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# Medical Regulation, Licensure and Discipline in West Virginia

WV Association of Physician Assistants  
Annual Meeting

April 6, 2019

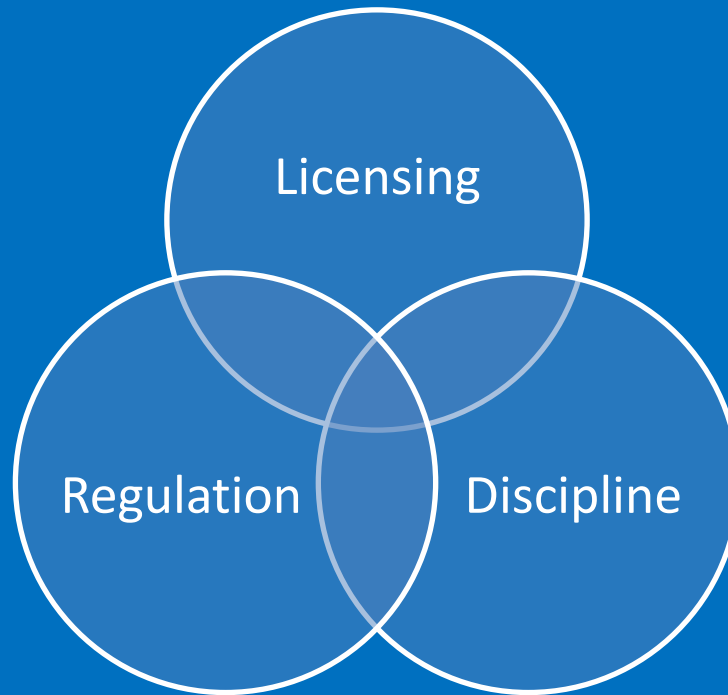


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# Medical Board Functions

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# West Virginia Board of Medicine

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- One of 70 allopathic (MD) and osteopathic (DO) medical boards in the U.S., including territories and the District of Columbia.
- WV one of 14 states with both an MD board and a DO board.
- PAs may be licensed under either board – or both – depending on where their collaborating physicians are licensed.



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# WV - At a Glance

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The West Virginia Board of Medicine is a Chapter 30 board established by statute in 1949.

Our statutory authority falls under the WV Medical Practice Act and the WV Physician Assistants Practice Act.



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# Mission

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The West Virginia Board of Medicine is the state agency charged with protecting the health and safety of the public through licensure, regulation and oversight of medical doctors (MDs), podiatric physicians (DPMs) and collaborating physician assistants (PAs).



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# Vision

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We will be a national leader in innovative oversight of health professionals.



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# Core Values

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- Integrity – Our actions are congruent with our words. We question actions inconsistent with our values.
- Public Protection (Compliance) – We follow the law and achieve complete compliance to the rules, policies and procedures that have been established to safeguard the public and to regulate fairly the health care professionals we serve.



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# Core Values

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- Accountability (Accuracy) – We believe we must ensure that information is exact and correct. Strong attention to detail and editing our work are essential.
- Trust (Reliability & Respect) – We strive to earn the confidence of others. We demonstrate consistently strong performance with respect and dignity.



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# By the Numbers

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Active licenses (as of July 2018):

- MD – 6,889 (WV - 4,386)
- DPM – 116 (WV – 83)
- PA – 974



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# Our Board

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- Meets 6x/year – Jan., March, May, July, Sept., Nov.
- 16 members:
  - ❑ Appointed by the Governor:
    - 8 MDs
    - 2 DPMs
    - 2 PAs
    - 3 lay members
  - ❑ State health officer (ex officio).



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# Board Committees

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- Complaint Committee
- Executive / Management Committee
- Legislative Committee
- Licensure Committee
- Personnel Committee
- Physician Assistant Committee



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# Our Staff

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- Administration
- Licensing, Certification & Renewals
- Investigation, Complaints and Compliance
- Total – 17



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# Budget

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- Total (FY 2018-19): \$2,421,541
- The Board is financially self-sufficient.
- No General Revenue Fund appropriations.
- Fines returned to the General Revenue Fund in FY 2017-18: \$18,750



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# Requirements to Practice

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To practice, a PA must have two documents:

- An active license
- Written notification from the Board of Medicine authorizing practice pursuant to a Board-approved practice agreement with a collaborating physician



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# PA Licensure

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## Must provide evidence of:

- Proof of graduation from an approved program
- Successful completion of National Certification Examination for Primary Care Physician Assistants or evidence of current certification
- Professional practice, character and fitness requirements
- Copy of BA or MA diploma



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# Fees - PAs

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- Initial License - \$250
- Renewal License - \$150
- Reinstatement - \$225
- Temporary License - \$50
- Practice Agreement - \$100



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# Fees – MDs and DPMs

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- Initial and Renewal License - \$400
- Temporary License - \$100
- Reinstatement (active) - \$600
- Reinstatement (inactive) - \$225
- Based on a 2-year renewal cycle.



