West Virginia ~ Statute

West Virginia Code §30-3-16, §30-3-13, §30-3-5

Enacted 1976

West Virginia Board of Medicine

A graduate of an approved program in primary health care or surgery who has attained a baccalaureate or master’s degree, has passed the national certification exam and is qualified to perform direct patient care services under the supervision of a physician.

Board to promulgate rules and regulations governing the extent to which PAs may function. PA is limited to performance of those services for which he is trained. May perform only under the supervision and control of physician licensed in state; does not require physical presence of supervising physician if PA’s normal place of employment is on physician’s premises.

Supervising physician may send PA off the premises to perform duties under his direction, but a separate place of work for the PA may not be established. Board shall allow PA to perform those procedures and examinations submitted in job description and approved by the board.

Certain authorized PAs may pronounce death in accordance with board rules.

PA shall not perform any service his supervising physician is not qualified to perform or that is not included in board-approved job description. PA not authorized to perform any specific function delegated by law to licensed chiropractors, dentists, dental hygienists, optometrists, pharmacists or certified nurse anesthetists.

PA may work for ophthalmologist but may not dispense a prescription for a refraction.

PAs may write, sign or transmit Rx by word of mouth, telephone or other means at the direction of the supervising physician. Board regulations shall provide for a formulary that excludes Schedules I-II, anticoagulants, antineoplastics, radiopharmaceuticals, general anesthetics and radiographic contrast materials, and that cites maximum dosages. Schedule III drugs limited to 72-hour supply without refill. All categories of drugs to be prescribed must be listed in job description submitted to the board.

To be eligible for Rx privileges, PA must have been practicing for past 2 years; have completed accredited, board-approved clinical pharmacology course. To maintain Rx privileges, PA must maintain NCCPA certification and complete 10 hours of CME in rational drug therapy in each certification period.

Supervision and control does not require the personal presence of the physician at the place(s) where PA renders services if the PA works on the premises of his supervising physician.

Supervising physician is responsible for observing, directing and evaluating the work, records and practices of each PA performing under his supervision.

Physician shall not supervise more than 3 FTE PAs or their equivalent at any one time, except that physician may supervise up to 4 hospital-employed PAs.

PA applies for license with job description. Physician applies to board for approval to supervise PA and includes a job description setting forth range of medical services PA will provide.

Board certifies as a PA any person who applies and meets following standards:

- graduate of [CAHEA or successor-] approved program in primary health care or surgery
- passed NCCPA exam and is currently NCCPA certified
- after 7/1/94, has attained baccalaureate or master’s degree
- good moral character

When graduate of approved program submits job description and application for PA license to board, board issues temporary license allowing applicant to function as PA until applicant successfully passes the exam provided that the applicant shall sit for and pass the next exam offered following graduation. Temporary license is not available to applicant who has taken and failed NCCPA exam. Temporary license expires and terminates automatically if PA fails the exam. PA who has not been certified by NCCPA is restricted to working under direct supervision of a physician.

Supervising physician shall notify the board in writing of any termination of his supervisory relationship with a PA within 10 days.
CONTINUING EDUCATION

Beginning with biennial renewal forms submitted in 1993, each PA shall submit written documentation of completion of Category I and II CME as required by board rule.

To maintain Rx privileges, PA must maintain NCCPA certification and complete 10 hours of CME in rational drug therapy in each certification period. §30-3-16

TITLE/PRACTICE PROTECTION

No person may practice as a PA, hold himself out as qualified to practice as a PA or use any title, work or abbreviation to indicate or to induce others to believe that he is licensed to practice as a PA in this state unless he is actually licensed as such. Person violating this subsection is guilty of a misdemeanor and shall be fined not more than $10,000 dollars or imprisoned in county jail not more than 12 months or both. §30-3-13

IDENTIFICATION

When functioning as PA, physician assistant must wear identifying name tag. §30-3-16

PHYSICIAN LIABILITY

Legal responsibility for any PA remains with the supervising physician at all times, including occasions when PA aids in the care and treatment of patient in health care facility. Health care facility is legally responsible for actions and omissions of PA employee providing inpatient services. §30-3-16

FEE/RENEWAL SCHEDULE

• $100 fee accompanies each application for licensure
• $50 biennial renewal of PA license §30-3-16

PROGRAM APPROVAL

No provision (statute recognizes accreditation by CAHEA or successor organization)

