

1 COMMITTEE SUBSTITUTE

2 FOR

3 COMMITTEE SUBSTITUTE

4 FOR

5 **Senate Bill No. 425**

6 (By Senators Stollings and Edgell)

7 \_\_\_\_\_  
8 [Originating in the Committee on Government Organization;  
9 reported February 19, 2014.]  
10 \_\_\_\_\_

11  
12 A BILL to repeal §30-3-16 and §30-3-16a of the Code of West  
13 Virginia, 1931, as amended; to repeal §30-14A-1, §30-14A-2,  
14 §30-14A-3, §30-14A-4 and §30-14A-5 of said code; and to amend  
15 said code by adding thereto a new article, designated  
16 §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-5, §30-3E-6,  
17 §30-3E-7, §30-3E-8, §30-3E-9, §30-3E-10, §30-3E-11, §30-3E-12,  
18 §30-3E-13, §30-3E-14, §30-3E-15, §30-3E-16, §30-3E-17,  
19 §30-3E-18 and §30-3E-19, all relating to physician assistants;  
20 defining terms; powers and duties of the Board of Medicine and  
21 the Board of Osteopathic Medicine; rule-making authority;  
22 licensing requirements; providing for a temporary license;  
23 license renewal requirements; expired licenses; termination of  
24 licenses; practice requirements; practice agreement

1 requirements; supervision requirements; scope of practice;  
2 requiring identification be worn; special volunteer license  
3 requirements; summer camp or volunteer endorsement for in-  
4 state and out-of-state physician assistants; complaint  
5 process; health care facility reporting requirements; unlawful  
6 acts; and criminal penalties.

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

8 That §30-3-16 and 30-3-16a of the Code of West Virginia, 1931,  
9 as amended, be repealed; that §30-14A-1, §30-14A-2, §30-14A-3,  
10 §30-14A-4 and §30-14A-5 of said code be repealed; and that said  
11 code be amended by adding thereto a new article, designated  
12 §30-3E-1, §30-3E-2, §30-3E-3, §30-3E-4, §30-3E-5, §30-3E-6,  
13 §30-3E-7, §30-3E-8, §30-3E-9, §30-3E-10, §30-3E-11, §30-3E-12,  
14 §30-3E-13, §30-3E-14, §30-3E-15, §30-3E-16, §30-3E-17, §30-3E-18  
15 and §30-3E-19, all to read as follows:

16 **ARTICLE 3E. PHYSICIAN ASSISTANTS PRACTICE ACT.**

17 **§30-3E-1. Definitions.**

18 As used in this article:

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

22 (2) "Alternate supervising physician" means one or more  
23 physicians licensed in this state and designated by the supervising  
24 physician to provide supervision of a physician assistant in

1 accordance with an authorized practice agreement.

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

9 (4) "Boards" means the West Virginia Board of Medicine and the  
10 West Virginia Board of Osteopathic Medicine.

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

17 (6) "Endorsement" means a summer camp or volunteer endorsement  
18 authorized under this article.

19 (7) "Health care facility" means any licensed hospital,  
20 nursing home, extended care facility, state health or mental  
21 institution, clinic or physician's office.

22 (8) "Hospital" means a facility licensed pursuant to article  
23 five-b, chapter sixteen of this code, and any acute-care facility  
24 operated by the state government that primarily provides inpatient

1 diagnostic, treatment or rehabilitative services to injured,  
2 disabled or sick persons under the supervision of physicians and  
3 includes psychiatric hospitals.

4 (9) "License" means a license issued by either of the boards  
5 pursuant to the provisions of this article.

6 (10) "Licensee" means a person licensed pursuant to the  
7 provisions of this article.

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

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

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

19 (14) "Supervising physician" means a doctor of medicine,  
20 osteopathy or podiatry fully licensed, by the appropriate board in  
21 this state, without restriction or limitation, who supervises  
22 physician assistants.

23 (15) "Supervision" means overseeing the activities of, and  
24 accepting responsibility for, the medical services rendered by a

1 physician assistant. Constant physical presence of the supervising  
2 physician is not required as long as the supervising physician and  
3 physician assistant are, or can be, easily in contact with one  
4 another by telecommunication. Supervision does not require the  
5 personal presence of the supervising physician at the place or  
6 places where services are rendered if the physician assistant's  
7 normal place of employment is the same premises as the supervising  
8 physician.

