d) *Telemedicine practice.* – A physician or podiatrist using telemedicine technologies to  
55 practice medicine or podiatry shall:

56 (1) Verify the identity and location of the patient;

57 (2) Provide the patient with confirmation of the identity and qualifications of the physician or  
58 podiatrist;

59 (3) Provide the patient with the physical location and contact information of the physician;

60 (4) Establish or maintain a physician-patient or podiatrist-patient relationship that conforms  
61 to the standard of care;

62 (5) Determine whether telemedicine technologies are appropriate for the patient  
63 presentation for which the practice of medicine or podiatry is to be rendered;

64 (6) Obtain from the patient appropriate consent for the use of telemedicine technologies;

65 (7) Conduct all appropriate evaluations and history of the patient consistent with traditional  
66 standards of care for the patient presentation;

67 (8) Create and maintain health care records for the patient which justify the course of  
68 treatment and which verify compliance with the requirements of this section; and

69 (9) The requirements of §30-3-13a(d)(1) through §30-3-13a(d)(8) of this code do not apply  
70 to the practice of pathology or radiology medicine through store and forward telemedicine.

71 (e) *Standard of care.* – The practice of medicine or podiatry provided via telemedicine  
72 technologies, including the establishment of a physician-patient or podiatrist-patient relationship  
73 and issuing a prescription via electronic means as part of a telemedicine encounter, are subject to  
74 the same standard of care, professional practice requirements, and scope of practice limitations  
75 as traditional in-person physician-patient or podiatrist-patient encounters. Treatment, including  
76 issuing a prescription, based solely on an online questionnaire, does not constitute an acceptable  
77 standard of care.

78 (f) *Patient records.* – The patient record established during the use of telemedicine  
79 technologies shall be accessible and documented for both the physician or podiatrist and the

80 patient, consistent with the laws and legislative rules governing patient health care records. All  
81 laws governing the confidentiality of health care information and governing patient access to  
82 medical records shall apply to records of practice of medicine or podiatry provided through  
83 telemedicine technologies. A physician or podiatrist solely providing services using telemedicine  
84 technologies shall make documentation of the encounter easily available to the patient, and  
85 subject to the patient's consent, to any identified care provider of the patient.

86 (g) *Prescribing limitations.* – (1) A physician or podiatrist who practices medicine to a  
87 patient solely through the utilization of telemedicine technologies may not prescribe to that patient  
88 any controlled substances listed in Schedule II of the Uniform Controlled Substances Act:  
89 *Provided*, That the prescribing limitations contained in this section do not apply to a physician or a  
90 member of the same group practice with an established patient.

91 (2) The prescribing limitations in this subsection do not apply when a physician is providing  
92 treatment to patients who are minors, or if 18 years of age or older, who are enrolled in a primary or  
93 secondary education program and are diagnosed with intellectual or developmental disabilities,  
94 neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance  
95 with guidelines as set forth by organizations such as the American Psychiatric Association, the  
96 American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics.  
97 The physician must maintain records supporting the diagnosis and the continued need of  
98 treatment.

99 (3) The prescribing limitations in this subsection do not apply to a hospital, excluding the  
100 emergency department, when a physician submits an order to dispense a controlled substance,  
101 listed in Schedule II of the Uniform Controlled Substances Act, to a hospital patient for immediate  
102 administration in a hospital.

103 (4) A physician or podiatrist may not prescribe any pain-relieving controlled substance  
104 listed in Schedule II of the Uniform Controlled Substance Act as part of a course of treatment for  
105 chronic nonmalignant pain solely based upon a telemedicine encounter: *Provided*, That the

106 prescribing limitations contained in this section do not apply to a physician or a member of the  
107 same group practice with an established patient.

108 (5) A physician or health care provider may not prescribe any drug with the intent of  
109 causing an abortion. The term "abortion" has the same meaning ascribed to it in §16-2R-2 of this  
110 code.

111 (h) *Exceptions.* – This article does not prohibit the use of audio-only or text-based  
112 communications by a physician or podiatrist who is:

113 (1) Responding to a call for patients with whom a physician-patient or podiatrist-patient  
114 relationship has been established through an in-person encounter by the physician or podiatrist;

115 (2) Providing cross coverage for a physician or podiatrist who has established a physician-  
116 patient or podiatrist-patient relationship with the patient through an in-person encounter; or

117 (3) Providing medical assistance in the event of an emergency.

118 (i) *Rulemaking.* – The West Virginia Board of Medicine may propose rules for legislative  
119 approval in accordance with §29A-3-1, of this code to implement standards for and limitations  
120 upon the utilization of telemedicine technologies in the practice of medicine and podiatry in this  
121 state.

122 (j) *Preserving traditional physician-patient or podiatrist-patient relationship.* – Nothing in  
123 this section changes the rights, duties, privileges, responsibilities, and liabilities incident to the  
124 physician-patient or podiatrist-patient relationship, nor is it meant or intended to change in any way  
125 the personal character of the physician-patient or podiatrist-patient relationship. This section does  
126 not alter the scope of practice of any health care provider or authorize the delivery of health care  
127 services in a setting, or in a manner, not otherwise authorized by law.

**§30-3-15. Certificate of authorization requirements for medical corporations.**

1 (a) *Unlawful acts.* — It is unlawful for any corporation to practice or offer to practice  
2 medicine, surgery, podiatric medicine, or to perform medical acts through one or more physician

2 assistants in this state without a certificate of authorization issued by the board designating the  
3 corporation as an authorized medical corporation.