BOARD REPRESENTATION/ADVISORY COMMITTEE

Board consists of 15 members: state health director, 2 podiatrists, 8 MDs, 1 PA, 3 public members. §30-3-5

BOARD POWERS

Board issues licenses for PAs; is the regulatory and disciplinary body for PAs
• adopts regulations to implement law
• establishes and certifies standards for supervision, licensure of PAs §30-3-5, §30-3-16

DISCIPLINARY POWERS

Board may revoke or suspend PA license §30-3-5

VIOLATIONS/PENALTY

Unlawful for any PA to represent himself as physician, surgeon or podiatrist. Violation is a felony; conviction leads to imprisonment in penitentiary for 1-2 years, fine of not more than $2,000 or both. §30-3-5

PAYMENT FOR SERVICES

No provision

GRANDFATHER CLAUSE

Board may license as a PA any person who has been certified by the board as a PA and classified as “Type B,” prior to 7/1/83; or anyone who graduated from a PA program prior to 7/1/94 who has passed NCCPA exam and is currently NCCPA certified. All persons holding valid board-issued PA certificates on July 1, 1992 are considered to be licensed. §30-3-16

STUDENTS

Students enrolled in undergraduate or graduate accredited PA programs or programs approved by the board performing functions in the course of training are not deemed to be engaging in unauthorized medical practice. §30-3-13

LOCUM TENENS

No provision

OTHER

Statute recognizes “PA midwives.” Qualifications include meeting all regular qualifications for PA licensure and graduation from school of midwifery accredited by the American College of Nurse Midwives and passage of board-approved exam. PA-midwife may practice midwifery under supervision of board certified obstetrician/gynecologist or board certified family physician who routinely practices obstetrics. PA-midwife assists in the management and care of a woman and her infant during prenatal, delivery and postnatal periods. §30-3-16
WEST VIRGINIA ~ REGULATIONS

REGULATIONS  
Legislative Rules Title II Series 1B, 11-1B-1 et seq

DATE  
Revised 8/03

REGULATORY BODY  
West Virginia Board of Medicine

PA DEFINED  
[See statute]

SCOPE OF PRACTICE  
Delegated services shall be limited to those which are educational, diagnostic, therapeutic or preventive in nature. According to standards set by the supervising physician, PA may formulate a provisional diagnosis and treatment plan. 
3.2
PA shall not perform any services that the supervising physician is not qualified to perform and which are not included on the board-approved job description. PA may sign orders (to be countersigned later by physician) provided they are not in conflict with hospital regulations. 
7.5, 7.6, 7.7

Tasks a PA may perform are those which require technical skill, execution of standing orders, routine patient care tasks, and such diagnostic and therapeutic procedures as the supervising physician wishes to delegate after satisfied as to PA’s competence. Physician may delegate tasks within the normal scope of his practice, subject to limitations in the law and regulations and the training and expertise of the PA. 
13.1
PA may not independently delegate an assigned task or perform acupuncture in any form. 
7.11, 7.12

PA shall augment a physician’s data-gathering abilities and shall, at a minimum, have the knowledge and competency to perform the following functions (non-inclusive list):
• take history, perform physical exam, record data
• request lab studies, identify findings
• make patient management decisions
• initiate appropriate emergency treatment
• counsel patients
• perform clinical procedures (listed in regulations)
• execute documents 
13.2

PA may pronounce death provided that it is contained in job description, the PA has a need to do so within PA’s scope of practice, and pronouncement is in accordance with applicable West Virginia law and rules. 
13.4

PA may function in facilities. Medical record entries require countersignature. 
13.14

PA may work in emergency department if he is trained in emergency medicine, has protocols to govern his performance, and is supervised by a physician with whom he has ready contact. 
13.15

PA may not maintain or manage an office separate and apart from the supervising physician’s primary office unless the board has granted the physician specific permission to establish a satellite operation. A supervising physician is limited to 2 satellite operations. Criteria for approval include:
• PA will be utilized in an area of manpower shortage or medical need
• adequate provision exists for direct communication between physician and PA; distance between them does not impede appropriate emergency services
• physician sees each regular patient periodically (for example, every third visit)
• supervising physician visits remote office at least every 14 days and spends enough time to supervise and review records 
13.8

