ENROLLED

COMMITTEE SUBSTITUTE

FOR

Senate Bill No. 535

(SENATORS STOLLINGS, FOSTER AND MILLER, ORIGINAL SPONSORS)

[PASSED MARCH 10, 2012; IN EFFECT NINETY DAYS FROM PASSAGE.]
AN ACT to amend and reenact §30-3-16 of the Code of West Virginia, 1931, as amended; to amend and reenact §30-7-15a of said code; and to amend and reenact §30-14A-1 of said code, all relating to expanding prescriptive authority of advanced practice registered nurses, physician assistants and assistants to osteopathic physicians and surgeons to allow the prescribing of medications for chronic diseases for an annual supply; clarifying that controlled substances are not included and chronic pain management is excluded from chronic diseases; eliminating the exclusion for prescribing anticoagulants for the specific prescribers; and correcting terminology.

Be it enacted by the Legislature of West Virginia:

That §30-3-16 of the Code of West Virginia, 1931, as amended, be amended and reenacted; that §30-7-15a of said code be amended and reenacted; and that §30-14A-1 of said code be amended and reenacted, all to read as follows:

ARTICLE 3. WEST VIRGINIA MEDICAL PRACTICE ACT.
§30-3-16. Physician assistants; definitions; Board of Medicine rules; annual report; licensure; temporary license; relicensure; job description required; revocation or suspension of licensure; responsibilities of supervising physician; legal responsibility for physician assistants; reporting by health care facilities; identification; limitations on employment and duties; fees; continuing education; unlawful representation of physician assistant as a physician; criminal penalties.

(a) As used in this section:

(1) "Approved program" means an educational program for physician assistants approved and accredited by the Committee on Accreditation of Allied Health Education Programs or its successor;

(2) "Health care facility" means any licensed hospital, nursing home, extended care facility, state health or mental institution, clinic or physician's office;

(3) "Physician assistant" means an assistant to a physician who is a graduate of an approved program of instruction in primary health care or surgery, has attained a baccalaureate or master's degree, has passed the national certification examination and is qualified to perform direct patient care services under the supervision of a physician;

(4) "Physician assistant-midwife" means a physician assistant who meets all qualifications set forth under subdivision (3) of this subsection and fulfills the requirements set forth in subsection (d) of this section, is subject to all provisions of this section and assists in the management and care of a woman and her infant during the prenatal, delivery and postnatal periods; and

(5) "Supervising physician" means a doctor or doctors of medicine or podiatry permanently and fully licensed in this state without restriction or limitation who assume legal and supervisory responsibility for the work or training of any physician assistant under his or her supervision.
(b) The board shall promulgate rules pursuant to the provisions of article three, chapter twenty-nine-a of this code governing the extent to which physician assistants may function in this state. The rules shall provide that the physician assistant is limited to the performance of those services for which he or she is trained and that he or she performs only under the supervision and control of a physician permanently licensed in this state but that supervision and control does not require the personal presence of the supervising physician at the place or places where services are rendered if the physician assistant’s normal place of employment is on the premises of the supervising physician. The supervising physician may send the physician assistant off the premises to perform duties under his or her direction but a separate place of work for the physician assistant may not be established. In promulgating the rules, the board shall allow the physician assistant to perform those procedures and examinations and, in the case of certain authorized physician assistants, to prescribe at the direction of his or her supervising physician, in accordance with subsection (r) of this section, those categories of drugs submitted to it in the job description required by this section. Certain authorized physician assistants may pronounce death in accordance with the rules proposed by the board which receive legislative approval. The board shall compile and publish an annual report that includes a list of currently licensed physician assistants and their supervising physician(s) and location in the state.

(c) The board shall license as a physician assistant any person who files an application together with a proposed job description and furnishes satisfactory evidence to it that he or she has met the following standards:

(1) Is a graduate of an approved program of instruction in primary health care or surgery;

(2) Has passed the certifying examination for a primary care physician assistant administered by the National Commission on Certification of Physician Assistants and has
maintained certification by that commission so as to be currently certified;

(3) Is of good moral character; and

(4) Has attained a baccalaureate or master's degree.

(d) The board shall license as a physician assistant-midwife any person who meets the standards set forth under subsection (c) of this section and, in addition thereto, the following standards:

(1) Is a graduate of a school of midwifery accredited by the American College of Nurse-midwives;

(2) Has passed an examination approved by the board; and

(3) Practices midwifery under the supervision of a board-certified obstetrician, gynecologist or a board-certified family practice physician who routinely practices obstetrics.