4 (b) *Certificate of authorization for in-state medical corporation.* —The board may issue a  
5 certificate of authorization for a medical corporation to one or more individuals licensed by the  
6 board. Prior to January 1, 2025, licensees of the West Virginia Board of Osteopathic Medicine may  
7 join with licensees of the board to receive a certificate of authorization from the board. Eligible  
8 licensees may apply for a certificate of authorization by:

9 (1) Filing a written application with the board on a form prescribed by the board;

10 (2) Furnishing satisfactory proof to the board that each shareholder of the proposed  
11 medical or podiatry corporation is a:

12 (A) Licensed physician pursuant to this article, §30-3-1 *et seq.*, or §30-14-1 *et seq.* of this  
13 code; or

14 (B) A licensed physician assistant pursuant to §30-3E-1 *et seq.* of this code; and

15 (3) Submitting applicable fees which are not refundable.

16 (c) *Certificate of authorization for out-of-state medical corporation.* — A medical  
17 corporation formed outside of this state for the purpose of engaging in the practice of medicine,  
18 surgery, podiatric medicine, or for medical acts through one or more licensed physician assistants  
19 may receive a certificate of authorization from the board to be designated a foreign medical  
20 corporation by:

21 (1) Filing a written application with the board on a form prescribed by the board;

22 (2) Furnishing satisfactory proof to the board that the medical corporation has received a  
23 certificate of authorization or similar authorization from the appropriate authorities as a medical  
24 corporation or professional corporation in its state of incorporation and is currently in good  
25 standing with that authority;

26 (3) Furnishing satisfactory proof to the board that at least one shareholder of the proposed  
27 medical corporation is a licensed physician, podiatric physician, or physician assistant, pursuant to

28 this article or §30-3E-1 *et seq.* of this code and is designated as the corporate representative for all  
29 communications with the board regarding the designation and continuing authorization of the  
30 corporation as a foreign medical corporation;

31 (4) Furnishing satisfactory proof to the board that all of the medical corporation's  
32 shareholders are licensed physicians, podiatric physicians, or physician assistants in one or more  
33 states and submitting a complete list of the shareholders, including each shareholder's name, their  
34 state or states of licensure, and their license number(s); and

35 (5) Submitting applicable fees which are not refundable.

36 (d) *Notice of certificate of authorization to Secretary of State.* — When the board issues a  
37 certificate of authorization to a medical corporation, then the board shall notify the Secretary of  
38 State that a certificate of authorization has been issued. When the Secretary of State receives a  
39 notification from the board, he or she shall attach that certificate of authorization to the corporation  
40 application and, upon compliance by the corporation with the pertinent provisions of this code,  
41 shall notify the incorporators that the medical corporation, through licensed physicians, podiatrists,  
42 or physician assistants may engage in the practice of medicine, surgery, the practice of podiatry, or  
43 performing medical acts through the practice of physician assistants in West Virginia.

44 (e) *Authorized practice of medical corporation.* — An authorized medical corporation may  
45 only practice medicine and surgery through individual physicians, podiatric physicians, or  
46 physician assistants licensed to practice medicine and surgery in this state. Physicians, podiatric  
47 physicians, and physician assistants may be employees rather than shareholders of a medical  
48 corporation, and nothing herein requires a license for or other legal authorization of, any individual  
49 employed by a medical corporation to perform services for which no license or other legal  
50 authorization is otherwise required.

51 (f) *Renewal of certificate of authorization.* — A medical corporation holding a certificate of  
52 authorization shall register biennially, on or before the expiration date on its certificate of  
53 authorization, on a form prescribed by the board, and pay a biennial fee. If a medical corporation

54 does not timely renew its certificate of authorization, then its certificate of authorization  
55 automatically expires.

56 (g) *Renewal for expired certificate of authorization.* — A medical corporation whose  
57 certificate of authorization has expired may reapply for a certificate of authorization by submitting a  
58 new application and application fee in conformity with subsection (b) or (c) of this section.

59 (h) *Ceasing operation - In-state medical corporation.* — A medical corporation formed in  
60 this state and holding a certificate of authorization shall cease to engage in the practice of  
61 medicine, surgery, podiatry, or performing medical acts through the practice of physician  
62 assistants when notified by the board that:

63 (1) One of its shareholders is no longer a duly licensed physician, podiatric physician, or  
64 physician assistant in this state; or

65 (2) The shares of the medical corporation have been sold or transferred to a person who is  
66 not licensed by the board or, until January 1, 2025, the Board of Osteopathic Medicine. The  
67 personal representative of a deceased shareholder shall have a period, not to exceed 12 months  
68 from the date of the shareholder's death, to transfer the shares. Nothing herein affects the  
69 existence of the medical corporation or its right to continue to operate for all lawful purposes other  
70 than the professional practice of licensed physicians, podiatric physicians, and physician  
71 assistants.

72 (i) *Ceasing operation - Out-of-state medical corporation.* — A medical corporation formed  
73 outside of this state and holding a certificate of authorization shall immediately cease to engage in  
74 practice in this state if:

75 (1) The corporate shareholders no longer include at least one shareholder who is licensed  
76 to practice in this state pursuant to this article or §30-3E-1 *et seq.* of this code;

77 (2) The corporation is notified that one of its shareholders is no longer a licensed physician,  
78 podiatric physician, or physician assistant; or

79           (3) The shares of the medical corporation have been sold or transferred to a person who is  
80 not a licensed physician, podiatric physician, or physician assistant. The personal representative  
81 of a deceased shareholder shall have a period, not to exceed 12 months from the date of the  
82 shareholder's death, to transfer the shares. In order to maintain its certificate of authorization to  
83 practice medicine and surgery, podiatric medicine, or to perform medical acts through one or more  
84 physician assistants during the 12-month period, the medical corporation shall, at all times, have  
85 at least one shareholder who is licensed in this state pursuant to this article or §30-3E-1 *et seq.* of  
86 this code. Nothing herein affects the existence of the medical corporation or its right to continue to  
87 operate for all lawful purposes other than the professional practice of licensed physicians,  
88 podiatric physicians, and physician assistants.