PRESCRIBING/DISPENSING  
PA may be authorized by the board to issue written or oral prescriptions for certain drugs at the direction of the supervising physician. Prescribing PA must have 2 years of patient care experience (first year may be as student in accredited program), have completed accredited course in clinical pharmacology of not less than 4 semester hours (15 contact hours equal 1 semester hour), have a board-approved job description which includes categories of drugs PA is delegated to prescribe. (Board may grant 15 contact hours for 2 or more years of prescribing experience in another jurisdiction.) PA must maintain national certification and complete 10 hours of CME in rational drug therapy in each certification period. 
14.1

The board’s formulary excludes those categories of drugs cited in the statute. Formulary contains sections on drugs commonly used in outpatient settings and drugs less commonly used that may be prescribed in limited situations. 
14.3

PA prescriptions must be consistent with supervising physician’s directions or treatment protocols (which must indicate maximum dosage). Each Rx and refill must be entered on patient’s chart. Prescription form must have names of PA and physician, address, phone number and categories of drugs PA allowed to prescribe, plus a standard warning to pharmacists. Copies of the form must be provided to area pharmacies. 
14.6 - 14.8
Physician Assistants: State Laws and Regulations • 10th edition, 2006 • American Academy of Physician Assistants

WEST VIRGINIA REGULATIONS
Continued

PAs authorized to prescribe controlled substances must include their DEA numbers. Schedule III limited to 72-hour supply without refill. Schedules IV and V limited to 90 dosage units or 30-day supply, whichever is less. Other drugs shall not be prescribed or refillable for a period exceeding 6 months. 14.8, 14.9

Board of Medicine supplies pharmacy board with list of PAs with prescriptive privileges and updates list within 10 days of additions or deletions. 14.10

PAs may distribute professional samples free of charge when appropriate records are made in patient charts. 14.12

PAs extended prescriptive privileges may accept professional samples. 14.12

SUPERVISION DEFINED

The opportunity or ability of the physician to provide or exercise control and direction over PA services. The constant physical presence of the physician is not required if NCCPA-certified PA is or can easily be in contact with the physician by radio, telephone or telecommunication. An appropriate degree of supervision includes:
- active and continuing overview to see that directions are implemented
- availability of physician for all necessary consultations
- personal and regular review (at least monthly) of selected patient records
- periodic (at least monthly) education and review sessions to discuss specific conditions, protocols, procedures and patients 2.1

PA shall perform only under the supervision and control of the supervising physician. Supervision requires the availability of a physician for consultation and direction of the actions of the physician assistant but not necessarily the personal presence of the supervising physician at the time and place services rendered. 6.1

Arrangements for substitute supervision must be made if supervising physician will not be available. 13.6

Supervising physician shall monitor and supervise the PA’s activities and may provide written protocols for the PA’s use. Protocols must be available for public inspection upon request and may be reviewed by the board. 13.5

PAS PER PHYSICIAN

Physician may not supervise more than 3 PAs or their equivalent at any one time except that a physician may supervise up to 4 hospital employed PAs. 7.1

No physician assistant shall be supervised by and work for more than 3 supervising physicians at one time. 7.8

APPLICATION

PA application for license and job description written and signed by the supervising physician listing all duties to be performed by the PA must be submitted at least 30 days prior to board meeting. Board approval required. 4.1

QUALIFICATIONS
- Graduation from approved program
- Baccalaureate or master’s degree
- Documentation of passage of NCCPA exam
- Documentation of unencumbered licenses in all states where previously licensed 4.2

TEMPORARY PERMIT

Noncertified PAs who are issued a temporary license must sit for and obtain passing score on next exam offered following graduation. Temporary license not available for applicant who has taken and failed exam. 4.2

On-site supervision required for PAs with temporary license. 7.14

TERMINATION

Supervising physician must notify the board in writing of any termination in employment of PA within 10 days. 9.2

PA must notify the board of any employment changes within 30 days. 13.19

CONTINUING EDUCATION

Beginning April 1, 1993, PAs must document completion of not less than 50 hours of Category I and 50 hours of Category II CME in each 2 year renewal cycle. Documentation of meeting these requirements may consist of current NCCPA certificate. 15.1

Prescribing PAs must maintain NCCPA certification and must have 10 hours of CME in rational drug therapy in each certification period. 14.1

