

**WEST VIRGINIA BOARD OF MEDICINE**  
**Legislative Committee Minutes**  
**July 24, 2025**

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The West Virginia Board of Medicine's Legislative Committee met via Zoom at 5:00 pm on July 24, 2025.

The following committee members attended the meeting:

Kishore K. Challa, MD, FACC, Legislative Committee Chair  
Douglas S. Dockery, DPM  
Jonathan P. Lilly, MD  
Victoria L. Takubo, PA-C

The following staff members attended the meeting:

Mark A. Spangler, MA  
Jamie S. Alley, Esq.  
Jamie C. Frame

With a quorum of members present, Dr. Challa called the meeting to order.

**CALL TO  
ORDER**

Mr. Spangler reported that on June 24, 2025, Board staff filed Notice of a Public Comment Period with the West Virginia Secretary of State's Office with regard to the following rules:

- W. Va. Code R. § 11-1B-1 *et seq.*, *Licensure, Practice Requirements, Disciplinary and Complaint Procedures, Continuing Education, Physician Assistants*
- W. Va. Code R. § 11-6-1 *et seq.*, *Continuing Education for Physicians and Podiatric Physicians.*

The comment period concluded at 4:30 pm today, July 24, 2025. Prior to today's meeting, a copy of the proposed rules and a copy of the comments that were received were made available for members to review.

***Licensure, Practice Requirements, Disciplinary and Complaint Procedures,  
Continuing Education, Physician Assistants***

**W. Va. Code R. § 11-1B-1 *et seq.***

Mr. Spangler reported that the Board received one comment with regard to the proposed amendments to W. Va. Code R. § 11-1B-1 *et seq.* Robert Johnstone, MD, commented on the proposed amendments to the rule and requested that the Board “add Anesthesiologists Assistants (AAs) to the PA regulations. WV is the only state in the area that does not have AAs practicing in it. The lack of AAs in WV is driving up the cost of anesthesia in the state and forcing WV graduates of AA training programs to move to other states. In most states AAs practice similarly to CRNAs” The Board of Medicine is not currently authorized to regulate anesthesiologist assistants, and the introduction of anesthesiology assistants into the Board’s regulatory portfolio would require legislative action. Dr. Johnstone did not opine on the Board’s proposed changes to the continuing education requirements for physician assistants.

Dr. Lilly moved that the Committee authorize Board staff to file the agency-approved version of W. Va. Code R. § 11-1B-1 *et seq.* as originally proposed. Ms. Takubo seconded the motion, and the motion carried without opposition.

***Continuing Education for Physicians and Podiatric Physicians.***

**W. Va. Code R. § 11-6-1 *et seq.***

Mr. Spangler reported that the Board received three comments with regard to the proposed amendments to W. Va. Code R. § 11-6-1 *et seq.* Lynne Goebel, MD commented that “[u]nder section 3.1. the last sentence should be struck as well since it refers to biennial training.” The section referenced, in its entirety, is as follows:

3.1. Mandatory Continuing Education Activity for Physicians and Podiatric Physicians Upon Initial Licensure -- Within one year of receiving an initial license to practice medicine and surgery or podiatry by the Board, ~~and regardless of the licensee’s scheduled renewal date, the~~ a licensee shall complete three hours of training in a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled Substances. This

requirement is waived for licensees who do not prescribe, administer, or dispense any controlled substances whatsoever pursuant to a West Virginia license. Completion of a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled Substances during the initial year of licensure may be allocated towards a licensee's biennial continuing education obligation for the renewal period during which the course was completed.

In this instance, the Board wants to make sure licensees know that physicians who complete the mandatory course during their first year of practice may use that course to satisfy their continuing medical education requirements for the reporting period.

Thomas Miller, MD commented "I get my 50+ CME hours as required without complaint. However Ive been fully retired since 2016 and I object to having to pay full price for an active license I worked hard to achieve and don't want to give up." Physicians who hold active status licenses, notwithstanding retirement, may practice medicine at any time. Consequently, continuing education is required for all active status licensees. The Board is not currently authorized to offer an emeritus or retirement status license. This matter will be referred to the Legislative Committee for further study.

Linda Gray Murphy submitted a comment on behalf of the American Board of Physician Specialties, which provided that:

I am writing to respectfully request that the West Virginia Board of Medicine consider amending its rules and regulations to allow physicians to choose their board certification by recognizing the American Board of Physician Specialties (ABPS) as an accepted certifying body.

We request to be added to the following sections of Title 11, Legislative Rule, Board of Medicine, Series 6, Continuing Education for Physicians and Podiatric Physicians. We would request the following sections to be amended to include the American Board of Physician Specialties (ABPS): Section 2.6, 4.1.2, and 4.1.3

Additionally, Ms. Murphy provided a detailed explanation of its organization, its growth and its desire for the Board to accept certifying exams and maintenance of certification

through its member board for continuing medical education in West Virginia. Board certification is not required for medical licensure in West Virginia. Since 2013, the Board has accepted certification exams and maintenance of certification through processes established by the twenty-four boards which are members of the American Board of Medical Specialties (ABMS) to satisfy certain continuing medical education requirements. Each of the twenty-four boards have met the standards set by ABMS for certification and recertification and meet the core competencies established by ABMS.

Ms. Takubo moved that the Committee authorize Board staff to respond to all commenters as discussed and to file the agency-approved version of W. Va. Code R. § 11-6-1 *et seq.* as originally proposed. Dr. Dockery seconded the motion and the motion carried without opposition.

**ADJOURNMENT**

There being no further business to consider, Dr. Lilly moved that the meeting adjourn. Dr. Dockery seconded the motion, and the motion carried without opposition.

  
Kishore K. Challa, MD, FACC  
Legislative Committee Chair