89           (j) *Notice to Secretary of State.* — Within 30 days of the expiration, revocation, or  
90 suspension of a certificate of authorization by the board, the board shall submit written notice to  
91 the Secretary of State.

92           (k) *Unlawful acts.* — It is unlawful for any corporation to practice or offer to practice  
93 medicine, surgery, podiatric medicine, or to perform medical acts through one or more physician  
94 assistants after its certificate of authorization has expired or been revoked, or if suspended, during  
95 the term of the suspension.

96           (l) *Application of section.* — Nothing in this section is meant or intended to change in any  
97 way the rights, duties, privileges, responsibilities, and liabilities incident to the physician-patient,  
98 podiatrist-patient or physician assistant-patient relationship, nor is it meant or intended to change  
99 in any way the personal character of the practitioner-patient relationship. Nothing in this section  
100 shall be construed to require a hospital licensed pursuant to §16-5B-1 *et seq.* of this code to obtain  
101 a certificate of authorization from the board so long as the hospital does not exercise control of the  
102 independent medical judgment of physicians, podiatric physicians or physician assistants licensed  
103 pursuant to this article or §30-3E-1 *et seq.* of this code.

104 (m) *Court evidence.* — A certificate of authorization issued by the board to a corporation to  
105 practice medicine and surgery, podiatric medicine, or to perform medical acts through one or more  
106 physician assistants in this state that has not expired, been revoked, or suspended is admissible in  
107 evidence in all courts of this state and is prima facie evidence of the facts stated therein.

108 (n) *Penalties.* — Any officer, shareholder, or employee of a medical corporation who  
109 violates this section is guilty of a misdemeanor and, upon conviction thereof, shall be fined not  
110 more than \$1,000 per violation.

**§30-3-16. Educational permit.**

1 (a) Beginning July 1, 2019, no person shall participate in a program of graduate medical  
2 training in this state unless such person holds a license to practice medicine and surgery in this  
3 state or has been issued an educational permit by the board.

4 (b) An educational permit issued by the board authorizes the recipient to practice medicine  
5 and surgery only within the parameters of the recipient's training program.

6 (c) An applicant for an educational permit shall file an application with the board and furnish  
7 evidence establishing that the applicant has satisfied the following requirements:

8 (1) The applicant is 18 years of age or over;

9 (2) The applicant has paid the applicable fee;

10 (3) The applicant has:

11 (A) Graduated from an accredited osteopathic college;

12 (B) Graduated from an approved medical school;

13 (C) Graduated from a medical college that meets requirements for certification by the  
14 ECFMG; or

15 (D) Completed an alternate pathway for meeting initial entry requirements or prerequisite  
16 or transfer requirements recognized by the ACGME;

17 (4) The applicant:

18 (A) Is under contract as a resident in a program of post-graduate clinical training approved  
19 by the ACGME; or

20 (B) Has completed a residency program approved by the AOA, ACGME, or a residency  
21 program recognized by the ECFMG and is under contract as a fellow in an approved program of  
22 post-graduate clinical training sponsored by an institution that is accredited to provide graduate  
23 medical education;

24 (5) The applicant has never held a license to practice medicine and surgery in West  
25 Virginia; and

26 (6) The applicant has fulfilled any other reasonable requirement specified in rule by the  
27 Board.

28 (d) An educational permit shall be valid for up to one year of post-graduate training. An  
29 educational permit may be renewed if the holder remains eligible to receive a renewed permit.

30 (e) The Board may deny an application or suspend or revoke a permit at any time upon  
31 grounds defined by the board by legislative rule.

32 (f) In order to give timely effect to this section, the board may promulgate emergency rules  
33 pursuant to the provisions of §29A-3-15 of this code, including:

34 (1) Implementation of the transfer of responsibility to the board for the issuance and  
35 regulation of educational permits for graduates of accredited osteopathic colleges;

36 (2) The extent to which residents and fellows may practice medicine and surgery pursuant  
37 to an educational permit;

38 (3) Criteria for the issuance of reciprocal educational permits for out of state allopathic and  
39 osteopathic medical residents seeking to complete a residency rotation in West Virginia;

40 (4) Requirements for educational permits and the renewal of such permits, including  
41 eligibility criteria for renewal;

42 (5) Criteria for when an educational permit application may be denied;

43 (6) Grounds for permit suspension or revocation;

- 44 (7) A fee schedule;
- 45 (8) Procedures for transitioning existing medical education trainees prior to  
46 implementation; and
- 47 (9) Any other rules necessary to effectuate and implement the provisions of this section.

**§30-3-17. Limitation of article.**

1 Prior to January 1, 2025, the practice of medicine and surgery by persons possessing the  
2 degree of doctor of osteopathy and authorized by the laws of this state to practice medicine and  
3 surgery shall in no way be affected by the provisions of this article.

**§30-3-18. Combining staff functions with West Virginia Board of Osteopathic Medicine.**

1 Prior to January 1, 2025, the West Virginia Board of Medicine may employ investigators,  
2 attorneys, clerks, and administrative staff in collaboration with the West Virginia Board of  
3 Osteopathic Medicine to share duties and functions between the two boards when it may be  
4 efficient and practical for the functioning of the boards. Any sharing of staff or staff resources  
5 shall be documented and performed pursuant to the provisions of §30-1-19 of this code.