TITLE/PRACTICE PROTECTION

[See statute]
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<td><strong>IDENTIFICATION</strong></td>
<td>PA on duty must wear name tag identifying PA as a physician assistant.</td>
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<td></td>
<td>No PA shall render non-emergency outpatient medical services until the patient has been informed that the individual providing care is a PA.</td>
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<td>In the supervising physician’s office and any satellite operation, a notice must be posted in a prominent place explaining the term “physician assistant.” PA license must be prominently displayed.</td>
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<td><strong>PHYSICIAN LIABILITY</strong></td>
<td>The legal responsibility for the acts and omissions of the PA remain with the supervising physician at all times.</td>
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<tr>
<td><strong>FEE/RENEWAL SCHEDULE</strong></td>
<td>[See statute]</td>
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<td>All PAs and their supervising physicians must submit individual or combined reports each year on the professional conduct, capabilities and performance of the PA. These reports must accompany license renewal applications and be submitted by April 1.</td>
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<tr>
<td><strong>PROGRAM APPROVAL</strong></td>
<td>[See statute]</td>
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<td><strong>BOARD POWERS</strong></td>
<td>[See statute]</td>
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<td><strong>DISCIPLINARY POWERS</strong></td>
<td>License may be restricted, suspended or revoked.</td>
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<td><strong>VIOLATIONS/PENALTY</strong></td>
<td>Grounds for disciplinary action if the board finds a PA:</td>
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<td>• has held himself out or permitted another to represent him as a licensed physician</td>
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<td>• has performed other than at the direction and under the supervision of a licensed physician</td>
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<td>• has been delegated and performed tasks beyond his competence and not on his job description</td>
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<td>• is habitual user of intoxicants or drugs to the extent that he is unable to perform safely as a PA</td>
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<td>• has been convicted of a felony or criminal offense involving moral turpitude</td>
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<td>• has been judged mentally incompetent or is mentally incapable of performing safely as a PA</td>
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<td>• has failed to comply with the law or regulations</td>
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<td>• is guilty of unprofessional conduct (includes misrepresentation of fact in obtaining license, violation of law, conviction of felony, misconduct or negligence in PA practice, performing PA tasks while impaired, impersonating physician or another licensed PA, agreeing to treat disease by a secret method, prescribing controlled substance for self or family member, prescribing for other than therapeutic reasons, prescribing outside of formulary or job description)</td>
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<td><strong>PAYMENT FOR SERVICES</strong></td>
<td>PA may not independently bill patients for services provided.</td>
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<td><strong>GRANDFATHER CLAUSE</strong></td>
<td>[See statute]</td>
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<td><strong>STUDENTS</strong></td>
<td>[See statute]</td>
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<td><strong>LOCUM TENENS</strong></td>
<td>The legal responsibility for any PA remains that of the supervising physician, except in temporary situations not to exceed 21 days in cases when a licensed and fully qualified PA is substituting for another licensed PA, the acts and omissions of substituting PA are legal responsibility of the absent PA’s designated supervising physician. The temporary change in supervisory responsibility shall be provided to the board in writing within 10 days of the effective date of the substitution, signed by the affected supervising physicians and PAs and clearly specifying the dates of substitution.</td>
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WEST VIRGINIA ~ STATUTE
OSTEOPATHIC

STATUTE
West Virginia Code §30-14A, Assistants to Osteopathic Physicians and Surgeons

DATE
Enacted 1972

REGULATORY BODY
West Virginia Board of Osteopathy

PA DEFINED
An assistant to an osteopathic physician who is a graduate of an approved program of instruction in primary care or surgery, has passed the national certification exam, and is qualified to perform direct patient care services under the supervision of an osteopathic physician. §30-14A-1(a)

SCOPE OF PRACTICE
Board to promulgate rules and regulations governing the extent to which osteopathic PAs may function; limited to the performance of those services for which they are trained. May perform only under the supervision and control of a licensed osteopathic physician; does not require the physician’s physical presence if the osteopathic PA’s normal place of employment is on the premises of the supervising physician. §30-14A-1(b)

Supervising physician may send the osteopathic PA off the premises to perform duties under his direction, but a separate place of work for the osteopathic PA shall not be established. Board shall allow an osteopathic PA to perform those procedures and examinations submitted in job description and approved by board. §30-14A-1(b)

