

WEST VIRGINIA LEGISLATURE

2017 REGULAR SESSION

Enrolled

Committee Substitute

for

Senate Bill 347

SENATORS TAKUBO, STOLLINGS

AND MARONEY, *original sponsors*

[Passed April 1, 2017; in effect 90 days from passage]

1 AN ACT to repeal §30-3E-8 of the Code of West Virginia, 1931, as amended; to amend and
2 reenact §16-5-19 of said code; to amend and reenact §30-3-5 of said code; to amend and
3 reenact §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-6, §30-3E-7, §30-3E-9, §30-
4 3E-10, §30-3E-11, §30-3E-12, §30-3E-15, §30-3E-16 and §30-3E-17 of said code; to
5 amend said code by adding thereto a new section, designated §30-3E-12a; and to amend
6 and reenact §33-15-14 of said code, all relating to physician assistants; modifying board
7 membership; substituting “collaborating physician” for “supervising physician”; defining
8 terms; modifying the prescriptive authority of physician assistants; eliminating certain
9 recertification requirements; eliminating the continuous national certification requirement;
10 prohibiting an insurance plan from limiting the practice of physician assistants; adding
11 requirements to the practice agreement; granting physician assistants signatory authority
12 on certain forms; and making conforming amendments.

Be it enacted by the Legislature of West Virginia:

1 That §30-3E-8 of the Code of West Virginia, 1931, as amended, be repealed; that §16-5-
2 19 of said code be amended and reenacted; that §30-3-5 of said code be amended and
3 reenacted; that §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-6, §30-3E-7, §30-3E-9, §30-
4 3E-10, §30-3E-11, §30-3E-12, §30-3E-15, §30-3E-16 and §30-3E-17 of said code be amended
5 and reenacted; that said code be amended by adding thereto a new section, designated §30-3E-
6 12a; and that §33-15-14 of said code be amended and reenacted, all to read as follows:

CHAPTER 16. PUBLIC HEALTH.

§16-5-19. Death registration.

1 (a) A certificate of death for each death which occurs in this state shall be filed with the
2 section of vital statistics, or as otherwise directed by the State Registrar, within five days after
3 death and prior to final disposition, and shall be registered if it has been completed and filed in
4 accordance with this section.

5 (1) If the place of death is unknown, but the dead body is found in this state, the place
6 where the body was found shall be shown as the place of death.

7 (2) If the date of death is unknown it shall be approximated. If the date cannot be
8 approximated, the date found shall be shown as the date of death.

9 (3) If death occurs in a moving conveyance in the United States and the body is first
10 removed from the conveyance in this state, the death shall be registered in this state and the
11 place where it is first removed shall be considered the place of death.

12 (4) If death occurs in a moving conveyance while in international waters or air space or in
13 a foreign country or its air space and the body is first removed from the conveyance in this state,
14 the death shall be registered in this state but the certificate shall show the actual place of death
15 insofar as can be determined.

16 (5) In all other cases, the place where death is pronounced shall be considered the place
17 where death occurred.

18 (b) The funeral director or other person who assumes custody of the dead body shall:

19 (1) Obtain the personal data from the next of kin or the best qualified person or source
20 available including the deceased person's social security number or numbers, which shall be
21 placed in the records relating to the death and recorded on the certificate of death;

22 (2) Within forty-eight hours after death, provide the certificate of death containing sufficient
23 information to identify the decedent to the physician nurse responsible for completing the medical
24 certification as provided in subsection (c) of this section; and

25 (3) Upon receipt of the medical certification, file the certificate of death: *Provided*, That for
26 implementation of electronic filing of death certificates, the person who certifies to cause of death
27 will be responsible for filing the electronic certification of cause of death as directed by the State
28 Registrar and in accordance with legislative rule.

29 (c) The medical certification shall be completed and signed within twenty-four hours after
30 receipt of the certificate of death by the physician, a physician assistant or advanced practice

31 registered nurse in charge of the patient's care for the illness or condition which resulted in death
32 except when inquiry is required pursuant to article twelve, chapter sixty-one or other applicable
33 provisions of this code.