9 **§30-3E-2. Powers and duties of the boards.**

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

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

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

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

19 (4) Compile and publish an annual report that includes a list  
20 of currently licensed physician assistants, their supervising  
21 physicians and their locations in the state; and

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

24 **§30-3E-3. Rulemaking.**

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

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

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

9 (3) Requirements for licenses and temporary licenses;

10 (4) Requirements for practice agreements;

11 (5) Requirements for continuing education;

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

13 (7) The eligibility and extent to which a physician assistant  
14 may prescribe at the direction of his or her supervising physician,  
15 including the following:

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

1 (B) Authority to include, in a practice agreement, the  
2 delegation of prescribing authority for up to a 72-hour supply of  
3 drugs listed under Schedule III of the Uniform Controlled  
4 Substances Act so long as the prescription is nonrefillable and an  
5 annual supply of any drug, with the exception of controlled  
6 substances, which is prescribed for the treatment of a chronic  
7 condition, other than chronic pain management, with the chronic  
8 condition being treated identified on the prescription; and

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

12 (8) The authority a supervising physician may delegate for  
13 prescribing, dispensing and administering of controlled substances,  
14 prescription drugs or medical devices if the practice agreement  
15 includes:

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

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

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

24 (D) An attestation that all prescriptions shall include the

1 physician assistant's name and the supervising physician's name,  
2 business address and business telephone number legibly written or  
3 printed; and

4 (E) An attestation that the physician assistant has  
5 successfully completed each of the requirements established by the  
6 appropriate board to be eligible to prescribe pursuant to a  
7 practice agreement accompanied by the production of any required  
8 documentation establishing eligibility;

9 (9) A fee schedule; and

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

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

15 **§30-3E-4. License to practice as a physician assistant.**

16 (a) A person seeking licensure as a physician assistant shall  
17 apply to the Board of Medicine or to the Board of Osteopathic  
18 Medicine. The appropriate board shall issue a license to practice  
19 as a physician assistant under the supervision of that board's  
20 licensed physicians or podiatrists.

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

22 (1) Files a complete application;

23 (2) Pays the applicable fees;

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

- 1 (A) Obtained a baccalaureate or master's degree from an  
2 accredited program of instruction for physician assistants;
- 3 (B) Prior to July 1, 1994, graduated from an approved program  
4 of instruction in primary health care or surgery; or
- 5 (C) Prior to July 1, 1983, was certified by the Board of  
6 Medicine as a physician assistant then classified as "Type B";
- 7 (4) Has passed the Physician Assistant National Certifying  
8 Examination administered by the National Commission on  
9 Certification of Physician Assistants;
- 10 (5) Has a current certification from the National Commission  
11 on Certification of Physician Assistants;
- 12 (6) Is mentally and physically able to engage safely in  
13 practice as a physician assistant;
- 14 (7) Has not had a physician assistant license, certification  
15 or registration in any jurisdiction suspended or revoked;
- 16 (8) Is not currently subject to any limitation, restriction,  
17 suspension, revocation or discipline concerning a physician  
18 assistant license, certification or registration in any  
19 jurisdiction: *Provided*, That if a board is made aware of any  
20 problems with a physician assistant license, certification or  
21 registration and agrees to issue a license, certification or  
22 registration notwithstanding the provisions of this subdivision or  
23 subdivision (7) of this subsection;
- 24 (9) Is of good moral character; and

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

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

5 **§30-3E-5. Temporary license.**

6 (a) A temporary license may be issued by the boards to a  
7 person applying for a license under this article, if the person  
8 meets all of the qualifications for a license but is awaiting the  
9 next scheduled meeting of the board for action upon his or her  
10 application.

11 (b) The temporary license expires six months after issuance or  
12 after the board acts, whichever is earlier.