Osteopathic PA shall not perform any service that his supervising physician is not qualified to perform or that is not included in his board-approved job description. Osteopathic PA not authorized to perform any specific function delegated by law to licensed chiropractors, dentists, dental hygienists, optometrists, pharmacists, or certified nurse anesthetists. §30-14A-1(j)

PRESCRIBING/DISPENSING
Osteopathic PAs providing primary care outpatient services in medically underserved areas or other board-defined areas of need may write, sign or transmit prescriptions by word of mouth, telephone or other means at the direction of the supervising physician. Board regulations shall provide for a formulary that excludes Schedules I-II, anticoagulants, antineoplastics, antipsychotics, radiopharmaceuticals, general anesthetics and radiographic contrast materials, and that cites maximum dosages. Schedule III limited to 48-hour supply without refill. All categories of drugs to be prescribed must be listed in the job description submitted to the board. §30-14A-1(o)

To be eligible for Rx privileges, osteopathic PA must have been practicing for past 2 years; have completed board-approved clinical pharmacology course. To maintain Rx privileges, osteopathic PA must maintain NCCPA certification and complete 10 hours of CME in rational drug therapy in each certification period. §30-14A-1(o)

SUPERVISION DEFINED
Supervision and control does not require the personal presence of the physician at the place(s) where the osteopathic PA renders services if the osteopathic PA works on the premises of his supervising physician. §30-14A-1(b)

The supervising physician is responsible for observing, directing and evaluating the work, records and practices of each osteopathic PA performing under his supervision. §30-14A-1(f)

PAs PER PHYSICIAN
Physician shall not supervise more than 2 osteopathic PAs at any one time, except that a physician may supervise up to 4 hospital-employed osteopathic PAs if an alternate supervisor has been designated for each. §30-14A-1(j)

APPLICATION
Osteopathic PA applies for certification; physician applies to board for approval to supervise an osteopathic PA and includes a job description setting forth the range of medical services the osteopathic PA will provide. §30-14A-1(c), (e)

QUALIFICATIONS
Board certifies as an osteopathic PA any person who applies and meets the following standards:
• graduate of CAHEA-accredited program in primary health care or surgery
• passed NCCPA exam
• good moral character §30-14A-1(c)

TEMPORARY PERMIT
When graduate of approved program submits job description and application for osteopathic PA certificate to the board, board issues temporary certificate allowing the applicant to function as osteopathic PA for 1 year. Temporary certificate may be renewed for 1 year upon request of the supervising physician. PA who has not been certified by NCCPA is restricted to working under direct supervision. §30-14A-1(d)

### TERMINATION
Supervising physician shall notify the board in writing of any termination of his supervisory relationship with an osteopathic PA within 10 days. §30-14A-1(f)

### CONTINUING EDUCATION
20 hours of board-approved CME courses per year. To maintain Rx privileges, osteopathic PA must maintain NCCPA certification and complete 10 hours or CME in rational drug therapy in each certification period. §30-14A-1(o)

### TITLE/PRACTICE PROTECTION
Unlawful for any person not certified as an osteopathic physician assistant to use the title or represent to any person that he is an osteopathic PA. Any person who violates the provisions of this section is guilty of a misdemeanor; upon conviction, shall be fined not more than $2,000. §30-14A-1(m)

### IDENTIFICATION
When functioning as an osteopathic PA, must wear an identifying name tag. §30-14A-1(i)

### PHYSICIAN LIABILITY
Legal responsibility for any osteopathic PA remains with the supervising physician at all times, including occasions when the osteopathic PA aids in the treatment of patients in health care facilities. A health care facility is legally responsible for the actions and omissions of osteopathic PA employees providing inpatient services. §30-14A-1(f)

### FEE/RENEWAL SCHEDULE
- $100 accompanies each job description submitted by an osteopathic supervising physician
- $50 annual renewal of PA certificate §30-14A-1(k)

### PROGRAM APPROVAL
No provision (statute recognizes CAHEA accreditation)

### BOARD REPRESENTATION/ADVISORY COMMITTEE
No provision

### BOARD POWERS
Board issues certificates for osteopathic PAs; is the regulatory and disciplinary body for osteopathic PAs.
- adopts regulations to implement the law
- establishes and certifies standards for supervision and certification of osteopathic PAs §30-14A-1(b), §30-14A-2