34 (1) In the absence of the physician, a physician assistant or advanced practice registered
35 nurse or with his or her approval, the certificate may be completed by his or her associate
36 physician, any physician who has been placed in a position of responsibility for any medical
37 coverage of the decedent, the chief medical officer of the institution in which death occurred or
38 the physician who performed an autopsy upon the decedent, provided inquiry is not required
39 pursuant to article twelve, chapter sixty-one, of this code.

40 (2) The person completing the cause of death shall attest to its accuracy either by
41 signature or by an approved electronic process.

42 (d) When inquiry is required pursuant to article twelve, chapter sixty-one, or other
43 applicable provisions of this code, the state Medical Examiner or designee or county medical
44 examiner or county coroner in the jurisdiction where the death occurred or where the body was
45 found shall determine the cause of death and shall complete the medical certification within forty-
46 eight hours after taking charge of the case.

47 (1) If the cause of death cannot be determined within forty-eight hours after taking charge
48 of the case, the medical examiner shall complete the medical certification with a "Pending" cause
49 of death to be amended upon completion of medical investigation.

50 (2) After investigation of a report of death for which inquiry is required, if the state Medical
51 Examiner or designee or county medical examiner or county coroner decline jurisdiction, the state
52 Medical Examiner or designee or county medical examiner or county coroner may direct the
53 decedent's family physician or the physician who pronounces death to complete the certification
54 of death: *Provided*, That the physician is not civilly liable for inaccuracy or other incorrect
55 statement of death unless the physician willfully and knowingly provides information he or she
56 knows to be false.

57 (e) When death occurs in an institution and the person responsible for the completion of
58 the medical certification is not available to pronounce death, another physician may pronounce
59 death. If there is no physician available to pronounce death, then a designated licensed health
60 professional who views the body may pronounce death, attest to the pronouncement by signature
61 or an approved electronic process and, with the permission of the person responsible for the
62 medical certification, release the body to the funeral director or other person for final disposition:
63 *Provided*, That if the death occurs in an institution during court-ordered hospitalization, in a
64 correctional facility or under custody of law-enforcement authorities, the death shall be reported
65 directly to a medical examiner or coroner for investigation, pronouncement and certification.

66 (f) If the cause of death cannot be determined within the time prescribed, the medical
67 certification shall be completed as provided by legislative rule. The attending physician or medical
68 examiner, upon request, shall give the funeral director or other person assuming custody of the
69 body notice of the reason for the delay, and final disposition of the body may not be made until
70 authorized by the attending physician, medical examiner or other persons authorized by this
71 article to certify the cause of death.

72 (g) Upon receipt of autopsy results, additional scientific study, or where further inquiry or
73 investigation provides additional information that would change the information on the certificate
74 of death from that originally reported, the certifier, or any state medical examiner who provides
75 such inquiry under authority of article twelve, chapter sixty-one of this code shall immediately file
76 a supplemental report of cause of death or other information with the section of vital statistics to
77 amend the record, but only for purposes of accuracy.

78 (h) When death is presumed to have occurred within this state but the body cannot be
79 located, a certificate of death may be prepared by the State Registrar only upon receipt of an
80 order of a court of competent jurisdiction which shall include the finding of facts required to
81 complete the certificate of death. The certificate of death will be marked "Presumptive" and will

82 show on its face the date of death as determined by the court and the date of registration, and
83 shall identify the court and the date of the order.

84 (i) The local registrar shall transmit each month to the county clerk of his or her county a
85 copy of the certificates of all deaths occurring in the county, and if any person dies in a county
86 other than the county within the state in which the person last resided prior to death, then the
87 State Registrar shall furnish a copy of the death certificate to the clerk of the county commission
88 of the county where the person last resided, from which copies the clerk shall compile a register
89 of deaths, in a form prescribed by the State Registrar. The register shall be a public record.