**§30-3-21. Applicability; transition plan.**

1 (a) Notwithstanding any provision of this code to the contrary, effective January 1, 2025,  
2 the West Virginia Board of Medicine shall assume any and all remaining functions of the West  
3 Virginia Board of Osteopathic Medicine.

1 (b) The West Virginia Board of Medicine shall consult with the West Virginia Board of  
2 Osteopathic Medicine to develop and implement a transition plan for the transfer of their remaining  
3 functions to the West Virginia Board of Medicine as set forth in §30-14-19 of this code.

**§30-3-22. Fees; special revenue account; administrative fines.**

1 (a) The special revenue funds provided in §30-14-1 *et seq.* of this code shall expire  
2 December 31, 2024, and all such remaining funds shall transfer to the special revenue account of  
3 this board.

4 (b) All fees and other moneys, except administrative fines, received by the board shall be

5 deposited in the board's special revenue fund. The fund is used by the board for the administration  
6 of this article. Except as provided in §30-1-1 *et seq.* of this code, the board retains the amount in  
7 the special revenue account from year to year. No compensation or expense incurred pursuant to  
8 this article is a charge against the General Revenue Fund.

**ARTICLE 3G. GENETIC COUNSELORS PRACTICE ACT.**

**§30-3G-1. Purpose.**

1 The purpose of this article is to provide for the licensure and professional discipline of  
2 genetic counselors and to provide a professional environment that encourages the delivery of  
3 quality genetic counseling services within this state, with reasonable skill and safety for patients  
4 and other recipients of genetic counseling services. This article sets forth the requirements for  
5 licensure of genetic counselors and provides for the regulation of professional discipline of genetic  
6 counseling practitioners.

**§30-3G-2. Definitions.**

1 As used in this article:

2 "ABGC" means the American Board of Genetic Counseling, or any successor organization  
3 recognized as an equivalent organization by the board.

4 "ABMG" means the American Board of Medical Genetics and Genomics, or any successor  
5 organization recognized as an equivalent organization by the board.

6 "ACGC" means the Accreditation Counsel for Genetic Counseling, or any successor  
7 organization recognized as an equivalent organization by the board.

8 "ACS" or "Active Candidate Status" means a status conferred by ABGC upon a person  
9 who has met ABGC's requirements to take the ABGC certification examination in general genetics  
10 and genetic counseling.

11 "ACS permit" means a permit issued to an individual who has attained Active Candidate  
12 Status to take the ABGC certification examination in general genetics and genetic counseling  
13 which authorizes the permit holder to practice genetic counseling under the supervision of a

14 qualified supervisor.

15 "ACS permittee" means a person with an ACS permit issued by the Board.

16 "Board" means the West Virginia Board of Medicine established in § 30-3-1 *et seq.* of this  
17 code.

18 "Genetic counseling" means the provision of services to individuals, couples, families, and  
19 organizations by one or more appropriately licensed individuals to address physical and  
20 psychological issues associated with the occurrence or risk of occurrence of a genetic disorder,  
21 birth defect, or genetically influenced condition or disease in an individual or a family.

22 "Genetic counseling intern" means a student enrolled in a genetic counseling program  
23 accredited by the ACGC or ABMG.

24 "Genetic counselor" means an individual who is licensed by the Board to practice genetic  
25 counseling.

26 "Qualified supervisor" means any person who is a genetic counselor licensed pursuant to  
27 this article or a physician licensed pursuant to §30-3-1 *et seq.*

28 "Supervision" means supervision by a qualified supervisor who has the overall  
29 responsibility of assessing the work of an ACS permittee, including regular meetings and chart  
30 review, provided that the annual supervision contract signed by the qualified supervisor and the  
31 ACS permittee is on file with both parties. Supervision does not require the qualified supervisor to  
32 be present during the performance of services by an ACS permittee.

**§30-3G-3. License required; and licensure exceptions.**

1 (a) Effective July 1, 2025, and except as provided in subsection (b) of this section, a person  
2 shall not engage, or offer to engage, in the practice of genetic counseling to patients in this state  
3 without a current, valid license issued by the board.

4 (b) The licensure requirement set forth in this article does not apply to:

5 (1) Any person, such as a physician, advanced practiced registered nurse, or physician  
6 assistant, who is lawfully practicing within the scope of the person's profession, is engaged in work

7 of a nature consistent with the person's training, and has a license, permit, registration,  
8 certification, or other authorization to practice his or her profession in West Virginia;

9 (2) Any person employed as a genetic counselor by the federal government or an agency  
10 of the federal government, if the person provides genetic counseling services exclusively under  
11 the direction and control of his or her federal employer;

12 (3) Any person assisting a genetic counselor in practice under the direct, on-premises  
13 supervisions of the genetic counselor;

14 (4) A genetic counseling intern, if the genetic counseling services performed by the student  
15 or intern are an integral part of the student's course of study, are performed under the direct  
16 supervision of a licensed genetic counselor, and the student is practicing under the designation of  
17 "genetic counseling intern";

18 (5) An ACS permittee practicing under the supervision of a qualified supervisor; or

19 (6) A person who is licensed to practice genetic counseling in another state and who is  
20 providing consulting services in this state on a temporary basis, as determined by the board by  
21 legislative rule, if the person satisfies all of the following:

22 (A) The person is certified by the ABGC; and

23 (B) The person received authorization from the board to provide consulting services in this  
24 state on a temporary basis pursuant to the process established in legislative rule.

