

**WEST VIRGINIA
SECRETARY OF STATE
NATALIE E. TENNANT
ADMINISTRATIVE LAW DIVISION**

Form #3

Do Not Mark In This Box

FILED

2010 JUL 30 PM 1:39

OFFICE WEST VIRGINIA
SECRETARY OF STATE

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: West Virginia Board of Osteopathy TITLE NUMBER: 24

CITE AUTHORITY: W. Va. Code §30-14A-1(b), §30-14A-3

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 2

TITLE OF RULE BEING AMENDED: Osteopathic Physician Assistants

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.



Authorized Signature

QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)

DATE: July 30, 2010

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) West Virginia Board of Osteopathy
405 Capitol Street, Suite 402
Charleston, WV 25301
304-558-6095

LEGISLATIVE RULE TITLE: Osteopathic Physician Assistants

1. Authorizing statute(s) citation W.Va Code §30-14A-1(b), §30-14A-3

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:
June 14, 2010

b. What other notice, including advertising, did you give of the hearing?
A notice of the rule was mailed to every osteopathic physician assistant licensed by the Board and to every supervising physician. The full text of the rule was made available on the Board of Osteopathy's website.

c. Date of Public Hearing(s) *or* Public Comment Period ended:
July 14, 2010

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached X No comments received

- e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

July 30, 2010

- f. Name, title, address and phone/fax/e-mail numbers of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Diana Shepard, Executive Director
West Virginia Board of Osteopathy
405 Capitol Street, Suite 402

Charleston, WV 25301

phone: 304-558-6095

fax: 304-558-609

email: diana.k.shepard@wv.gov

- g. **IF DIFFERENT FROM ITEM 'f'**, please give Name, title, address and phone number(s) of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

Doren Burrell, Sr. Assistant Attorney General

Address: SAME

phone: 304-558-6098

email: dcb@wvago.gov

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

N/A

b. Date of hearing or comment period:

N/A

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

N/A

d. Attach findings and determinations and reasons:

Attached N/A

**TITLE 24
LEGISLATIVE RULE
WEST VIRGINIA BOARD OF OSTEOPATHY**

**SERIES 2
OSTEOPATHIC PHYSICIAN ASSISTANTS**

SUMMARY OF PROPOSED RULE

The proposed rule repeals and replaces the existing rule of the West Virginia Board of Osteopathy regarding the licensing and practice of osteopathic physician assistants. Although the existing rule has been rewritten, this is primarily a reorganization of all essential provisions of the existing rule. Where redundant provisions were found, the redundancies were eliminated and the remaining provisions have been divided into sections for a more logical presentation.

This rule also incorporates changes mandated by the West Virginia Legislature by Senate Bill 618 of the 2010 Regular Session. These changes are as follows:

- 1) Authorization to practice as an osteopathic physician assistant is now established as a 'license' rather than a 'certificate.'
- 2) Osteopathic physician assistants seeking prescription-writing privileges are no longer required to practice in a designated area of need and no longer restricted to perform primary care services.
- 3) The classes of drugs, which an osteopathic physician assistant may prescribe, have been changed to follow the new law.
- 4) The limit on Schedule III drugs has been changed from a 48-hour supply to a 72-hour supply.

Additional changes in this proposed rule are as follows:

- Added a requirement that a temporary licensee must sit for and pass the national certification exam;
- Added a provision specifying that physician assistants should be competent to learn and develop new skills as medical knowledge advances;
- Removed the limitation on the number of physicians who may supervise a physician assistant;
- Amended provisions requiring notification of the Board if the physician assistant has any change in his or her employment or supervision;
- Updated the requirements for continuing education to be consistent with the national certification standard;
- Modified the requirement for education in clinical pharmacology to include regular instruction for the equivalent of a minimum of one academic year; and
- Eliminated the requirement for the use of a prescription pad, approved by the Board, listing the PA's authorized drugs in print on the back.

SUMMARY OF PROPOSED RULE

(Continued)

Finally, the Board proposes to delete some obsolete provisions regarding the power of the Board to conduct inspections of physician assistant offices without a complaint or other probable cause to act, and to delete an out-dated, unnecessarily specific list of clinical skills that an osteopathic physician assistant may perform.