CHAPTER 30. PROFESSIONS AND OCCUPATIONS.

ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.

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

1 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 medicine and surgery and to practice podiatry and to practice as
8 physician assistants in this state under the supervision of physicians licensed under this article.
9 The board shall continue to be a regulatory and disciplinary body for the practice of medicine and
10 surgery and the practice of podiatry and for physician assistants in this state.

11 The board shall consist of sixteen members. One member shall be the state health officer
12 ex officio, with the right to vote as a member of the board. The other fifteen members shall be
13 appointed by the Governor, with the advice and consent of the Senate. Eight of the members

14 shall be appointed from among individuals holding the degree of doctor of medicine and two shall
15 hold the degree of doctor of podiatric medicine. Two members shall be licensed by the board as
16 physician assistants. Each of these members must be duly licensed to practice his or her
17 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 two
27 consecutive full terms on the board.

28 A person is not eligible for membership on the board who is a member of any political
29 party executive committee or, with the exception of the state health officer, who holds any public
30 office or public employment under the federal government or under the government of this state
31 or any political subdivision thereof.

32 In making appointments to the board, the Governor shall, so far as practicable, select the
33 members from different geographical sections of the state. When a vacancy on the board occurs
34 and less than one year remains in the unexpired term, the appointee shall be eligible to serve the
35 remainder of the unexpired term and two consecutive full terms on the board.

36 No member may be removed from office by the Governor except for official misconduct,
37 incompetence, neglect of duty or gross immorality: *Provided*, That the expiration, surrender or
38 revocation of the professional license by the board of a member of the board shall cause the
39 membership to immediately and automatically terminate.

ARTICLE 3E. PHYSICIAN ASSISTANTS PRACTICE ACT.

§30-3E-1. Definitions.

1 As used in this article:

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

4 (2) "Alternate collaborating physician" means one or more physicians licensed in this state
5 and designated by the collaborating physician to provide collaboration with a physician assistant
6 in accordance with an authorized practice agreement.

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

12 (4) "Boards" means the West Virginia Board of Medicine and the West Virginia Board of
13 Osteopathic Medicine.

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

18 (6) "Collaborating physician" means a doctor of medicine, osteopathy or podiatry fully
19 licensed, by the appropriate board in this state, without restriction or limitation, who collaborates
20 with physician assistants.

21 (7) "Collaboration" means overseeing the activities of, and accepting responsibility for, the
22 medical services rendered by a physician assistant. Constant physical presence of the
23 collaborating physician is not required as long as the collaborating physician and physician
24 assistant are, or can be, easily in contact with one another by telecommunication. Collaboration

25 does not require the personal presence of the collaborating physician at the place or places where
26 services are rendered.

27 (8) "Endorsement" means a summer camp or volunteer endorsement authorized under
28 this article.

29 (9) "Health care facility" means any licensed hospital, nursing home, extended care facility,
30 state health or mental institution, clinic or physician's office.

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

35 (11) "License" means a license issued by either of the boards pursuant to the provisions
36 of this article.

37 (12) "Licensee" means a person licensed pursuant to the provisions of this article.

38 (13) "Physician" means a doctor of allopathic or osteopathic medicine who is fully licensed
39 pursuant to the provisions of either article three or fourteen of this chapter to practice medicine
40 and surgery in this state.

41 (14) "Physician assistant" means a person who meets the qualifications set forth in this
42 article and is licensed pursuant to this article to practice medicine under collaboration.

43 (15) "Practice agreement" means a document that is executed between a collaborating
44 physician and a physician assistant pursuant to the provisions of this article, and is filed with and
45 approved by the appropriate licensing board.

§30-3E-2. Powers and duties of the boards.