(e) The board may license as a physician assistant any person who files an application together with a proposed job description and furnishes satisfactory evidence that he or she is of good moral character and meets either of the following standards:

(1) He or she is a graduate of an approved program of instruction in primary health care or surgery prior to July 1, 1994, and has passed the certifying examination for a physician assistant administered by the National Commission on Certification of Physician Assistants and has maintained certification by that commission so as to be currently certified; or

(2) He or she had been certified by the board as a physician assistant then classified as Type B prior to July 1, 1983.

(f) Licensure of an assistant to a physician practicing the specialty of ophthalmology is permitted under this section:
Provided, That a physician assistant may not dispense a prescription for a refraction.

(g) When a graduate of an approved program who has successfully passed the National Commission on Certification of Physician Assistants' certifying examination submits an application to the board for a physician assistant license, accompanied by a job description as referenced by this section, and a $50 temporary license fee, and the application is complete, the board shall issue to that applicant a temporary license allowing that applicant to function as a physician assistant.

(h) When a graduate of an approved program submits an application to the board for a physician assistant license, accompanied by a job description as referenced by this section, and a $50 temporary license fee, and the application is complete, the board shall issue to the applicant a temporary license allowing the applicant to function as a physician assistant until the applicant successfully passes the National Commission on Certification of Physician Assistants' certifying examination so long as the applicant sits for and obtains a passing score on the examination next offered following graduation from the approved program.

(i) No applicant may receive a temporary license who, following graduation from an approved program, has not obtained a passing score on the examination.

(j) A physician assistant who has not been certified by the National Commission on Certification of Physician Assistants will be restricted to work under the direct supervision of the supervising physician.

(k) A physician assistant who has been issued a temporary license shall, within thirty days of receipt of written notice from the National Commission on Certification of Physician Assistants of his or her performance on the certifying examination, notify the board in writing of his or her results. In the event of failure of that examination, the
132 temporary license shall terminate automatically and the
133 board shall so notify the physician assistant in writing.

134 (l) In the event a physician assistant fails a recertification
135 examination of the National Commission on Certification of
136 Physician Assistants and is no longer certified, the physician
137 assistant shall immediately notify his or her supervising
138 physician or physicians and the board in writing. The
139 physician assistant shall immediately cease practicing, the
140 license shall terminate automatically and the physician
141 assistant is not eligible for reinstatement until he or she has
142 obtained a passing score on the examination.

143 (m) A physician applying to the board to supervise a
144 physician assistant shall affirm that the range of medical
145 services set forth in the physician assistant's job description
146 are consistent with the skills and training of the supervising
147 physician and the physician assistant. Before a physician
148 assistant can be employed or otherwise use his or her skills,
149 the supervising physician and the physician assistant must
150 obtain approval of the job description from the board. The
151 board may revoke or suspend any license of an assistant to a
152 physician for cause, after giving the assistant an opportunity
153 to be heard in the manner provided by article five, chapter
154 twenty-nine-a of this code and as set forth in rules duly
155 adopted by the board.

156 (n) The supervising physician is responsible for observ-
157 ing, directing and evaluating the work, records and practices
158 of each physician assistant performing under his or her
159 supervision. He or she shall notify the board in writing of
160 any termination of his or her supervisory relationship with
161 a physician assistant within ten days of the termination. The
162 legal responsibility for any physician assistant remains with
163 the supervising physician at all times including occasions
164 when the assistant under his or her direction and supervision
165 aids in the care and treatment of a patient in a health care
166 facility. In his or her absence, a supervising physician must
167 designate an alternate supervising physician but the legal
168 responsibility remains with the supervising physician at all
169 times. A health care facility is not legally responsible for the
actions or omissions of the physician assistant unless the
physician assistant is an employee of the facility.

(o) The acts or omissions of a physician assistant em-
ployed by health care facilities providing inpatient or
outpatient services are the legal responsibility of the facili-
ties. Physician assistants employed by facilities in staff
positions shall be supervised by a permanently licensed
physician.

(p) A health care facility shall report in writing to the
board within sixty days after the completion of the facility's
formal disciplinary procedure and after the commencement
and conclusion of any resulting legal action, the name of any
physician assistant practicing in the facility whose privileges
at the facility have been revoked, restricted, reduced or
terminated for any cause including resignation, together
with all pertinent information relating to the action. The
health care facility shall also report any other formal
disciplinary action taken against any physician assistant by
the facility relating to professional ethics, medical incompe-
tence, medical malpractice, moral turpitude or drug or
alcohol abuse. Temporary suspension for failure to maintain
records on a timely basis or failure to attend staff or section
meetings need not be reported.

