

Spring 2012

# WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE



## PHYSICIAN'S ROLE WITH OSTEOPATHIC PHYSICIAN ASSISTANTS

There are just under 200 Osteopathic Physician Assistants licensed in West Virginia and the number continues to grow. With that expansion of mid-level providers come many questions from physicians and PA's alike with regard to their responsibilities to each other. While this information can be found on our website under "Web Links" to the WV Legislature, this article will provide some specific rules and regulations for both the PA and his/her Osteopathic Physician.

1. An Osteopathic PA cannot practice independently. The Osteopathic Physician is responsible for observing, directing, and evaluating the work of the Physician Assistant.

2. The supervising physician is **required** to notify the Board within 10 days of any termination of employment with a Physician Assistant.

3. Supervising Physician must conduct monthly chart reviews and case discussions with the Physician Assistant and keep records of such reviews.

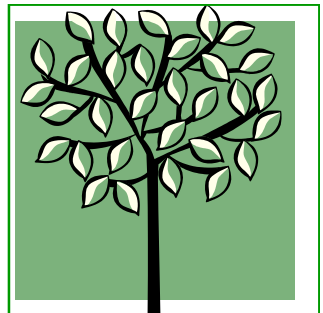
4. At license renewal time for the PA, the Supervising Physician is required to submit a written review of the PA's job performance and both the PA and the

Physician must sign before submitting to the Board with the license renewal application.

5. The Supervising Physician is responsible for providing oversight of the Physician Assistant at all times. At least one backup physician should be named on a PA's application for supervision during those times when the main Supervising Physician is not available. The Osteopathic Board allows the use of an Allopathic physician for such coverage; however, the Allopathic Board of Medicine does not reciprocate that rule.

6. PAs **do not automatically receive prescriptive writing privileges when they obtain a license** to practice. They must have been in practice for one year and complete an application requesting prescriptive privileges with that particular supervising physician.

7. If a Physician Assistant has acquired prescriptive writing privileges, they must obtain 10 hours of CEUs in rational drug therapy as part of their 100 CEUs required at license renewal time.



### In this issue:

PHYSICIAN'S  
ROLE WITH  
OSTEOPATHIC  
PHYSICIAN  
ASSISTANTS

1

2012 LEGISLA-  
TIVE CHANGES  
FOR WEST  
VIRGINIA  
BOARD OF  
OSTEOPATHIC  
MEDICINE

2, 3

WV BOARD OF  
OSTEOPATHIC  
MEDICINE  
HIRES NEW  
LEGAL  
COUNSEL

4

# 2012 LEGISLATIVE CHANGES

## for the

# WEST VIRGINIA BOARD OF

# OSTEOPATHIC MEDICINE



During the 2012 Legislative Session there were several bills passed which have a direct affect on the osteopathic profession in West Virginia. They are as follows:

**HB 4239:** Added a Physician Assistant and one additional Osteopathic Physician to the Board membership. Both will be appointed by the Governor with recommendations from their respective associations. This bill also changed the name of the board to the “**West Virginia Board of Osteopathic Medicine.**” The board will no longer be known as the West Virginia Board of Osteopathy. This change was made as a recommendation from the American Osteopathic Association.

**HB 4139:** Revised Series 1, Legislative Rule for Osteopathic Physicians regarding the use of controlled substances in the treatment of obesity. When treating obesity with controlled substances the following protocol should be implemented:

1. Screening of patient’s metabolic & cardiac functioning;

2. The medication should only be part of a comprehensive program of management of diet and lifestyle and should be monitored and documented by the treating physician.
3. The drug prescribed for weight loss shall be approved by the FDA as being appropriate for the treatment of obesity;
4. When indicated for “short term” use in weight loss, the patient should not be on the medication for a period which exceeds twelve weeks out of any six-month period, unless, and only so long as, the patient exhibits continued weight loss and no adverse health effects, as documented in patient record.

**SB535:** Revised Series 2, Legislative Rule for Osteopathic Physician Assistants to allow for the prescribing of ninety-day supply with three ninety-day refills of any drug which is prescribed for the treatment of a chronic condition. “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. This would include arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy, seizures, obesity and oral health problems.

**SB437: The Governor's Substance Abuse bill.** Provides the following:

1. WV Board of Osteopathic Medicine shall establish continuing education requirements on the subject of drug diversion training and best practice prescribing of controlled substances which will be required every license renewal period for every physician prescribing, administering or dispensing controlled substances. The end of life CME requirement will be terminated as of July 1, 2012.
2. If in your practice, during any one month period, more than 50% of the patients seen are prescribed controlled substances for chronic pain you must be licensed as a Pain Management Clinic. This annual licensing process will be conducted by West Virginia DHHR, with inspections and oversight under the authority of the Office of Health Facility Licensure and Certification.
3. Operational requirements for a Pain Management Clinic are as follows:
  - A. Must be licensed with the Secretary of State, the State Tax Department and all other applicable business or license entities;
  - B. At least one owner shall be a physician actively licensed to practice in West Virginia with no restrictions placed upon that license;
  - C. Each clinic shall designate a physician owner who shall practice at the clinic and who will be responsible for the operation of the clinic;
  - D. The physician owner must meet one of the following requirements:

Have completed an accredited pain management fellowship **OR**  
Hold current board certification by the American Board of Pain Medicine, American Board of Anesthesiology or such other board certification as may be approved by the Secretary of DHHR.
  - E. Prior to treating a patient with controlled substances, the treating physician **MUST** access the Controlled Substance Monitoring Program database to ensure the patient is not seeking controlled substances from multiple providers and a copy of the printout should be maintained in the patient's medical record.

There are several other policy and procedural requirements within the bill. If you would like a copy of those requirements, just contact our Board Office and we will be happy to email it to you.

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**WV Board of Osteopathic Medicine Members**

**President:** Ernest Miller, Jr., D.O.  
**Vice President:** Robert Whitler  
**Secretary:** Arthur Rubin, D.O.  
**Physician Member:** Joseph Schreiber, D.O.  
**Lay Member:** Elizabeth Blatt, Ph.D.



**DISCIPLINARY ACTIONS:** No Disciplinary Actions to report this quarter.

**WV BOARD OF OSTEOPATHIC MEDICINE HIRES NEW  
LEGAL COUNSEL**

On November 1, 2011, the West Virginia Board of Osteopathic Medicine hired Jennifer Akers, Esquire, as its new legal counsel. Jennifer comes to us from DHHR in the areas of labor and employment. She graduated from Marshall University with a Bachelor of Science in Biological Science and minors in Chemistry and Psychology. She received her Doctor of Jurisprudence from West Virginia University College of Law. We welcome her to the Board Office Staff!