1 In addition to the powers and duties set forth in this code for the boards, the boards shall:

2 (1) Establish the requirements for licenses and temporary licenses pursuant to this article;

3 (2) Establish the procedures for submitting, approving and rejecting applications for
4 licenses and temporary licenses;

5 (3) Propose rules for legislative approval in accordance with the provisions of article three,
6 chapter twenty-nine-a of this code to implement the provisions of this article;

7 (4) Compile and publish an annual report that includes a list of currently licensed physician
8 assistants, their collaborating physicians and their locations in the state; and

9 (5) Take all other actions necessary and proper to effectuate the purposes of this article.

§30-3E-3. Rulemaking.

1 (a) The boards shall propose rules for legislative approval in accordance with the
2 provisions of article three, chapter twenty-nine-a of this code to implement the provisions of this
3 article, including:

4 (1) The extent to which physician assistants may practice in this state;

5 (2) The extent to which physician assistants may pronounce death;

6 (3) Requirements for licenses and temporary licenses;

7 (4) Requirements for practice agreements;

8 (5) Requirements for continuing education;

9 (6) Conduct of a licensee for which discipline may be imposed;

10 (7) The eligibility and extent to which a physician assistant may prescribe at the direction
11 of his or her supervising collaborating physician, including a state formulary classifying those
12 categories of drugs which shall not be prescribed by a physician assistant including, but not limited
13 to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics,
14 radiopharmaceuticals and general anesthetics. Drugs listed under Schedule III shall be limited to
15 a thirty-day supply without refill. In addition to the above referenced provisions and restrictions
16 and pursuant to a practice agreement as set forth in this article, the rules shall permit the
17 prescribing of an annual supply of any drug, with the exception of controlled substances, which is
18 prescribed for the treatment of a chronic condition, other than chronic pain management. For the
19 purposes of this section, a chronic condition is a condition which lasts three months or more,
20 generally cannot be prevented by vaccines, can be controlled but not cured by medication and

21 does not generally disappear. These conditions, with the exception of chronic pain, include, but
22 are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy and
23 seizures, and obesity;

24 (8) The authority a collaborating physician may delegate for prescribing, dispensing and
25 administering of controlled substances, prescription drugs or medical devices if the practice
26 agreement includes:

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

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

31 (C) An attestation that all medical charts or records shall contain a notation of any
32 prescriptions written by a physician assistant;

33 (D) An attestation that all prescriptions shall include the physician assistant's name and
34 the collaborating physician's name, business address and business telephone number legibly
35 written or printed; and

36 (E) An attestation that the physician assistant has successfully completed each of the
37 requirements established by the appropriate board to be eligible to prescribe pursuant to a
38 practice agreement accompanied by the production of any required documentation establishing
39 eligibility;

40 (9) A fee schedule; and

41 (10) Any other rules necessary to effectuate the provisions of this article.

42 (b) The boards may propose emergency rules pursuant to article three, chapter twenty-
43 nine-a of this code to ensure conformity with this article.

§30-3E-4. License to practice as a physician assistant.

1 (a) A person seeking licensure as a physician assistant shall apply to the Board of
2 Medicine or to the Board of Osteopathic Medicine. The appropriate board shall issue a license to

3 practice as a physician assistant with the collaboration of that board's licensed physicians or
4 podiatrists.

5 (b) A license may be granted to a person who:

6 (1) Files a complete application;

7 (2) Pays the applicable fees;

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

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

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

13 (C) Prior to July 1, 1983, was certified by the Board of Medicine as a physician assistant
14 then classified as Type B;

15 (4) Has passed the Physician Assistant National Certifying Examination administered by
16 the National Commission on Certification of Physician Assistants;

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

18 (6) Has not had a physician assistant license, certification or registration in any jurisdiction
19 suspended or revoked;

20 (7) Is not currently subject to any limitation, restriction, suspension, revocation or discipline
21 concerning a physician assistant license, certification or registration in any jurisdiction: *Provided,*
22 That if a board is made aware of any problems with a physician assistant license, certification or
23 registration and agrees to issue a license, certification or registration notwithstanding the
24 provisions of this subdivision or subdivision (7) of this subsection;

25 (8) Is of good moral character; and

26 (9) Has fulfilled any other requirement specified by the appropriate board.