13 **§30-3E-6. License renewal requirements.**

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

16 (1) A complete renewal application;

17 (2) The renewal fee;

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

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

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

1 **§30-3E-7. Expired license requirements.**

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

5 (1) A complete reinstatement application;

6 (2) The applicable fees;

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

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

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

16 **§30-3E-8. Termination of license.**

17 (a) A licensee who fails the recertification examination of  
18 the National Commission on Certification of Physician Assistants,  
19 and is no longer certified, shall immediately:

20 (1) Notify his or her supervising physician;

21 (2) Notify his or her licensing board in writing; and

22 (3) Cease practicing.

23 (b) The license automatically terminates and the physician  
24 assistant is not eligible for reinstatement until he or she has

1 obtained a passing score on the examination.

2 **§30-3E-9. Practice requirements.**

3 (a) A physician assistant may not practice independent of a  
4 supervising physician.

5 (b) Before a licensed physician assistant may practice and  
6 before a supervising physician may delegate medical acts to a  
7 physician assistant, the supervising physician and the physician  
8 assistant shall:

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

11 (2) Pay the applicable fees; and

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

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

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

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

23 (d) A supervising physician may enter into practice agreements  
24 with up to five full-time physician assistants at any one time. A

1 physician is prohibited from being a supervising or alternate  
2 supervising physician to more than five physician assistants at any  
3 one time. However, a physician practicing medicine in an emergency  
4 department of a hospital or a physician who supervises a physician  
5 assistant who is employed by or on behalf of a hospital may provide  
6 supervision for up to five physician assistants per shift if the  
7 physician has an authorized practice agreement in place with the  
8 supervised physician assistant or the physician has been properly  
9 authorized as an alternate supervising physician for each physician  
10 assistant.

11 **§30-3E-10. Practice agreement requirements.**

12 (a) A practice agreement shall include:

13 (1) A description of the qualifications of the supervising  
14 physician, the alternate supervising physicians, if applicable, and  
15 the physician assistant;

16 (2) A description of the settings in which the supervising  
17 physician assistant will practice;

18 (3) A description of the continuous physician supervision  
19 mechanisms that are reasonable and appropriate for the practice  
20 setting, and the experience and training of the physician  
21 assistant;

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

24 (5) An attestation by the supervising physician that the

1 medical acts to be delegated are:

2 (A) Within the supervising physician's scope of practice; and

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

5 (6) A description of the medical care the physician assistant  
6 will provide in an emergency, including a definition of an  
7 emergency; and

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

9 (b) A licensing board may:

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

13 (A) The practice agreement is inadequate; or

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

16 (2) Request additional information from the supervising  
17 physician and/or the physician assistant to evaluate the delegation  
18 of duties and advanced duties.

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

23 (1) A physician, with credentials that have been reviewed by  
24 the hospital or ambulatory surgical facility as a condition of

1 employment as an independent contractor or as a member of the  
2 medical staff, supervises the physician assistant;

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

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

12 (d) If a licensing board declines to authorize a practice  
13 agreement or any proposed delegated act incorporated therein, the  
14 board shall provide the supervising physician and the physician  
15 assistant with written notice. A physician assistant who receives  
16 notice that the board has not authorized a practice agreement or a  
17 delegated act shall not practice under the agreement or perform the  
18 delegated act.

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

1 **§30-3E-11. Supervision of physician assistants.**

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

4 (1) As a supervising physician in accordance with an  
5 authorized practice agreement; or

6 (2) As an alternate supervising physician who:

7 (A) Supervises in accordance with an authorized practice  
8 agreement;

9 (B) Has been designated an alternate supervising physician in  
10 the authorized practice agreement; and

11 (C) Only delegates those medical acts that have been  
12 authorized by the practice agreement and are within the scope of  
13 practice of both the primary supervising physician and the  
14 alternate supervising physician.

15 (b) A supervising physician is responsible at all times for  
16 the physician assistant under his or her supervision, including:

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

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

20 (3) Supervising the physician assistant in the care and  
21 treatment of a patient in a health care facility.

22 (c) A health care facility is only legally responsible for the  
23 actions or omissions of a physician assistant when the physician  
24 assistant is employed by or on behalf of the facility.

1 Credentialed medical facility staff and attending physicians of a  
2 hospital who provide direction to or utilize physician assistants  
3 employed by or on behalf of the hospital are considered alternate  
4 supervising physicians.