(q) When functioning as a physician assistant, the
physician assistant shall wear a name tag that identifies him
or her as a physician assistant. A two and one-half by three
and one-half inch card of identification shall be furnished by
the board upon licensure of the physician assistant.

(r) A physician assistant may write or sign prescriptions
or transmit prescriptions by word of mouth, telephone or
other means of communication at the direction of his or her
supervising physician. A fee of $50 will be charged for
prescription-writing privileges. The board shall promulgate
rules pursuant to the provisions of article three, chapter
twenty-nine-a of this code governing the eligibility and
extent to which a physician assistant may prescribe at the
direction of the supervising physician. The rules shall include, but not be limited to, the following:

(1) Provisions and restrictions for approving a state formulary classifying pharmacologic categories of drugs that may be prescribed by a physician assistant are as follows:

(A) Schedules I and II of the Uniform Controlled Substances Act, antineoplastic, radiopharmaceuticals, general anesthetics and radiographic contrast materials shall be excluded from the formulary;

(B) Drugs listed under Schedule III shall be limited to a seventy-two hour supply without refill;

(C) In addition to the above referenced provisions and restrictions and at the direction of a supervising physician, the rules shall permit the prescribing of an annual supply of any drug, with the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management. For the purposes of this section, a “chronic condition” is a condition which lasts three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication and does not generally disappear. These conditions, with the exception of chronic pain, include, but are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy and seizures and obesity. The prescriber authorized in this section shall note on the prescription the chronic disease being treated.

(D) Categories of other drugs may be excluded as determined by the board.

(2) All pharmacological categories of drugs to be prescribed by a physician assistant shall be listed in each job description submitted to the board as required in subsection (i) of this section;

(3) The maximum dosage a physician assistant may prescribe;
(4) A requirement that to be eligible for prescription privileges, a physician assistant shall have performed patient care services for a minimum of two years immediately preceding the submission to the board of the job description containing prescription privileges and shall have successfully completed an accredited course of instruction in clinical pharmacology approved by the board; and

(5) A requirement that to maintain prescription privileges, a physician assistant shall continue to maintain National Certification as a Physician Assistant and, in meeting the national certification requirements, shall complete a minimum of ten hours of continuing education in rational drug therapy in each certification period. Nothing in this subsection permits a physician assistant to independently prescribe or dispense drugs.

(s) A supervising physician may not supervise at any one time more than three full-time physician assistants or their equivalent, except that a physician may supervise up to four hospital-employed physician assistants. No physician shall supervise more than four physician assistants at any one time.

(t) A physician assistant may not sign any prescription, except in the case of an authorized physician assistant at the direction of his or her supervising physician in accordance with the provisions of subsection (r) of this section. A physician assistant may not perform any service that his or her supervising physician is not qualified to perform. A physician assistant may not perform any service that is not included in his or her job description and approved by the board as provided for in this section.

(u) The provisions of this section do not authorize a physician assistant to perform any specific function or duty delegated by this code to those persons licensed as chiropractors, dentists, dental hygienists, optometrists or pharmacists or certified as nurse anesthetists.
(v) Each application for licensure submitted by a licensed supervising physician under this section is to be accompanied by a fee of $200. A fee of $100 is to be charged for the biennial renewal of the license. A fee of $50 is to be charged for any change or addition of supervising physician or change or addition of job location. A fee of $50 will be charged for prescriptive writing privileges.

(w) As a condition of renewal of physician assistant license, each physician assistant shall provide written documentation of participation in and successful completion during the preceding two-year period of continuing education, in the number of hours specified by the board by rule, designated as Category I by the American Medical Association, American Academy of Physician Assistants or the Academy of Family Physicians and continuing education, in the number of hours specified by the board by rule, designated as Category II by the Association or either Academy.

(x) Notwithstanding any provision of this chapter to the contrary, failure to timely submit the required written documentation results in the automatic expiration of any license as a physician assistant until the written documentation is submitted to and approved by the board.