27 (c) A board may deny an application for a physician assistant license to any applicant
28 determined to be unqualified by the board.

§30-3E-6. License renewal requirements.

1 (a) A licensee shall renew biennially, on a schedule established by the appropriate
2 licensing board, by submitting:

3 (1) A complete renewal application;

4 (2) The renewal fee; and

5 (3) An attestation that all continuing education requirements for the reporting period have
6 been met.

7 (b) If a licensee fails to timely renew his or her license, then the license automatically
8 expires.

§30-3E-7. Expired license requirements.

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

3 (1) A complete reinstatement application;

4 (2) The applicable fees;

5 (3) Proof that he or she has passed Physician Assistant National Certifying Examination;
6 and

7 (4) An attestation that all continuing education requirements have been met.

8 (b) If a license automatically expires and more than one year has passed since the
9 automatic expiration, then an applicant shall apply for a new license.

§30-3E-9. Practice requirements.

1 (a) A physician assistant may not practice independent of a collaborating physician.

2 (b) Before a licensed physician assistant may practice and before a collaborating
3 physician may delegate medical acts to a physician assistant, the collaborating physician and the
4 physician assistant shall:

5 (1) File a practice agreement with the appropriate licensing board, including any
6 designated alternate collaborating physicians;

7 (2) Pay the applicable fees; and

8 (3) Receive written authorization from the appropriate licensing board to commence
9 practicing as a physician assistant pursuant to the practice agreement.

10 (c) A physician applying to collaborate with a physician assistant shall affirm that:

11 (1) The medical services set forth in the practice agreement are consistent with the skills
12 and training of the collaborating physician and the physician assistant; and

13 (2) The activities delegated to a physician assistant are consistent with sound medical
14 practice and will protect the health and safety of the patient.

15 (d) A collaborating physician may enter into practice agreements with up to five full-time
16 physician assistants at any one time. A physician is prohibited from being a collaborating or
17 alternate collaborating physician to more than five physician assistants at any one time. However,
18 a physician practicing medicine in an emergency department of a hospital or a physician who
19 collaborates with a physician assistant who is employed by or on behalf of a hospital may provide
20 collaboration for up to five physician assistants per shift if the physician has an authorized practice
21 agreement in place with the physician assistant or the physician has been properly authorized as
22 an alternate collaborating physician for each physician assistant.

§30-3E-10. Practice agreement requirements.

1 (a) A practice agreement shall include:

2 (1) A description of the qualifications of the collaborating physician, the alternate
3 collaborating physicians, if applicable, and the physician assistant;

4 (2) A description of the settings in which the collaborating physician assistant will practice;

5 (3) A description of the continuous physician collaborating mechanisms that are
6 reasonable and appropriate for the practice setting, and the experience and training of the
7 physician assistant;

8 (4) A description of the medical acts that are to be delegated;

9 (5) An attestation by the collaborating physician that the medical acts to be delegated are:

- 10 (A) Within the collaborating physician's scope of practice; and
- 11 (B) Appropriate to the physician assistant's education, training and level of competence;
- 12 (6) A description of the medical care the physician assistant will provide in an emergency,
- 13 including a definition of an emergency;
- 14 (7) A description of the limitation of the ability of the physician assistant to prescribe as set
- 15 forth in paragraph (A), subdivision (7), subsection (a), section three of this article; and
- 16 (8) Any other information required by the boards.
- 17 (b) A licensing board may:
- 18 (1) Decline to authorize a physician assistant to commence practicing pursuant to a
- 19 practice agreement, if the board determines that:
- 20 (A) The practice agreement is inadequate; or
- 21 (B) The physician assistant is unable to perform the proposed delegated duties safely; or
- 22 (2) Request additional information from the collaborating physician and/or the physician
- 23 assistant to evaluate the delegation of duties and advanced duties.
- 24 (c) A licensing board may authorize a practice agreement that includes advanced duties
- 25 which are to be performed in a hospital or ambulatory surgical facility, if the practice agreement
- 26 has a certification that:
- 27 (1) A physician, with credentials that have been reviewed by the hospital or ambulatory
- 28 surgical facility as a condition of employment as an independent contractor or as a member of the
- 29 medical staff, collaborates with the physician assistant;
- 30 (2) The physician assistant has credentials that have been reviewed by the hospital or
- 31 ambulatory surgical facility as a condition of employment as an independent contractor or as a
- 32 member of the medical staff; and
- 33 (3) Each advanced duty to be delegated to the physician assistant is reviewed and
- 34 approved within a process approved by the governing body of the health care facility or
- 35 ambulatory surgical facility before the physician assistant performs the advanced duties.