25 (c) Effective July 1, 2025, any person who is not licensed by the board as a genetic  
26 counselor may not hold himself or herself out to the public as a genetic counselor, and may not, in  
27 connection with his or her name or place of business, use the terms "genetic counselor", "licensed  
28 genetic counselor", or any words, letters, abbreviations or insignia indicating or implying that the  
29 person holds a genetic counseling license. ACS permittees may use the term "genetic counselor,  
30 Active Candidate Status" and may indicate that they hold an ACS permit.

**§30-3G-4. Duties and powers of the board.**

1 (a) In addition to the powers and duties of the board as set forth in §30-3-1 *et seq.* of this

2 code, and in conformity with this article, the board shall:

3 (1) Establish the requirements for licenses and ACS permits;

4 (2) Determine the qualifications of applicants for licenses and permits to practice genetic  
5 counseling;

6 (3) Establish the procedures for submitting, approving, and rejecting applications for  
7 licenses and permits, including renewal and reinstatement;

8 (4) Propose rules for legislative approval in accordance with the provisions of §29A-3-1 *et*  
9 *seq.* of this code to implement the provisions of and carry out the purposes of this article;

10 (5) Receive and initiate genetic counseling complaints, conduct investigations, convene  
11 hearings, issue subpoenas for witnesses and documents and administer oaths;

12 (6) Institute proceedings in the courts of this state to enforce its subpoenas for the  
13 production of witnesses and documents and its orders, and to restrain and enjoin violations of this  
14 article and of any rules promulgated under it;

15 (7) Establish and certify standards for the supervision of ACS permittees;

16 (8) Establish the circumstances under which the approval of applications and the issuance  
17 of licenses and permits may be delegated to the executive director; and

18 (9) Perform such other duties as are set forth in this article or otherwise provided for in this  
19 code.

20 (b) The board's annual report to the Legislature shall include a statistical analysis of  
21 complaints received, charges investigated, charges dismissed after investigation, the grounds for  
22 each such dismissal and disciplinary proceedings and disposition.

**§30-3G-5. Licensure requirements.**

1 (a) The Board shall issue a genetic counseling license to an applicant who:

2 (1) Is at least 21 years of age;

3 (2) Submits an application for licensure to the board on a form approved by the board;

4 (3) Pays the applicable fee, as established in legislative rule;

5 (4) Submits satisfactory evidence to the board that he or she does not have a prior,  
6 unreversed, criminal conviction for a crime that bears a rational nexus to the profession of genetic  
7 counseling;

8 (5) Submits satisfactory evidence to the board that the applicant has earned a master's  
9 degree from a genetic counseling training program that is accredited by the ACGC, or a  
10 substantially equivalent educational program approved by the board;

11 (6) Provides satisfactory evidence to the board of current certification as a:

12 (A) Genetic counselor by the ABGC or ABMG; or

13 (B) Medical geneticist by the ABMG;

14 (7) Is mentally and physically able to engage safely in practice as a genetic counselor;

15 (8) Is not currently subject to any limitation, restriction, suspension, revocation, or  
16 discipline concerning a genetic counselor license, certification, or registration in any jurisdiction:  
17 *Provided*, That if the board is made aware of any problems with a genetic counselor license,  
18 certification, or registration, it may elect to issue a license notwithstanding the provisions of this  
19 subdivision if doing so is consistent with protecting the public; and

20 (9) Has fulfilled any other requirement specified by the board in rule for legislative approval.

21 (b) The board shall not issue an initial license, reinstate, or reactivate a license, to any  
22 individual whose license has been revoked, suspended, surrendered, or deactivated in another  
23 state based upon conduct which is substantially equivalent to an act of unprofessional conduct  
24 prohibited by §30-3G-9 of this code or the board's legislative rules, until reinstatement of his or her  
25 license in that state.

26 (c) The board shall issue a certificate of licensure to each person who is licensed under this  
27 article.

**§30-3G-6. ACS Permit.**

1 (a) An ACS permit authorizes an individual who has attained Active Candidate Status with  
2 the ABGC to practice genetic counseling under the supervision of a qualified supervisor and in

3 accord with the board's legislative rules regarding supervised practice.

4 (b) The Board shall issue an ACS permit to an applicant who:

5 (1) Submits an application for license to the board on a form approved by the board;

6 (2) Pays the applicable fee, as established in legislative rule;

7 (3) Provides satisfactory evidence that he or she currently holds an Active Candidate  
8 Status from the ABGC; and

9 (4) Has fulfilled any other requirement specified by the board in legislative rule.

10 (c) An ACS permit granted by the board shall be valid for up to one year from the date  
11 issuance, and shall expire upon the earliest of the following:

12 (1) The granting of a genetic counselor license pursuant to §30-3G-4;

13 (2) Thirty days after an ACS permittee no longer holds an Active Candidate Status with the  
14 ABGC;

15 (3) Upon notice to the ACS permittee of failure of the ABGC certification exam; or

16 (4) One year after the issuance of the permit.

17 (d) An ACS permittee shall apply for and take the ABGC certification examination within 12  
18 months of the issuance of an ACS permit by the board.

19 (e) The board may, in its discretion, and only once, extend an ACS permit for a limited  
20 period specified by the board, if the person maintains Active Candidate Status with the ABGC and  
21 has not failed the ABGC certification exam during the initial permit period.