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# Continuing Medical Education

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- PAs (general)
  - Minimum 100 hours in 2-year reporting period
  - Most recent reporting period ended 3/31; 924 PAs successfully renewed and 125 did not renew.
  - Prior to initially prescribing, administering or dispensing any controlled substance (and in each renewal cycle thereafter), PA must complete a minimum of 3 hours in a Board-approved course on drug diversion training and best practice prescribing of controlled substances.



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# Investigations

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- Average 190 complaints per year – many alleging multiple violations
- 380 complaints received in FYs 2017 and 2018 (21 against PAs)
- 106 remained open/pending as of 6/30/18
- 58 resulted in board action (4 PAs)
- 216 closed without board action



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# Nature of Complaints

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- Malpractice or failure to practice acceptably
- Unprofessional, unethical conduct
- License application/renewal: false statements
- Failure to meet AMA or APMA standards
- Improper prescribing
- Professional incompetence
- Violation of laws, rules or orders
- Medical recordkeeping



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# The Complaint Process

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- Must relate to a specific, individual MD, DPM or PA.
- WVBOM does not investigate clinics, health centers or hospitals.
- No jurisdiction over business disputes, general billing disputes, insurance coverage, personality conflicts or employee/employer disputes.
- Disagreement over treatment plan does not necessarily mean a professional conduct violation has occurred.



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# The Complaint Process

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- Complaint Committee directs all investigations.
- Physician/PA notified and has opportunity to respond; can hire legal counsel.
- After investigation, Committee determines whether probable cause exists to institute disciplinary charges. If not, the complaint is closed.
- Due process considerations apply.
- If a hearing is convened, the contested case process in Administrative Procedures Act applies.



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# The Complaint Process

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- There are opportunities to resolve disciplinary complaints via Consent Orders.
- The Board issues a Final Order on the matter.



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# The Complaint Process

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- While the investigation is pending, complaints regarding a licensee's professional conduct are confidential.
- If the board takes action against a licensee, that becomes a matter of public record and information becomes available on the board's website at [wvbom.wv.gov](http://wvbom.wv.gov).
- Closure decisions also are public information.



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# The Complaint Process

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- In some cases, when the board believes a practitioner's ongoing practice represents an immediate danger, it can order a “summary suspension” of the practitioner's license. This prohibits the practitioner from practicing, even if the investigation and review is ongoing.



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# Legislative Changes for PAs – 2017-18

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- Senate Bill 1014, passed in 2017, changed the Physician Assistant Practice Act (PAPA).
- When practice agreements are in place, physicians and PAs now engage in “collaborative” relationships, rather than “supervisory.”



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# Major Change - Collaboration

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- “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

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- 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

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Pursuant to an approved practice agreement:

- 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

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- PAs prohibited from prescribing 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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# Controlled Substances

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- Changes to 11 CSR 5 now permit PAs who seek to administer or dispense controlled substances in an office-based setting to apply for a Controlled Substance Dispensing Practitioner registration for each dispensing location.



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# Legislative Changes for PAs - 2019

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- Senate Bill 668, passed in 2019, makes additional, significant changes to PAPA.
- Signed by the Governor on March 25, the bill is effective 90 days from passage – on June 11.



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# Legislative Changes for PAs - 2019

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- SB 668 allows PAs to practice in a hospital setting in collaboration with multiple physicians after filing a “practice notification” with the appropriate board.
- Streamlines process for hospitals, which have their own robust credentialing process.
- The boards must promulgate emergency rules to establish the content and criteria for practice notifications.



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# Legislative Changes for PAs - 2019

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- PAs shall be individually responsible and liable for the care they provide.
- Does not relieve PAs “or collaborating physicians of responsibility and liability which otherwise may exist for acts and omissions occurring during collaboration.”



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# NCCPA

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- 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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# Contact Information

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Mark A. Spangler, MA  
Executive Director

(304) 558-2921, ext. 70005

[mark.a.spangler@wv.gov](mailto:mark.a.spangler@wv.gov)



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