### DISCIPLINARY POWERS
Board may revoke or suspend any certification of osteopathic PA. §30-14A-1(e)

### VIOLATIONS/PENALTY
Unlawful for any osteopathic PA to represent himself as a physician. Violation is a felony; conviction leads to imprisonment in the penitentiary for 1-2 years, fine of not more than $2,000 or both. §30-14A-1(n)

See also Title/Practice Protection

### PAYMENT FOR SERVICES
No provision

### GRANDFATHER CLAUSE
No provision

### STUDENTS
No provision

### LOCUM TENENS
No provision

### OTHER
### WEST VIRGINIA ~ OSTEOPATHIC REGULATIONS

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<td>PA DEFINED</td>
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#### SCOPE OF PRACTICE

Delegated services shall be limited to those which are educational, diagnostic, therapeutic or preventive in nature. According to standards set by the supervising physician, osteopathic PA may formulate a provisional diagnosis and treatment plan.

2.2.2

Osteopathic PA shall not perform any services that the supervising physician is not qualified to perform and which are not included on the board-approved job description. Osteopathic PA may sign orders (to be countersigned later by physician) provided they are not in conflict with hospital regulations.

2.2.6

Tasks a PA may perform are those which require technical skill, execution of standing orders, routine patient care tasks, and such diagnostic and therapeutic procedures as the supervising physician wishes to delegate after satisfied as to PA’s competence. Physician may delegate tasks within the normal scope of his practice, subject to limitations in the law and regulations and the training and expertise of the PA.

PA may not independently delegate an assigned task, perform acupuncture, or pronounce a patient dead except in setting where state or federal government regulations permit a registered nurse or osteopathic PA to do so.

Osteopathic PA shall augment a physician’s data-gathering abilities and shall, at a minimum, have the knowledge and competency to perform the following functions (non-inclusive list):

- take history, perform physical exam, record data
- request lab studies, identify findings
- make patient management decisions
- initiate appropriate emergency treatment
- counsel patients
- perform clinical procedures (listed in regulations)

Osteopathic PA may work in emergency department if he is trained in emergency medicine, has protocols to govern his performance, and is supervised by a physician with whom he has ready contact.

Osteopathic PA may not maintain or manage an office separate and apart from the supervising physician’s primary office unless the board has granted the physician specific permission to establish a satellite operation. A supervising physician is limited to 2 satellite operations. Criteria for approval include:

- PA will be utilized in an area of manpower shortage or medical need
- adequate provision exists for direct communication between physician and PA; distance between them does not impede appropriate emergency services
- physician sees each regular patient periodically (for example, every third visit)
- supervising physician visits remote office at least every 14 days and spends enough time to supervise and review records 2.12

#### PRESCRIBING/DISPENSING

Osteopathic PA may be authorized by the board to issue written or oral prescriptions for certain drugs at the direction of the supervising physician. Prescribing osteopathic PA must have 2 years of patient care experience, have completed accredited course in clinical pharmacology of not less than 4 semester hours, have a board approved job description which includes categories of drugs PA is delegated to prescribe, PA maintains national certification and completes 10 hours of CME in rational drug therapy in each certification period. The board’s formulary excludes those categories of drugs cited in the statute, plus parenteral preparations except insulin and epinephrine. Formulary contains sections on drugs commonly used in outpatient settings and drugs less commonly used that may be prescribed in limited situations.

Osteopathic PA prescriptions must be consistent with supervising physician’s treatment protocols (which must indicate maximum dosage). Each Rx and refill must be entered on patient’s chart. Prescription form must have names of PA and physician, address, phone number and categories of drugs PA allowed to prescribe, plus a standard warning to pharmacists. Copies of the form must be provided to area pharmacies.

Osteopathic PAs authorized to prescribe controlled substances must include their DEA numbers. Schedule III limited to 72-hour supply without refill. Schedules IV and V limited to 90 dosage units or 30-day supply, whichever is less. Other drugs shall not be prescribed or refillable for a period exceeding 6 months.
SUPERVISION DEFINED

The opportunity or ability of the physician to provide or exercise control and direction over osteopathic PA services. The constant physical presence of the physician is not required if NCCPA-certified PA is or can easily be in contact with the physician by radio, telephone or telecommunication. An appropriate degree of supervision includes:

- personal supervision by the osteopathic physician of a minimum of 25 percent of the weekly hours worked by each osteopathic PA
- active and continuing overview to see that directions are implemented
- availability of physician for all necessary consultations
- personal and regular review (at least monthly) of selected patient records
- periodic (at least monthly) education and review sessions to discuss specific conditions, protocols, procedures and patients

Arrangements for substitute supervision must be made if supervising physician will not be available.