5 **§30-3E-12. Scope of practice.**

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

9 (1) Delegated to the physician assistant as part of an  
10 authorized practice agreement;

11 (2) Appropriate to the education, training and experience of  
12 the physician assistant;

13 (3) Customary to the practice of the supervising physician;  
14 and

15 (4) Consistent with the laws of this state and rules of the  
16 boards.

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

22 **§30-3E-13. Identification.**

23 (a) While practicing, a physician assistant shall wear a name  
24 tag that identifies him or her as a physician assistant.

1 (b) A physician assistant shall keep his or her license and  
2 current practice agreement available for inspection at his or her  
3 primary place of practice.

4 **§30-3E-14. Special volunteer physician assistant license.**

5 (a) A special volunteer physician assistant license may be  
6 issued to a physician assistant who:

7 (1) Is retired or is retiring from the active practice of  
8 medicine; and

9 (2) Wishes to donate his or her expertise for the medical care  
10 and treatment of indigent and needy patients in the clinical  
11 setting of clinics organized, in whole or in part, for the delivery  
12 of health care services without charge.

13 (b) The special volunteer physician assistant license shall be  
14 issued by the appropriate licensing board:

15 (1) To a physician assistant licensed or otherwise eligible  
16 for licensure under this article;

17 (2) Without the payment of any fee; and

18 (3) The initial license shall be issued for the remainder of  
19 the licensing period.

20 (c) The special volunteer physician assistant license shall be  
21 renewed consistent with the appropriate licensing board's other  
22 licensing requirements.

23 (d) The appropriate licensing board shall develop application  
24 forms for the special volunteer physician assistant license which

1 shall contain the physician assistant's acknowledgment that:

2       (1) The physician assistant's practice under the special  
3 volunteer physician assistant license shall be exclusively devoted  
4 to providing medical care to needy and indigent persons in West  
5 Virginia;

6       (2) The physician assistant will not receive any payment or  
7 compensation, either direct or indirect, or have the expectation of  
8 any payment or compensation, for any medical services rendered  
9 under the special volunteer physician assistant license;

10       (3) The physician assistant shall supply any supporting  
11 documentation that the appropriate licensing board may reasonably  
12 require; and

13       (4) The physician assistant agrees to continue to participate  
14 in continuing education as required by the appropriate licensing  
15 board for the special volunteer physician assistant license.

16       (e) A physician assistant who renders medical service to  
17 indigent and needy patients of a clinic organized, in whole or in  
18 part, for the delivery of health care services without charge,  
19 under a special volunteer physician assistant license, without  
20 payment or compensation or the expectation or promise of payment or  
21 compensation, is immune from liability for any civil action arising  
22 out of any act or omission resulting from the rendering of the  
23 medical service at the clinic unless the act or omission was the  
24 result of the physician assistant's gross negligence or willful

1 misconduct. In order for the immunity under this subsection to  
2 apply, there shall be a written agreement between the physician  
3 assistant and the clinic pursuant to which the physician assistant  
4 shall provide voluntary uncompensated medical services under the  
5 control of the clinic to patients of the clinic before the  
6 rendering of any services by the physician assistant at the clinic.  
7 Any clinic entering into a written agreement is required to  
8 maintain liability coverage of not less than \$1 million per  
9 occurrence.

10 (f) Notwithstanding the provisions of this section, a clinic  
11 organized, in whole or in part, for the delivery of health care  
12 services without charge is not relieved from imputed liability for  
13 the negligent acts of a physician assistant rendering voluntary  
14 medical services at or for the clinic under a special volunteer  
15 physician assistant license.

16 (g) For purposes of this section, "otherwise eligible for  
17 licensure" means the satisfaction of all the requirements for  
18 licensure under this article, except the fee requirements.

19 (h) Nothing in this section may be construed as requiring the  
20 appropriate licensing board to issue a special volunteer physician  
21 assistant license to any physician assistant whose license is or  
22 has been subject to any disciplinary action or to any physician  
23 assistant who has surrendered a physician assistant license or  
24 caused his or her license to lapse, expire and become invalid in

1 lieu of having a complaint initiated or other action taken against  
2 his or her license, or who has elected to place a physician  
3 assistant license in inactive status in lieu of having a complaint  
4 initiated or other action taken against his or her license, or who  
5 has been denied a physician assistant license.