(y) If a license is automatically expired and reinstatement is sought within one year of the automatic expiration, the former licensee shall:

1. Provide certification with supporting written documentation of the successful completion of the required continuing education;

2. Pay a renewal fee; and

3. Pay a reinstatement fee equal to fifty percent of the renewal fee.

(z) If a license is automatically expired and more than one year has passed since the automatic expiration, the former licensee shall:
(1) Apply for a new license;

(2) Provide certification with supporting written documentation of the successful completion of the required continuing education; and

(3) Pay such fees as determined by the board.

(aa) It is unlawful for any physician assistant to represent to any person that he or she is a physician, surgeon or podiatrist. A person who violates the provisions of this subsection is guilty of a felony and, upon conviction thereof, shall be imprisoned in a state correctional facility for not less than one nor more than two years, or be fined not more than $2,000, or both fined and imprisoned.

(bb) All physician assistants holding valid certificates issued by the board prior to July 1, 1992, are licensed under this section.

ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

§30-7-15a. Prescriptive authority for prescription drugs; coordination with Board of Pharmacy.

1 (a) The board may, in its discretion, authorize an advanced practice registered nurse to prescribe prescription drugs in a collaborative relationship with a physician licensed to practice in West Virginia and in accordance with applicable state and federal laws. An authorized advanced practice registered nurse may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

(b) For purposes of this section an agreement to a collaborative relationship for prescriptive practice between a physician and an advanced practice registered nurse shall be set forth in writing. Verification of the agreement shall be filed with the board by the advanced practice registered nurse. The board shall forward a copy of the verification to the Board of Medicine and the Board of Osteopathic Medi-
cine. Collaborative agreements shall include, but are not limited to, the following:

(1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced practice registered nurse’s clinical practice;

(2) Statements describing the individual and shared responsibilities of the advanced practice registered nurse and the physician pursuant to the collaborative agreement between them;

(3) Periodic and joint evaluation of prescriptive practice; and

(4) Periodic and joint review and updating of the written guidelines or protocols.

(c) The board shall promulgate legislative rules in accordance with the provisions of chapter twenty-nine-a of this code governing the eligibility and extent to which an advanced practice registered nurse may prescribe drugs. Such rules shall provide, at a minimum, a state formulary classifying those categories of drugs which shall not be prescribed by advanced practice registered nurse including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, radio-pharmaceuticals and general anesthetics. Drugs listed under Schedule III shall be limited to a seventy-two hour supply without refill. In addition to the above referenced provisions and restrictions and pursuant to a collaborative agreement as set forth in subsections (a) and (b) of this section, the rules shall permit the prescribing of an annual supply of any drug, with the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management. For the purposes of this section, a “chronic condition” is a condition which lasts three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication and does not generally disappear. These conditions, with the exception of chronic pain, include, but are not limited to, arthritis,
asthma, cardiovascular disease, cancer, diabetes, epilepsy and seizures and obesity. The prescriber authorized in this section shall note on the prescription the chronic disease being treated.

(d) The board shall consult with other appropriate boards for the development of the formulary.

(e) The board shall transmit to the Board of Pharmacy a list of all advanced practice registered nurse with prescriptive authority. The list shall include:

1. The name of the authorized advanced practice registered nurse;
2. The prescriber’s identification number assigned by the board; and
3. The effective date of prescriptive authority.

ARTICLE 14A. ASSISTANTS TO OSTEOPATHIC PHYSICIANS AND SURGEONS.

§30-14A-1. Osteopathic physician assistant to osteopathic physicians and surgeons; definitions; board of osteopathy rules; licensure; temporary licensure; renewal of license; job description required; revocation or suspension of license; responsibilities of the supervising physician; legal responsibility for osteopathic physician assistants; reporting of disciplinary procedures; identification; limitation on employment and duties; fees; unlawful use of the title of “osteopathic physician assistant”; unlawful representation of an osteopathic physician assistant as a physician; criminal penalties.

(a) As used in this section:

1. “Approved program” means an educational program for osteopathic physician assistants approved and accredited by the Committee on Allied Health Education and Accreditation or its successor.
(2) "Board" means the Board of Osteopathy established under the provisions of article fourteen, chapter thirty of this code.

(3) "Direct supervision" means the presence of the supervising physician at the site where the osteopathic physician assistant performs medical duties.

(4) "Health care facility" means any licensed hospital, nursing home, extended care facility, state health or mental institution, clinic or physician's office.

(5) "License" means a certificate issued to an osteopathic physician assistant who has passed the examination for a primary care or surgery physician assistant administered by the National Board of Medical Examiners on behalf of the National Commission on Certification of Physician Assistants. All osteopathic physician assistants holding valid certificates issued by the board prior to March 31, 2010, are licensed under the provisions of this article, but must renew the license pursuant to the provisions of this article.