Supervising physician shall monitor and supervise the osteopathic PA’s activities and shall provide written protocols for the PA’s use. Protocols must be available for public inspection upon request and may be reviewed by the board.

PAs PER PHYSICIAN

Physician may not employ more than 3 PAs.

PA may not be supervised by more than 3 physicians at one time.

Osteopathic PAs employed by medical care facilities shall practice only under supervision of identified supervising physician and physician shall supervise no more than 3 osteopathic PAs, except that a physician may supervise up to 4 hospital-employed PAs.

APPLICATION

Osteopathic PA application for license and job description written and signed by the supervising physician listing all duties to be performed by the PA must be submitted at least 30 days prior to board meeting. Board approval required.

QUALIFICATIONS

[See statute]

TEMPORARY PERMIT

[See statute]

TERMINATION

Supervising physician must notify the board in writing of any termination in employment of PA within 10 days.

Osteopathic PA must notify the board of any employment changes within 30 days.

CONTINUING EDUCATION

Each osteopathic PA must document completion of not less than 100 hours of CME in each 2 year renewal cycle.

Prescribing PA must maintain NCCPA certification and complete 10 hours of CME in rational drug therapy in each certification period.

TITLE/PRACTICE PROTECTION

[See statute]

IDENTIFICATION

Osteopathic PA on duty must wear name tag which identifies PA as an osteopathic physician assistant.

No osteopathic PA shall render non-emergency outpatient medical services until the patient has been informed that the individual providing care is a PA. In the supervising physician’s office and any satellite operation, a notice must be posted in a prominent place explaining the term “osteopathic physician assistant.” PA license must be prominently displayed.

PHYSICIAN LIABILITY

The legal responsibility for the acts and omissions of the PA remain with the supervising physician at all times.

FEE/RENEWAL SCHEDULE

[See statute]

All PAs and their supervising physicians must submit individual or combined reports each year on the professional conduct, capabilities and performance of the PA. These reports must accompany license renewal applications and be submitted by April 1.
## WEST VIRGINIA OSTEOPATHIC REGULATIONS

### PROGRAM APPROVAL

[See statute]

### BOARD REPRESENTATION/ ADVISORY COMMITTEE

No provision

### BOARD POWERS

[See statute]

### DISCIPLINARY POWERS

License may be restricted, suspended or revoked. 2.9

### VIOLATIONS/PENALTY

Grounds for disciplinary action if the board finds an osteopathic PA:
- has held himself out or permitted another to represent him as a licensed osteopathic physician
- has performed other than at the direction and under the supervision of a licensed osteopathic physician
- has been delegated and performed tasks beyond his competence and not on his job description
- is habitual user of intoxicants or drugs to the extent that he is unable to perform safely as an osteopathic PA
- has been convicted of a felony or criminal offense involving moral turpitude
- has been judged mentally incompetent or is mentally incapable of performing safely as an osteopathic PA
- has failed to comply with the law or regulations
- is guilty of unprofessional conduct (includes misrepresentation of fact in obtaining license, violation of law, conviction of felony, misconduct or negligence in osteopathic PA practice, performing osteopathic PA tasks while impaired, impersonating osteopathic physician or another licensed PA, agreeing to treat disease by a secret method, prescribing controlled substance for self or family member, prescribing for other than therapeutic reasons, prescribing outside of formulary or job description) 2.9

### PAYMENT FOR SERVICES

PA may not independently bill patients for services provided. 2.12

### GRANDFATHER CLAUSE

No provision

### STUDENTS

No provision

### LOCUM TENENS

The legal responsibility for any PA remains that of the supervising physician, except in temporary situations not to exceed 21 days in cases when a licensed and fully qualified PA is substituting for another licensed PA, the acts and omissions of substituting PA are legal responsibility of the absent PA’s designated supervising physician. The temporary change in supervisory responsibility shall be provided to the board in writing within 10 days of the effective date of the substitution, signed by the affected supervising physicians and PAs and clearly specifying the dates of substitution. 2.8

### OTHER