22 (f) A person who holds an ABGC permit may only practice genetic counseling if he or she  
23 has entered into a written genetic counseling supervision agreement with a qualified supervisor  
24 and practices under qualified supervision at all times. The board shall promulgate rules for  
25 legislative approval governing direct supervision of a person holding an ACS permit.

26 (g) The board shall issue a certificate to each person who is approved for supervised  
27 genetic counseling practice under this article.

**§30-3G-7. License expiration, renewal, reinstatement of expired licenses and continuing**

**education.**

1 (a) A license issued by the board shall expire on June 30 of odd-numbered years unless  
2 sooner suspended, revoked, or surrendered.

3 (b) A licensee shall renew by submitting:

4 (1) A complete renewal application;

5 (2) The renewal fee;

6 (3) Evidence that the renewal applicant is currently certified as a genetic counselor by the  
7 ABGC or ABMG or as a medical geneticist by the ABMG; and

8 (4) Evidence that the renewal candidate has completed 30 hours of continuing education  
9 as approved by the board within the preceding two-year period.

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

12 (d) A person who applies for initial licensure shall be exempt from the continuing education  
13 requirements for the biennial renewal period following initial licensure.

14 (e) The board may waive all or a portion of the continuing education requirement for  
15 biennial renewal for a licensee who shows to the satisfaction of the board that the licensee was  
16 unable to complete the requirements due to serious illness, military services, or other  
17 demonstrated hardship.

18 (f) Continuing education programs and providers shall be approved by the board in  
19 accordance with standards and criteria established in legislative rule, along with criteria and  
20 process for seeking a waiver of the continuing education requirement due to illness, military  
21 service, or demonstrated hardship.

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

24 (1) A complete reinstatement application;

25 (2) The applicable fees as set forth in legislative rule;

26 (3) Evidence that the reinstatement applicant is currently certified as a genetic counselor  
27 by the ABGC or ABMG or as a medical geneticist by the ABMG; and

28 (4) Evidence that the reinstatement applicant has completed all applicable continuing  
29 education requirements for the biennial renewal period preceding the reinstatement application.

30 (h) If a license automatically expires and more than one year has passed since the  
31 automatic expiration, then the individual shall apply for a new license.

**§30-3G-8. Scope of practice.**

1 (a) A genetic counselor's scope of practice includes the following:

2 (1) Obtaining and evaluating individual patient and patient family member medical histories  
3 to determine the genetic risk for genetic or medical conditions and diseases in a patient, his or her  
4 offspring, and other family members;

5 (2) Discussing with a patient and the patient's family the features, natural history, means of  
6 diagnosis, genetic and environmental factors, and management of risk factors for genetic or  
7 medical conditions and diseases.

8 (3) Identifying, ordering, and coordinating genetic laboratory tests and other diagnostic  
9 studies as appropriate for genetic assessment, consistent with practice-based competencies  
10 provided by ACGC;

11 (4) Integrating genetic laboratory test results and other diagnostic studies with personal  
12 and family medical history to assess and communicate risk factors for genetic or medical  
13 conditions and diseases.

14 (5) Explaining to a patient and the patient's family the clinical implications of genetic  
15 laboratory tests and other diagnostic studies and their results;

16 (6) Evaluating the patient's or family's responses to the condition or risk of recurrence and  
17 providing patient-centered counseling and anticipatory guidance;

18 (7) Identifying and utilizing community resources that provide medical, educational,  
19 financial, and psychosocial support and advocacy; and

20 (8) Providing written documentation of medical, genetic, and counseling information to  
21 patients, their families, and health care professionals;

22 (b) Genetic counseling does not include diagnosis or treatment and when, in the course of  
23 providing genetic counseling services to a client, a genetic counselor finds any indication of a  
24 disease or condition that requires diagnosis and treatment, the genetic counselor shall refer the  
25 client to a licensed physician or appropriate licensed health care provider.

26 (c) A genetic counselor may provide telehealth services. The board shall promulgate a rule  
27 for legislative approval establishing the standard of care for the provision of genetic counseling via  
28 telehealth.

29 (d) Nothing in this article shall be construed to permit a genetic counselor to diagnose, test,  
30 or treat any disease or condition.

31 (e) In the course of his or her professional practice, a genetic counselor may not  
32 recommend that an expectant mother obtain an elective abortion.

33 (f) Notwithstanding any other provision of this code to the contrary, and to the degree  
34 permitted by federal law, genetic counselors shall be considered providers and shall not be  
35 reimbursed at rates lower than other providers who render similar genetic counseling services by  
36 health insurers as well as health plans operated or paid for by the state.

**§30-3G-9. Disciplinary proceedings and actions; prohibited practice.**

1 (a) The board may receive or initiate complaints, conduct investigations, and conduct  
2 hearings to determine whether a violation of this article or any rule has occurred.

3 (b) All hearings and procedures related to denial of a license, and all complaints,  
4 investigations, hearings, and procedures regarding a genetic counselor license and/or an ACS  
5 permit and the discipline accorded thereto, shall be in accordance with the processes and  
6 procedures set forth in §30-3-1 *et seq.* and the board's rules.

7 (c) Information received by the board pursuant to an investigation is confidential and not  
8 subject to discovery in any civil action.