36 (d) If a licensing board declines to authorize a practice agreement or any proposed
37 delegated act incorporated therein, the board shall provide the collaborating physician and the
38 physician assistant with written notice. A physician assistant who receives notice that the board
39 has not authorized a practice agreement or a delegated act shall not practice under the agreement
40 or perform the delegated act.

41 (e) If a practice agreement is terminated, then a physician assistant shall notify the
42 appropriate licensing board in writing within ten days of the termination. Failure to provide timely
43 notice of the termination constitutes unprofessional conduct and disciplinary proceedings may be
44 instituted by the appropriate licensing board.

§30-3E-11. Collaboration with physician assistants.

- 1 (a) A licensed physician or podiatrist may supervise a physician assistant:
- 2 (1) As a collaborating physician in accordance with an authorized practice agreement; or
 - 3 (2) As an alternate collaborating physician who:
 - 4 (A) Collaborates in accordance with an authorized practice agreement;
 - 5 (B) Has been designated an alternate collaborating physician in the authorized practice
6 agreement; and
 - 7 (C) Only delegates those medical acts that have been authorized by the practice
8 agreement and are within the scope of practice of both the primary collaborating physician and
9 the alternate collaborating physician.
- 10 (b) A collaborating physician is responsible at all times for the physician assistant with
11 whom he or she is collaborating, including:
- 12 (1) The legal responsibility of the physician assistant;
 - 13 (2) Observing, directing and evaluating the physician assistant's work records and
14 practices; and
 - 15 (3) Collaborating with the physician assistant in the care and treatment of a patient in a
16 health care facility.

17 (c) A health care facility is only legally responsible for the actions or omissions of a
18 physician assistant when the physician assistant is employed by or on behalf of the facility.
19 Credentialed medical facility staff and attending physicians of a hospital who provide direction to
20 or utilize physician assistants employed by or on behalf of the hospital are considered alternate
21 collaborating physicians.

§30-3E-12. Scope of practice.

1 (a) A license issued to a physician assistant by the appropriate state licensing board shall
2 authorize the physician assistant to perform medical acts:

- 3 (1) Delegated to the physician assistant as part of an authorized practice agreement;
- 4 (2) Appropriate to the education, training and experience of the physician assistant;
- 5 (3) Customary to the practice of the collaborating physician; and
- 6 (4) Consistent with the laws of this state and rules of the boards.

7 (b) This article does not authorize a physician assistant to perform any specific function or
8 duty delegated by this code to those persons licensed as chiropractors, dentists, dental
9 hygienists, optometrists or pharmacists, or certified as nurse anesthetists.

§30-3E-12a. Physician assistant signatory authority.

1 (a) A physician assistant may provide an authorized signature, certification, stamp,
2 verification, affidavit or endorsement on documents within the scope of their practice, including,
3 but not limited to, the following documents:

- 4 (1) Death certificates: *Provided*, That the physician assistant has received training on the
5 completion of death certificates;
- 6 (2) "Physician orders for life sustaining treatment", "physician orders for scope of
7 treatment" and "do not resuscitate" forms;
- 8 (3) Handicap hunting certificates; and
- 9 (4) Utility company forms requiring maintenance of utilities regardless of ability to pay.

10 (b) A physician assistant may not sign a certificate of merit for a medical malpractice claim
11 against a physician.