(6) "Osteopathic physician assistant" means 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 Examination and is qualified to perform direct patient care services under the supervision of an osteopathic physician.

(7) "Supervising physician" means a doctor of osteopathy permanently licensed in this state who assumes legal and supervising responsibility for the work or training of an osteopathic physician assistant under his or her supervision.

(b) The board shall propose emergency and legislative rules for legislative approval pursuant to the provisions of article three, chapter twenty-nine-a of this code, governing the extent to which osteopathic physician assistants may function in this state. The rules shall provide that:

(1) The osteopathic physician assistant is limited to the performance of those services for which he or she is trained;
(2) The osteopathic physician assistant performs only under the supervision and control of an osteopathic physician permanently licensed in this state but such supervision and control does not require the personal presence of the supervising physician at the place or places where services are rendered if the osteopathic physician assistant's normal place of employment is on the premises of the supervising physician. The supervising physician may send the osteopathic physician assistant off the premises to perform duties under his or her direction, but a separate place of work for the osteopathic physician assistant may not be established; and

(3) The board may allow the osteopathic physician assistant to perform those procedures and examinations and, in the case of authorized osteopathic physician assistants, to prescribe at the direction of his or her supervising physician in accordance with subsections (p) and (q) of this section those categories of drugs submitted to it in the job description required by subsection (f) of this section.

c) The board shall compile and publish an annual report that includes a list of currently licensed osteopathic physician assistants and their employers and location in the state.

d) The board shall license as an osteopathic physician assistant a person who files an application together with a proposed job description and furnishes satisfactory evidence that he or she has met the following standards:

1. Is a graduate of an approved program of instruction in primary health care or surgery;

2. Has passed the examination for a primary care or surgery physician assistant administered by the National Board of Medical Examiners on behalf of the National Commission on Certification of Physician Assistants; and

3. Is of good moral character.

e) When a graduate of an approved program submits an application to the board, accompanied by a job description
in conformity with this section, for an osteopathic physician
assistant license, the board may issue to the applicant a
temporary license allowing the applicant to function as an
osteopathic physician assistant for the period of one year.
The temporary license may be renewed for one additional
year upon the request of the supervising physician. An
osteopathic physician assistant who has not been certified as
such by the National Board of Medical Examiners on behalf
of the National Commission on Certification of Physician
Assistants will be restricted to work under the direct
supervision of the supervising physician.

(f) An osteopathic physician applying to the board to
supervise an osteopathic physician assistant shall provide a
job description that sets forth the range of medical services
to be provided by the assistant. Before an osteopathic
physician assistant can be employed or otherwise use his or
her skills, the supervising physician must obtain approval of
the job description from the board. The board may revoke or
suspend a license of an assistant to a physician for cause,
after giving the person an opportunity to be heard in the
manner provided by sections eight and nine, article one of
this chapter.

(g) The supervising physician is responsible for observ-
ing, directing and evaluating the work records and practices
of each osteopathic physician assistant performing under his
or her supervision. He or she shall notify the board in writing
of any termination of his or her supervisory relationship with
an osteopathic physician assistant within ten days of his or
her termination. The legal responsibility for any osteopathic
physician assistant remains with the supervising physician
at all times, including occasions when the assistant, under
his or her direction and supervision, aids in the care and
treatment of a patient in a health care facility. In his or her
absence, a supervising physician must designate an alternate
supervising physician but the legal responsibility remains
with the supervising physician at all times. A health care
facility is not legally responsible for the actions or omissions
of an osteopathic physician assistant unless the osteopathic physician assistant is an employee of the facility.

(h) The acts or omissions of an osteopathic physician assistant employed by health care facilities providing inpatient services are the legal responsibility of the facilities. Osteopathic physician assistants employed by such facilities in staff positions shall be supervised by a permanently licensed physician.

(i) A health care facility shall report in writing to the board within sixty days after the completion of the facility's formal disciplinary procedure, and after the commencement and the conclusion of any resulting legal action, the name of an osteopathic physician assistant practicing in the facility whose privileges at the facility have been revoked, restricted, reduced or terminated for any cause including resignation, together with all pertinent information relating to such action. The health care facility shall also report any other formal disciplinary action taken against an osteopathic physician assistant by the facility relating to professional ethics, medical incompetence, medical malpractice, moral turpitude or drug or alcohol abuse. Temporary suspension for failure to maintain records on a timely basis or failure to attend staff or section meetings need not be reported.