9 (d) The board may deny an application for a license or other authorization to practice  
10 genetic counseling in this state and may discipline a genetic counselor or ACS permittee  
11 otherwise lawfully practicing in this state who, after a hearing, has been adjudged by the board as  
12 unqualified due to any of the following reasons:

13 (1) Made a material misstatement in an application for a license, or for license renewal or  
14 reinstatement, or knowingly presented or caused to be made or presented any false, fraudulent, or  
15 forged statement, writing, certificate, diploma, or other document relating to an application for  
16 licensure;

17 (2) Interfered with an investigation or disciplinary proceeding by using threats, harassment,  
18 or intentional misrepresentation of facts;

19 (3) Been convicted of an offense the circumstance of which bear a rational nexus to the  
20 practice of genetic counseling;

21 (4) Been adjudicated mentally incompetent by a court;

22 (5) Developed a physical or mental disability or other condition that presents a danger in  
23 continuing to practice genetic counseling to patients, the public, or other health care personnel,

24 (6) Practiced or assisted in the practice of genetic counseling while the individual's ability to  
25 practice was impaired by alcohol or other drugs or the individual was otherwise mentally or  
26 physically unable to practice with reasonable skill and safety to patients, the public, or other health  
27 care personnel;

28 (7) Knowingly made or caused to be made or aided or abetted in the making of a false  
29 statement in any document executed in connection with the practice of genetic counseling;

30 (8) Advertised in a manner that is false, deceptive, or misleading;

31 (9) Aided, assisted, or abetted the unlawful practice of genetic counseling;

32 (10) Willfully violated a confidential communication;

33 (11) Performed the services of a genetic counselor in an unprofessional, incompetent, or  
34 grossly or chronically negligent manner;

35 (12) Been removed, suspended, expelled, or placed on probation by any health care  
36 facility or professional society for unprofessional conduct, incompetence, negligence, or violation  
37 of any provision of the code of ethics set forth in the board's legislative rules;

38 (13) Exceeded the scope of practice for which the genetic counselor is licensed or  
39 permitted to practice by the board;

40 (14) Engaged in unprofessional or unethical conduct in violation of the code of ethics  
41 established by rule for legislative approval;

42 (15) Engaged in conduct while practicing genetic counseling that evidences a lack of  
43 knowledge or ability to apply professional principles or skills;

44 (16) Violated this article or any rule promulgated hereunder;

45 (17) Violated any term of probation or other discipline imposed by the board; or

46 (18) Failed to complete the required number of hours of approved continuing education.

47 (e) Whenever it finds any person unqualified because of any of the grounds set forth in  
48 §30-3G-7(b) of this code, the board may enter an order imposing one or more of the following:

49 (1) Deny his or her application;

50 (2) Administer a public reprimand;

51 (3) Suspend, limit, or restrict his or her authorization to practice for up to five years;

52 (4) Revoke his or her license or other authorization to practice genetic counseling for any  
53 period of time that the board may find to be reasonable and necessary according to evidence  
54 presented in a hearing before the board or its designee;

55 (5) Require him or her to submit to care, counseling, or treatment designated by the board  
56 as a condition for initial or continued licensure or renewal of licensure or other authorization to  
57 practice genetic counseling;

58 (6) Require him or her to participate in a program of education prescribed by the board;

59 (7) Require him or her to practice under the supervision of a qualified supervisor  
60 designated or approved by the board for a specified period of time; and

61 (8) Assess a civil fine of no more than \$10,000.

62 (f) The board shall automatically terminate the license of a genetic counselor who has  
63 failed to maintain certification with the ABGC or ABMG or whose certification with either certifying  
64 board has been revoked.

65 (g) A genetic counselor may voluntarily surrender his or her license to the board, which  
66 may refuse to accept the surrender if the board has received allegations of unprofessional conduct  
67 against the genetic counselor. The board may negotiate stipulations in consideration for accepting  
68 the surrender of the license.

69 (h) The board may restore a license that has been voluntarily surrendered under this  
70 section on such terms and conditions as it considers appropriate.

71 (i) The board may report final disciplinary action taken against a genetic counselor to any  
72 national database that includes information about disciplinary action taken against health care  
73 professionals;

74 (j) The board may share any information it receives pursuant to an investigation, including  
75 patient records and patient record information, with law enforcement agencies, other licensing  
76 boards, and other governmental agencies that are prosecuting, adjudicating, or investigating  
77 alleged violations of statutes or administrative rules. An agency or board that receives the  
78 information shall comply with the same requirements regarding confidentiality as those with which  
79 the board must comply.

**§30-3G-10. Injunctive relief.**

1 If the board has any reason to believe that any person is violating this article or any rule  
2 promulgated under this article, and in addition to the complaint, investigation, and hearing  
3 processes set forth herein and in §30-3-1 *et seq.* of this code, the board or the attorney general  
4 may bring action in the name and on behalf of the board to enjoin the person from the violation and  
5 seek any other remedies available.

**§30-3G-11. Health care facility reporting requirements.**

1 (a) A health care facility shall report, in writing, to the board within 60 days after the  
2 completion of the facility's formal disciplinary procedure or after the commencement and  
3 conclusion of any resulting legal action against a licensee.

4 (b) The report shall include:

5 (1) The name of the genetic counselor practicing in the facility whose ability to practice as a  
6 genetic counselor was revoked, restricted, reduced, or terminated for any cause including  
7 resignation;

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

9 (3) The formal disciplinary action taken against the genetic counselor by the facility relating  
10 to professional ethics, professional incompetence, professional malpractice, or drug or alcohol  
11 abuse.

12 (c) A health care facility does not need to report temporary suspensions for failure to  
13 maintain records on a timely basis or for related, minor administrative matters.

**§30-3G-12. Unlawful act and penalty.**

1 It is unlawful for any genetic counselor or ACS permittee to represent to any person that he  
2 or she is a licensed physician. A person who violates this section is guilty of a felony and, upon  
3 conviction thereof, shall be imprisoned in a state correctional facility for not less than one nor more  
4 than two years, or be fined not more than \$2,000, or both fined and imprisoned.

