

WEST VIRGINIA LEGISLATURE

2017 REGULAR SESSION

Introduced

Senate Bill 347

BY SENATORS TAKUBO, STOLLINGS AND MARONEY

[Introduced February 17, 2017; Referred
to the Committee on Health and Human Resources]

1 A BILL to repeal §30-3E-8 of the Code of West Virginia, 1931, as amended; to amend and reenact
 2 §30-3-5 of said code; to amend and reenact §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4,
 3 §30-3E-6, §30-3E-7, §30-3E-9, §30-3E-10, §30-3E-11, §30-3E-12, §30-3E-15, §30-3E-16
 4 and §30-3E-17 of said code; and to amend said code by adding thereto a new section,
 5 designated §30-3E-12a, all relating to modernization of the Physician Assistant Practice
 6 Act; modifying the Board of Medicine to add an additional physician assistant to the board;
 7 substituting collaborating physician for supervising physician; defining terms; allowing a
 8 physician assistant to prescribe Schedule II and Schedule III drugs with specified
 9 limitations; eliminating the requirement that physician assistants be required to take a
 10 recertification exam after passing the initial exam; allowing for reimbursement rates from
 11 insurance plans and public payers at the same rate physicians and advance practice
 12 registered nurses in specified circumstances; adding requirements to the practice
 13 agreement; granting physician assistants signatory authority on certain forms; and making
 14 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1 That §30-3E-8 of the Code of West Virginia, 1931, as amended, be repealed; that §30-3-
 2 5 of said code be amended and reenacted; that §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-
 3 3E-6, §30-3E-7, §30-3E-9, §30-3E-10, §30-3E-11, §30-3E-12, §30-3E-15, §30-3E-16 and §30-
 4 3E-17 of said code be amended and reenacted; and that said code be amended by adding thereto
 5 a new section, designated §30-3E-12a, all to read as follows:

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

29 A person is not eligible for membership on the board who is a member of any political

30 party executive committee or, with the exception of the state health officer, who holds any public
 31 office or public employment under the federal government or under the government of this state
 32 or any political subdivision thereof.

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

37 No member may be removed from office by the Governor except for official misconduct,
 38 incompetence, neglect of duty or gross immorality: *Provided*, That the expiration, surrender or
 39 revocation of the professional license by the board of a member of the board shall cause the
 40 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 ~~supervising~~ collaborating physician" means one or more physicians licensed
 5 in this state and designated by the ~~supervising~~ collaborating physician to provide ~~supervision of~~
 6 collaboration with a physician assistant 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 if the physician assistant's normal place of employment is the same
27 premises as the collaborating physician.

28 ~~(6)~~ (8) "Endorsement" means a summer camp or volunteer endorsement authorized under
29 this article.

30 ~~(7)~~ (9) "Health care facility" means any licensed hospital, nursing home, extended care
31 facility, state health or mental institution, clinic or physician's office.

32 ~~(8)~~ (10) "Hospital" means a facility licensed pursuant to article five-b, chapter sixteen of
33 this code, and any acute-care facility operated by the state government that primarily provides
34 inpatient diagnostic, treatment or rehabilitative services to injured, disabled or sick persons under
35 the supervision of physicians and includes psychiatric hospitals.

36 ~~(9)~~ (11) "License" means a license issued by either of the boards pursuant to the
37 provisions of this article.

38 ~~(40)~~ (12) "Licensee" means a person licensed pursuant to the provisions of this article.

39 ~~(44)~~ (13) "Physician" means a doctor of allopathic or osteopathic medicine who is fully

40 licensed pursuant to the provisions of either article three or article fourteen of this chapter to
 41 practice medicine and surgery in this state.

42 ~~(12)~~ (14) "Physician assistant" means a person who meets the qualifications set forth in
 43 this article and is licensed pursuant to this article to practice medicine under ~~supervision~~
 44 collaboration.

45 ~~(13)~~ (15) "Practice Agreement" means a document that is executed between a ~~supervising~~
 46 collaborating physician and a physician assistant pursuant to the provisions of this article, and is
 47 filed with and approved by the appropriate licensing board.

48 ~~(14)~~ "Supervising physician" means a doctor of medicine, osteopathy or podiatry fully
 49 licensed, by the appropriate board in this state, without restriction or limitation, who supervises
 50 physician assistants.

