
Hospital Practice Notifications for Physician Assistants

WV Society of Healthcare Risk Managers
WV Association of Medical Staff Services
Professionals

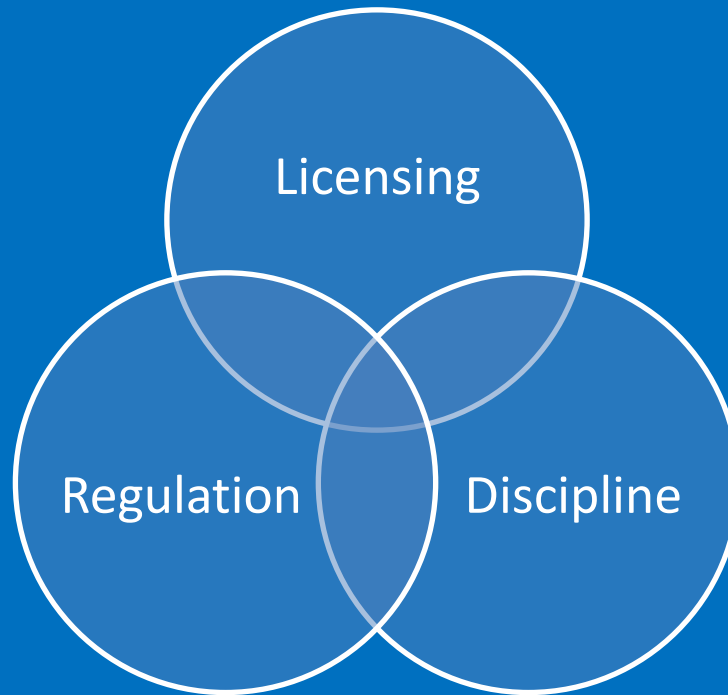
November 8, 2019



West Virginia
Board of
Medicine

Mark A. Spangler, MA
Executive Director

Medical Board Functions



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West Virginia Board of Medicine

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



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By the Numbers

Active licenses (as of July 2019):

- MD – 7,207 (WV - 4,466)
- DPM – 126 (WV – 82)
- PA – 956



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Our Board

- Meets 6x/year – Jan., March, May, July, Sept., Nov.
- 16 members:
 - ❑ Appointed by the Governor:
 - 8 MDs
 - 2 DPMs
 - 2 PAs (2nd PA rep added in 2017)
 - 3 lay members
 - ❑ State health officer (ex officio).



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Requirements to Practice

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 or a hospital Practice Notification.



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PA Licensure

Must provide proof of:

- Graduation with a bachelor's or master's degree from an accredited program of instruction for physician assistants.
- Successful completion of the Physician Assistant National Certifying Examination (PANCE).
- Current certification by the National Commission on Certification of Physician Assistants (NCCPA).
- Professional practice, character and fitness requirements.

Also, cannot have a revoked or suspended license in another state.



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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, professional designation changes from “PA-C” to simply “PA.”



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Legislative Changes for PAs – 2017-18

- 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

- “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

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

- PAs prohibited from prescribing Schedule II drugs under the Uniform Controlled Substances Act, or: 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

- 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

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



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Legislative Changes for PAs - 2019

- 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.
- Broader discretion for a PA’s scope of practice to be determined at the practice level in hospitals.
- Allows PAs to collaborate, as appropriate, with any physician practicing in the same hospital.



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Hospital Definition

Does not include any health care facility not licensed as a hospital pursuant to WV Code 16-5B-1 et seq.



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Legislative Changes for PAs - 2019

- The Board of Medicine filed an emergency rule to accommodate this change – 11 CSR 1B – approved by the Secretary of State's Office on July 30 and is now in effect.
- The Legislature will consider a final version of the rule during the 2020 session.



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Legislative Changes for PAs - 2019

- Physicians and physician assistants who collaborate pursuant to this rule shall not allow an employment arrangement to:
 - Interfere with sound clinical judgement;
 - Diminish or influence the practitioner's ethical obligations to patients; or,
 - Exert undue influence on, or interfere with the robustness of, the collaborative relationship.



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Legislative Changes for PAs - 2019

- Now two pathways for PA practice authorization:
 - Practice Agreements: required for all practice settings other than hospitals
 - Practice Notifications: for hospital-only practice



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Legislative Changes for PAs - 2019

- All currently approved Practice Agreements which authorize PA practice in a hospital setting remain in effect unless replaced by a Practice Notification.
- No obligation to replace a current Practice Agreement with a Practice Notification; however,
- All new PA hospital practice must be submitted for approval as a Practice Notification, not a Practice Agreement.



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Legislative Changes for PAs - 2019

- 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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How to File a Practice Notification

- PA, in conjunction with a hospital, must submit a complete Practice Notification form to the Board.
- A link to the form can be found on the main page of the Board's website at www.wvbom.wv.gov.
- A PA may not begin practice pursuant to a Practice Notification until the Board provides written notification to the PA and the hospital.
- The Board's written notification activates the Practice Notification.



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