(j) When functioning as an osteopathic physician assistant, the osteopathic physician assistant shall wear a name tag that identifies him or her as a physician assistant.

(k) (1) A supervising physician shall not supervise at any time more than three osteopathic physician assistants except that a physician may supervise up to four hospital-employed osteopathic physician assistants: Provided, That an alternative supervisor has been designated for each.

(2) An osteopathic physician assistant shall not perform any service that his or her supervising physician is not qualified to perform.
(3) An osteopathic physician assistant shall not perform any service that is not included in his or her job description and approved by the board as provided in this section.

(4) The provisions of this section do not authorize an osteopathic physician assistant to perform any specific function or duty delegated by this code to those persons licensed as chiropractors, dentists, registered nurses, licensed practical nurses, dental hygienists, optometrists or pharmacists or certified as nurse anesthetists.

(l) An application for license or renewal of license shall be accompanied by payment of a fee established by legislative rule of the Board of Osteopathy pursuant to the provisions of article three, chapter twenty-nine-a of this code.

(m) As a condition of renewal of an osteopathic physician assistant license, each osteopathic physician assistant shall provide written documentation satisfactory to the board of participation in and successful completion of continuing education in courses approved by the Board of Osteopathy for the purposes of continuing education of osteopathic physician assistants. The osteopathy board shall propose legislative rules for minimum continuing hours necessary for the renewal of a license. These rules shall provide for minimum hours equal to or more than the hours necessary for national certification. Notwithstanding any provision of this chapter to the contrary, failure to timely submit the required written documentation results in the automatic suspension of a license as an osteopathic physician assistant until the written documentation is submitted to and approved by the board.

(n) It is unlawful for any person who is not licensed by the board as an osteopathic physician assistant to use the title of osteopathic physician assistant or to represent to any other person that he or she is an osteopathic physician assistant. A person who violates the provisions of this subsection is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than $2,000.
(o) It is unlawful for an osteopathic physician assistant to represent to any person that he or she is a physician. A person who violates the provisions of this subsection is guilty of a felony, and, upon conviction thereof, shall be imprisoned in a state correctional facility for not less than one, nor more than two years, or be fined not more than $2,000, or both fined and imprisoned.

(p) An osteopathic physician assistant may write or sign prescriptions or transmit prescriptions by word of mouth, telephone or other means of communication at the direction of his or her supervising physician. The board shall propose rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a of this code governing the eligibility and extent to which an osteopathic physician assistant may prescribe at the direction of the supervising physician. The rules shall provide for a state formulary classifying pharmacologic categories of drugs which may be prescribed by such an osteopathic physician assistant. In classifying such pharmacologic categories, those categories of drugs which shall be excluded include, but are not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, radio-pharmaceuticals, general anesthetics and radiographic contrast materials. Drugs listed under Schedule III are limited to a seventy-two hour supply without refill. In addition to the above referenced provisions and restrictions at the direction of a supervising physician, the rules shall permit the prescribing an annual supply of any drug other than controlled substances which is prescribed for the treatment of a chronic condition other than chronic pain management. For the purposes of this section, a “chronic condition” is a condition which last three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication and does not generally disappear. These conditions include, but are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy and seizures and obesity. The prescriber authorized in this section shall note on the prescription the condition for which the patient is being treated. The rules shall provide that all
pharmacological categories of drugs to be prescribed by an osteopathic physician assistant be listed in each job description submitted to the board as required in this section. The rules shall provide the maximum dosage an osteopathic physician assistant may prescribe.

(q) (1) The rules shall provide that to be eligible for such prescription privileges, an osteopathic physician assistant must:

(A) Submit an application to the board for prescription privileges;

(B) Have performed patient care services for a minimum of two years immediately preceding the application; and

(C) Have successfully completed an accredited course of instruction in clinical pharmacology approved by the board.

(2) The rules shall provide that to maintain prescription privileges, an osteopathic physician assistant shall:

(A) Continue to maintain national certification as an osteopathic physician assistant; and

(B) Complete a minimum of ten hours of continuing education in rational drug therapy in each licensing period.

(3) Nothing in this subsection permits an osteopathic physician assistant to independently prescribe or dispense drugs.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originated in the Senate.

In effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

The within ................ was approved this the 2nd Day of April .................. 2012.

Governor
PRESENTED TO THE GOVERNOR

MAR 29 2012

Time 4:20 pm