51 ~~(15)~~ "Supervision" means overseeing the activities of, and accepting responsibility for, the
 52 medical services rendered by a physician assistant. Constant physical presence of the
 53 supervising physician is not required as long as the supervising physician and physician assistant
 54 are, or can be, easily in contact with one another by telecommunication. Supervision does not
 55 require the personal presence of the supervising physician at the place or places where services
 56 are rendered if the physician assistant's normal place of employment is the same premises as the
 57 supervising physician.

§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 ~~supervising~~ 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 the following:

12 (A) A list of drugs and pharmacologic categories, or both, the prescription of which may
13 not be delegated to a physician assistant, including all drugs listed in ~~Schedules I and II~~ Schedule
14 I of the Uniform Controlled Substances Act, antineoplastic and chemotherapeutic agents, or both,
15 used in the active treatment of current cancer, radiopharmaceuticals, general anesthetics,
16 radiographic contrast materials and any other limitation or exclusions of specific drugs or
17 categories of drugs as determined by the boards;

18 (B) Authority to prescribe a monthly supply with no refill of any Schedule II or Schedule III
19 medication for which a collaborating physician has written a prescription and which the physician
20 assistant has a face-to-face consultation with the patient at least once every three months. The
21 authority to prescribe a refill of Schedule II or Schedule III drugs is limited to two consecutive
22 months.

23 ~~(B)~~ (C) Authority to include, in a practice agreement, the delegation of prescribing authority

24 for up to a 72-hour supply of drugs listed under Schedule III of the Uniform Controlled Substances
25 Act so long as the prescription is nonrefillable and an annual supply of any drug, with the exception
26 of controlled substances, which is prescribed for the treatment of a chronic condition, other than
27 chronic pain management, with the chronic condition being treated identified on the prescription;
28 and

29 ~~(C)~~ (D) A description of the education and training requirements for a physician assistant
30 to be eligible to receive delegated prescriptive writing authority as part of a practice agreement;

31 (8) The authority a ~~supervising~~ collaborating physician may delegate for prescribing,
32 dispensing and administering of controlled substances, prescription drugs or medical devices if
33 the practice agreement includes:

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

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

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

40 (D) An attestation that all prescriptions shall include the physician assistant's name and
41 the ~~supervising~~ collaborating physician's name, business address and business telephone
42 number legibly written or printed; and

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

47 (9) A fee schedule; and

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

49 (b) The boards may propose emergency rules pursuant to article three, chapter twenty-

50 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 ~~under the supervision~~ with the collaboration of that board's
4 licensed physicians or 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) Has a current certification from the National Commission on Certification of Physician
18 Assistants;

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

20 (7) Has not had a physician assistant license, certification or registration in any jurisdiction
21 suspended or revoked;

22 (8) Is not currently subject to any limitation, restriction, suspension, revocation or discipline
23 concerning a physician assistant license, certification or registration in any jurisdiction: *Provided,*
24 That if a board is made aware of any problems with a physician assistant license, certification or

25 registration and agrees to issue a license, certification or registration notwithstanding the
26 provisions of this subdivision or subdivision (7) of this subsection;

27 (9) Is of good moral character; and

28 (10) Has fulfilled any other requirement specified by the appropriate board.

29 (c) A board may deny an application for a physician assistant license to any applicant
30 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;

5 (3) Proof that he or she is currently certified ~~and has been continuously certified during~~
6 ~~the preceding licensure period~~ by the National Commission on Certification of Physician
7 Assistants; and

8 (4) An attestation that all continuing education requirements for the reporting period have
9 been met.

10 (b) If a licensee fails to timely renew his or her license, then the license automatically
11 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 is currently certified ~~and has been continuously certified during~~
6 ~~the preceding licensure period and expiration period~~ by the National Commission on Certification
7 of Physician Assistants; and

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

9 (b) If a license automatically expires and more than one year has passed since the
10 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 ~~supervising~~ collaborating
2 physician.

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

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

8 (2) Pay the applicable fees; and

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

11 (c) A physician applying to supervise a physician assistant shall affirm that:

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

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

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

23 the ~~supervised~~ physician assistant or the physician has been properly authorized as an alternate
24 ~~supervising~~ collaborating physician for each physician assistant.

25 (e) A physician assistant:

26 (1) Licensed pursuant to the provisions of this article;

27 (2) Has a collaborative agreement as required by this article; and

28 (3) Who is treating patients pursuant to the collaborative agreement but independent of a
29 physician;

30 Shall be entitled to one hundred percent of the allowable reimbursement rate given to a
31 physician or advanced practice registered nurse from all private insurance plans regulated
32 pursuant to the provisions of chapter thirty-three of this code and all public insurance plans,
33 including the Public Employees Insurance Agency and the state Medicaid program.