**ARTICLE 14. OSTEOPATHIC PHYSICIANS AND SURGEONS.**

**§30-14-3. Board of Osteopathic Medicine.**

1 (a) The West Virginia Board of Osteopathy is continued and effective July 1, 2012, shall be  
2 known as the West Virginia Board of Osteopathic Medicine. The members of the board shall  
3 continue to serve until a successor is appointed and may be reappointed.

4 (b) The Governor shall appoint, by and with advice and consent of the Senate, two  
5 additional members and stagger their initial terms:

6 (1) One person who is a licensed osteopathic physician or surgeon; and

7 (2) One person who is a licensed osteopathic physician assistant.

8 (c) The board consists of the following seven members, who are appointed to staggered  
9 terms by the Governor with the advice and consent of the Senate:

10 (1) Four licensed osteopathic physicians and surgeons;

11 (2) One licensed osteopathic physician assistant; and

12 (3) Two citizen members, who are not associated with the practice of osteopathic  
13 medicine.

14 (d) After the initial appointment, a board member's term shall be for five years.

15 (e) The West Virginia Osteopathic Medical Association may submit recommendations to  
16 the Governor for the appointment of an osteopathic physician board member, and the West  
17 Virginia Association of Physician Assistants may submit recommendations to the Governor for the  
18 appointment of an osteopathic physician assistant board member.

19 (f) Each licensed member of the board, at the time of his or her appointment, must have  
20 held a license in this state for a period of not less than five years immediately preceding the  
21 appointment.

22 (g) Each member of the board must be a U.S. citizen and a resident of this state for a  
23 period of not less than five years immediately preceding the appointment and while serving as a  
24 member of the board.

25 (h) A member may not serve more than three consecutive full terms. A member may  
26 continue to serve until a successor has been appointed and has qualified.

**§30-14-18. Termination of West Virginia Board of Osteopathic Medicine.**

1 (a) The West Virginia Board of Osteopathic Medicine shall terminate effective December  
2 31, 2024, and shall be transferred to and combined with the West Virginia Board of Medicine to be  
3 known as the West Virginia Board of Medicine, which is codified in §30-3-1 *et seq.* of this code.

4 (b) The provisions of §30-14-1 *et seq.* of this code shall become null and void and  
5 unenforceable as of January 1, 2025, with the exception that the provisions of this section and in

6 §30-14-19 of this code, shall remain in effect until the obligations, duties and transfers required by  
7 these sections are fully satisfied and in effect.

8 (c) As of January 1, 2025, all monies, employees, and assets of the West Virginia Board of  
9 Osteopathic Medicine codified at §30-14-1 *et seq.* of this code are transferred to the West Virginia  
10 Board of Medicine, pursuant to the provision of §30-3-1 *et seq.* of this code.

11 (d) The special revenue fund as expended by the West Virginia Board of Osteopathic  
12 Medicine pursuant to the authority granted under previous enactments of this article shall expire  
13 December 31, 2024, and all such remaining funds shall transfer to the special revenue account of  
14 the West Virginia Board of Medicine, pursuant to the provisions of §30-3-1 *et seq.* of this code.

15 (e) The West Virginia Board of Osteopathic Medicine rules in effect and not in conflict with  
16 §30-3-1 *et seq.* of this code shall remain in effect until they are amended, replaced, or rescinded by  
17 the West Virginia Board of Medicine.

18 (f) As of January 1, 2025, any reference in this code to the West Virginia Board of  
19 Osteopathic Medicine shall be to and shall refer to the West Virginia Board of Medicine.

**§30-14-19. Applicability; transition plan.**

1 (a) Notwithstanding any provision of this code to the contrary, effective January 1, 2025,  
2 the West Virginia Board of Osteopathic Medicine shall transfer to the West Virginia Board of  
3 Medicine any and all remaining functions of the West Virginia Board of Osteopathic Medicine.

1 (b) The West Virginia Board of Osteopathic Medicine shall, in consultation with the West  
2 Virginia Board of Medicine, develop and implement a transition plan to transfer all of its remaining  
3 functions to the West Virginia Board of Medicine. The plan shall be submitted to the Joint  
4 Committee on Government and Finance, the Governor, the Secretary of State, the West Virginia  
5 Board of Medicine, the Secretary of the Department of Administration, and the Division of  
6 Personnel. This plan shall be submitted no later than July 1, 2024. The plan shall include the  
7 following:

8 (1) Transition to appropriate entities or destruction of hard and electronic copies of files;

- 9           (2) Transfer of all licensure matters pending as of December 31, 2024, to the West Virginia  
10 Board of Medicine;
- 11           (3) Transfer of all complaints, investigations, administrative hearings, appeal processes  
12 and other regulatory matters pending December 31, 2024, to the West Virginia Board of Medicine;
- 13           (4) Transfer of access and ownership of all electronic data of the Board of Osteopathy to  
14 the West Virginia Board of Medicine;
- 15           (5) In consultation with the Department of Administration, discontinuance of the current  
16 building including termination of any lease or rental agreement, if necessary;
- 17           (6) In consultation with the Department of Administration, disposition of all state owned or  
18 leased office furniture and equipment, including any state-owned vehicles, if necessary;
- 19           (7) Closing out and transferring existing budget allocations;
- 20           (8) A transition plan developed in conjunction with the Division of Personnel for remaining  
21 employees not transferred to other offices within state government;
- 22           (c) The transition plan shall be fully implemented by December 31, 2024.