§30-3E-15. Summer camp or volunteer endorsement — West Virginia licensee.

1 (a) The appropriate licensing board may grant a summer camp or volunteer endorsement
2 to provide services at a children's summer camp or volunteer services for a public or community
3 event to a physician assistant who:

4 (1) Is currently licensed by the appropriate licensing board;

5 (2) Has no current discipline, limitations or restrictions on his or her license;

6 (3) Has submitted a timely application; and

7 (4) Attests that:

8 (A) The organizers of the summer camp and public or community event have arranged for
9 a collaborating physician to be available as needed to the physician assistant;

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

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

14 (b) A physician assistant may only receive one summer camp or volunteer endorsement
15 annually. The endorsement is active for one specifically designated period annually, which period
16 cannot exceed three weeks.

17 (c) A fee cannot be assessed for the endorsement if the physician assistant is volunteering
18 his or her services without compensation or remuneration.

§30-3E-16. Summer camp or volunteer endorsement — out-of-state licensee.

1 (a) The appropriate licensing board may grant a summer camp or volunteer endorsement
2 to provide services at a children's summer camp or volunteer services for a public or community
3 event to a physician assistant licensed from another jurisdiction who:

4 (1) Is currently licensed in another jurisdiction;

5 (2) Has no current discipline, limitations or restrictions on his or her license;

6 (3) Has passed the Physician Assistant National Certifying Examination administered by
7 the National Commission on Certification of Physician Assistants;

8 (4) Has submitted a timely application;

9 (5) Has paid the applicable fees; and

10 (6) Attests that:

11 (A) The organizers of the summer camp and public or community event have arranged for
12 a collaborating physician to be available as needed to the physician assistant;

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

15 (C) The physician assistant will not prescribe any controlled substances or legend drugs
16 as part of his or her practice at the summer camp or public or community event; and

17 (7) Has fulfilled any other requirements specified by the appropriate board.

18 (b) A physician assistant may only receive one summer camp or volunteer endorsement
19 annually. The endorsement is active for one specifically designated period annually, which period
20 cannot exceed three weeks.

§30-3E-17. Complaint process.

1 (a) All hearings and procedures related to denial of a license, and all complaints,
2 investigations, hearings and procedures regarding a physician assistant license and the discipline
3 accorded thereto, shall be in accordance with the processes and procedures set forth in articles
4 three and/or fourteen of this chapter, depending on which board licenses the physician assistant.

5 (b) The boards may impose the same discipline, restrictions and/or limitations upon the
6 license of a physician assistant as they are authorized to impose upon physicians and/or
7 podiatrists.

8 (c) The boards shall direct to the appropriate licensing board a complaint against a
9 physician assistant, a collaborating physician and/or an alternate collaborating physician.

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

16 (e) A physician assistant licensed under this article may not be disciplined for providing
17 expedited partner therapy in accordance with article four-f, chapter sixteen of this code.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-14. Policies discriminating among health care providers.

1 Notwithstanding any other provisions of law, when any health insurance policy, health care
2 services plan or other contract provides for the payment of medical expenses, benefits or
3 procedures, such policy, plan or contract shall be construed to include payment to all health care
4 providers including medical physicians, osteopathic physicians, podiatric physicians, chiropractic
5 physicians, midwives, physician assistants and nurse practitioners who provide medical services,
6 benefits or procedures which are within the scope of each respective provider's license. Any
7 limitation or condition placed upon services, diagnoses or treatment by, or payment to any
8 particular type of licensed provider shall apply equally to all types of licensed providers without
9 unfair discrimination as to the usual and customary treatment procedures of any of the aforesaid
10 providers.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

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Chairman, Senate Committee

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Chairman, House Committee

Originated in the Senate.

In effect 90 days from passage.

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Clerk of the Senate

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Clerk of the House of Delegates

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President of the Senate

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Speaker of the House of Delegates

The within this the.....
Day of, 2017.

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Governor