INTRODUCED H.B. 2018R2212A

WEST VIRGINIA LEGISLATURE

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Introduced

House Bill 4413

BY DELEGATES RODIGHIERO, ELLINGTON, SUMMERS,
WESTFALL, FLEISCHAUER, MARCUM, HICKS AND
THOMPSON

[Introduced February 2, 2018; Referred to the Committee on Health and Human Resources then the Judiciary.]
A BILL to amend and reenact §30-3E-9 of the Code of West Virginia, 1931, as amended; and to amend said code by adding thereto a new section, designated §30-3E-9a, all relating to physician assistants; and permitting a physician assistant to practice independent of a collaborating physician if certain conditions are met.

Be it enacted by the Legislature of West Virginia:

ARTICLE 3E. PHYSICIAN ASSISTANTS PRACTICE ACT.

§30-3E-9. Practice requirements.

(a) Subject to the provisions of §30-3E-9a of this code, a physician assistant may not practice independent of a collaborating physician.

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

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

(2) Pay the applicable fees; and

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

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

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

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

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

§30-3E-9a. Eligibility to act without supervising relationships; practice agreements application; fee.

(a) The board shall, upon application, authorize a physician assistant to perform any specific function or duty delegated by this code to those persons licensed as a doctor of allopathic or osteopathic medicine without the further requirement of a collaborating physician and practice agreement if the physician assistant has satisfied the following prerequisites:

1. Has practiced at least three years under supervision under a duly-documented practice agreement relationship with a collaborating physician under the provisions of this article;
2. Licensed in good standing with the board; and
3. Has submitted a completed application on forms developed by the board and paid an application fee established by the board in legislative rule.

(b) Notwithstanding the provisions of subsection (a) of this section, the board may require a physician assistant to practice under a practice agreement and supervision of a collaborating physician if the board determines, by order arising out of the board’s complaint process, that a supervising relationship is necessary for the rehabilitation of a licensee or for protection of the public.

NOTE: The purpose of this bill is to permit a physician assistant to practice independent of a collaborating physician if certain conditions are met.

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