6 (i) Any policy or contract of liability insurance providing  
7 coverage for liability sold, issued or delivered in this state to  
8 any physician assistant covered under the provisions of this  
9 article shall be read so as to contain a provision or endorsement  
10 whereby the company issuing the policy waives or agrees not to  
11 assert as a defense on behalf of the policyholder or any  
12 beneficiary thereof, to any claim covered by the terms of the  
13 policy within the policy limits, the immunity from liability of the  
14 insured by reason of the care and treatment of needy and indigent  
15 patients by a physician assistant who holds a special volunteer  
16 physician assistant license.

17 **§30-3E-15. Summer camp or volunteer endorsement -- West Virginia**  
18 **licensee.**

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

- 23 (1) Is currently licensed by the appropriate licensing board;  
24 (2) Has no current discipline, limitations or restrictions on

1 his or her license;

2 (3) Has submitted a timely application; and

3 (4) Attests that:

4 (A) The organizers of the summer camp and public or community  
5 event have arranged for a supervising physician to be available as  
6 needed to the physician assistant;

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

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

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

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

20 **§30-3E-16. Summer camp or volunteer endorsement -- Out-of-state**  
21 **licensee.**

22 (a) The appropriate licensing board may grant a summer camp or  
23 volunteer endorsement to provide services at a children's summer  
24 camp or volunteer services for a public or community event to a

1 physician assistant licensed from another jurisdiction who:

2 (1) Is currently licensed in another jurisdiction and has a  
3 current certification from the National Commission on Certification  
4 of Physician Assistants;

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

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

10 (4) Has submitted a timely application;

11 (5) Has paid the applicable fees; and

12 (6) Attests that:

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

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

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

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

24 (b) A physician assistant may only receive one summer camp or

1 volunteer endorsement annually. The endorsement is active for one  
2 specifically designated period annually, which period cannot exceed  
3 three weeks.

4 **§30-3E-17. Complaint process.**

5 (a) All hearings and procedures related to denial of a  
6 license, and all complaints, investigations, hearings and  
7 procedures a physician assistant licenses and the discipline  
8 accorded thereto, shall be in accordance with the processes and  
9 procedures set forth in articles three and/or fourteen of this  
10 chapter, depending on which board licenses the physician assistant.

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

14 (c) The boards shall direct to the appropriate licensing board  
15 a complaint against a physician assistant, a supervising physician  
16 and/or an alternate supervising physician.

17 (d) In the event that independent complaint processes are  
18 warranted by the boards with respect to the professional conduct of  
19 a physician assistant or a supervising and/or alternate supervising  
20 physician, the boards are authorized to work cooperatively and to  
21 disclose to one another information which may assist the recipient  
22 appropriate licensing board in its disciplinary process. The  
23 determination of what information, if any, to disclose shall be at  
24 the discretion of the disclosing board.

1 **§30-3E-18. Health care facility reporting requirements.**

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

7 (b) The report shall include:

8 (1) The name of the physician assistant practicing in the  
9 facility whose privileges at the facility have been revoked,  
10 restricted, reduced or terminated for any cause including  
11 resignation;

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

13 (3) The formal disciplinary action taken against the physician  
14 assistant by the facility relating to professional ethics, medical  
15 incompetence, medical malpractice, moral turpitude or drug or  
16 alcohol abuse.

17 (c) A health care facility does not need to report temporary  
18 suspensions for failure to maintain records on a timely basis or  
19 for failure to attend staff or section meetings.

20 **§30-3E-19. Unlawful act and penalty.**

21 It is unlawful for any physician assistant to represent to any  
22 person that he or she is a physician, surgeon or podiatrist. A  
23 person who violates this section is guilty of a felony and, upon  
24 conviction thereof, shall be imprisoned in a state correctional

1 facility for not less than one nor more than two years, or be fined  
2 not more than \$2,000, or both fined and imprisoned.