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

1 (a) A practice agreement shall include:

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

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

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

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

10 (5) An attestation by the ~~supervising~~ collaborating physician that the medical acts to be
11 delegated are:

12 (A) Within the ~~supervising~~ collaborating physician's scope of practice; and

13 (B) Appropriate to the physician assistant's education, training and level of competence;

14 (6) A description of the medical care the physician assistant will provide in an emergency,

15 including a definition of an emergency; ~~and~~

16 (7) A description of the limitation of the ability of the physician assistant to prescribe
17 Schedule II and Schedule III prescriptions as set forth in section three, subsection (a)(7)(B) of this
18 article; and

19 ~~(7)~~ (8) Any other information required by the boards.

20 (b) A licensing board may:

21 (1) Decline to authorize a physician assistant to commence practicing pursuant to a
22 practice agreement, if the board determines that:

23 (A) The practice agreement is inadequate; or

24 (B) The physician assistant is unable to perform the proposed delegated duties safely; or

25 (2) Request additional information from the ~~supervising~~ collaborating physician and/or the
26 physician assistant to evaluate the delegation of duties and advanced duties.

27 (c) A licensing board may authorize a practice agreement that includes advanced duties
28 which are to be performed in a hospital or ambulatory surgical facility, if the practice agreement
29 has a certification that:

30 (1) A physician, with credentials that have been reviewed by the hospital or ambulatory
31 surgical facility as a condition of employment as an independent contractor or as a member of the
32 medical staff, ~~supervises~~ collaborates with the physician assistant;

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

36 (3) Each advanced duty to be delegated to the physician assistant is reviewed and
37 approved within a process approved by the governing body of the health care facility or
38 ambulatory surgical facility before the physician assistant performs the advanced duties.

39 (d) If a licensing board declines to authorize a practice agreement or any proposed
40 delegated act incorporated therein, the board shall provide the ~~supervising~~ collaborating physician

41 and the physician assistant with written notice. A physician assistant who receives notice that the
42 board has not authorized a practice agreement or a delegated act shall not practice under the
43 agreement or perform the delegated act.

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

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

1 (a) A licensed physician or podiatrist may supervise a physician assistant:

2 (1) As a ~~supervising~~ collaborating physician in accordance with an authorized practice
3 agreement; or

4 (2) As an alternate ~~supervising~~ collaborating physician who:

5 (A) ~~Supervises~~ Collaborates in accordance with an authorized practice agreement;

6 (B) Has been designated an alternate ~~supervising~~ collaborating physician in the authorized
7 practice agreement; and

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

11 (b) A ~~supervising~~ collaborating physician is responsible at all times for the physician
12 assistant ~~under his or her supervision~~ with whom he or she is collaborating, including:

13 (1) The legal responsibility of the physician assistant;

14 (2) Observing, directing and evaluating the physician assistant's work records and
15 practices; and

16 (3) ~~Supervising~~ Collaborating with the physician assistant in the care and treatment of a
17 patient in a health care facility.

18 (c) A health care facility is only legally responsible for the actions or omissions of a

19 physician assistant when the physician assistant is employed by or on behalf of the facility.
20 Credentialed medical facility staff and attending physicians of a hospital who provide direction to
21 or utilize physician assistants employed by or on behalf of the hospital are considered alternate
22 ~~supervising~~ 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 ~~supervising~~ 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 from
5 the board on the 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 ~~supervising~~ 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 and has a current certification from the
5 National Commission on Certification of Physician Assistants;

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

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

9 (4) Has submitted a timely application;

10 (5) Has paid the applicable fees; and

11 (6) Attests that:

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

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

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

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

19 (b) A physician assistant may only receive one summer camp or volunteer endorsement
20 annually. The endorsement is active for one specifically designated period annually, which period
21 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 a physician assistant licenses 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 ~~supervising~~ collaborating physician and/or an alternate ~~supervising~~
10 collaborating physician.

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

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

NOTE: The purpose of this bill is to modernize the practice act for physician assistants. It substitutes "collaborating" for "supervising" and makes a number of conforming amendments. It alters the make-up of the Board of Medicine to include a second physician assistant. It allows physician assistants to prescribe Schedule II and Schedule III drugs in certain circumstances. It eliminates the need for a recertification exam once the physician assistant is board certified. It allows physician assistants to be reimbursed at the same rate as physicians and advance practice registered nurses. It grants signatory authority on specific documents.

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