
Legislative Changes for Physician Assistants

WV Association of Medical Staff Services

November 3, 2017



West Virginia
Board of
Medicine

Mark A. Spangler
Executive Director

At a Glance

The West Virginia Board of Medicine is a Chapter 30 board established by statute in 1949. It is the regulatory, licensing and disciplinary body for allopathic medical doctors and surgeons (MDs) and podiatric physicians (DPMs) and their collaborative physician assistants (PA-Cs*).



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By the Numbers

Active licenses in West Virginia:

➤ MD – 6,190 / 4,035

➤ DPM – 107 / 76

➤ PA-C – 824 / 753



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Our Board

- 15 members – 8 MDs, 2 DPMs, 1 PA-C and 3 lay members, all appointed by the Governor, plus state health officer (ex officio).
- The Physician Assistant Practice Act, modified by SB 1014 in June 2017, requires the addition of a second PA representative, bringing total board membership to 16.



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Legislation

- Senate Bill 1014 – Passed by the Legislature during its first special session and signed by Gov. Jim Justice on June 19, effective 90 days from passage (Sept. 7).



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Legislative Rule

- A legislative rule (11 CSR 1B) to fully implement the law will be considered in December by the Legislative Rule-Making Review Committee.
- **An “emergency” version of the rule is now in place.** It became effective Oct. 20.
- The Legislature will consider a final version of the rule during the 2018 session.



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Major Change - Collaboration

- Changes language to reflect a “collaborative” relationship with a physician, rather than “supervisory.”
- Physicians and PAs enter into practice agreements.
- **“Collaboration” means an MD or DPM oversees the activities of, and accepts responsibility for, the medical services rendered by a PA.**
- **Constant physical presence not required: “Easily in contact by telecommunication”**



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Major Change – Signatory Authority

- Admission and/or discharge orders – when permitted by the place of practice
- Medical certifications for death certificates
- Physician orders for life-sustaining treatment
- Physician orders for scope of treatment
- **“Do not resuscitate” forms and/or orders**



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Major Change – Rx Authority

- PAs may prescribe up to a 30-day, non-refillable supply of Schedule III controlled substances.
- PAs may generally prescribe Schedule IV or V controlled substances pursuant to the limitations and/or restrictions imposed by the collaborating physician.
- PAs may generally prescribe up to an annual supply of any prescription drug, other than a controlled substance, for the treatment of a chronic condition other than chronic pain management.



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Major Change – Rx Authority

- PAs prohibited from prescribing Schedule I or Schedule II drugs under the Uniform Controlled Substances Act, or: Clozapine; antineoplastics; radio-pharmaceuticals; or general anesthetics.
- Also, may not prescribe, administer, order or dispense medications outside of the approved practice agreement with collaborating physician.



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NCCPA

- PAs must pass the Physician Assistant National Certifying Examination and be certified by the National Commission on the Certification of Physician Assistants for initial licensure.
- NCCPA certification is no longer a requirement for licensure renewal.
- A licensed PA must notify the Board of certification status.
- If no longer certified, designation changes from “PA-C” to simply “PA.”



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Continuing Medical Education

- PAs must complete 100 hours of CME during each two-year licensing period.
- If PA prescribes, administers or dispenses any controlled substance, must complete a minimum of three (3) hours in a Board-approved course on drug diversion training and best practice prescribing of controlled substances.



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Mid-Level Practitioners

- Changes reflected in SB 1014 bring the scope of practice standards for PAs into line with other mid-level health practitioners, such as advanced practice registered nurse (APRNs).



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