**TITLE 24
LEGISLATIVE RULE
WEST VIRGINIA BOARD OF OSTEOPATHY**

**SERIES 2
OSTEOPATHIC PHYSICIAN ASSISTANTS**

**STATEMENT OF CIRCUMSTANCES
FOR THE PROPOSED AMENDMENTS TO THE RULE**

The West Virginia Legislature amended the Code licensing and certification provisions for osteopathic physician assistants during the 2010 Regular Session. These changes were put into effect by the passage of Senate Bill 618.

This rule is proposed to carry out the provisions of that bill, including the following changes specified in the West Virginia Code:

- 1) Authorization to practice as an osteopathic physician assistant is now established as a 'license' rather than a 'certificate.'
- 2) Osteopathic physician assistants seeking prescription-writing privileges are no longer required to practice in a designated area of need and no longer restricted to perform primary care services.
- 3) The classes of drugs, which an osteopathic physician assistant may prescribe, have been changed to match those that may be prescribed by a physician assistant supervised by an M.D.
- 4) The limit on Schedule III drugs has been changed from a 48-hour supply to a 72-hour supply.

In addition, the existing rule contains many redundant provisions and it is not well-organized. This has made it difficult for people to find relevant provisions within the rule. Therefore, the Board of Osteopathy has taken the opportunity to reorganize the rule and proposes this new form as a repeal and rewrite of the existing rule.

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Osteopathic Physician Assistants

Type of Rule: Legislative Interpretive Procedural

Agency: West Virginia Board of Osteopathy

Address: 405 Capitol Street, Suite 402
Charleston, WV 25301

Phone Number: 304-558-6095 Email: wvbdosteo@wv.gov

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

The proposed rule is likely to result in a slight increase in revenue to the special revenue account of the WV Board of Osteopathy. The Board anticipates that implementation of this rule will result in a slight, yearly increase in the number of people who will seek licenses as osteopathic physician assistants.

The corresponding increase in costs - due mainly to the expenses of additional photocopies, supplies, fax communications and postage - is expected to be comparatively small.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	100.00	50.00	200.00
Personal Services			
Current Expenses	100.00	50.00	200.00
Repairs & Alterations			
Assets			
Other			
2. Estimated Total Revenues	300.00	1,000.00	1,600.00

Rule Title: Osteopathic Physician Assistants

Rule Title: _____

3. Explanation of above estimates (including long-range effect):

Please include any increase or decrease in fees in your estimated total revenues.

During the current year, the primary increase in cost arises from the expenses of notifying affected parties of the changes in the existing law and rule. There is also a potential for one or two new applications from individuals seeking licenses to practice under the new law.

In following year, the Board anticipates that approximately four additional license applications may be received, as well as four separate, additional requests for prescription-writing privileges. Fees from these additional applications will provide an estimated increase of \$1000.00 in revenues. In following years, 6 - 8 additional, new applications are anticipated, resulting in an annual increase in approximately \$1600.00 in revenues from additional license, privilege and verification fees.

With the increase in applications received and licenses issued, there will be some minimal increase in expenses due to the additional supplies and communication costs - postage, telephone, fax, etc. - required to process these additional licenses.

MEMORANDUM

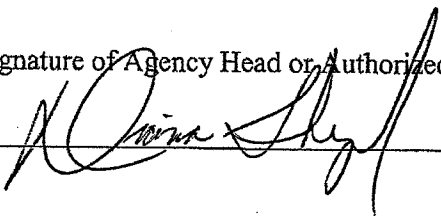
Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

It is important to note that the West Virginia Board of Osteopathy operates under a special revenue account, through which all of the Board's expenses are to be met from fees charged for licensing and additional services provided by the Board.

Except in very limited circumstances, revenues generated by the Board, and expenses incurred by it, have no impact on the general revenue of the State.

Date: JUNE
July 10, 2010

Signature of Agency Head or Authorized Representative



**TITLE 24
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF OSTEOPATHY

SERIES 2
OSTEOPATHIC PHYSICIAN ASSISTANTS**

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OFFICE WEST VIRGINIA
SECRETARY OF STATE

§24-2-1. General.

1.1. Scope. -- This rule establishes requirements and procedures for the licensing, employment and discipline of osteopathic physician assistants in this State. This rule also establishes the scope of practice of osteopathic physician assistants, the extent to which osteopathic physician assistants may function and the responsibilities of osteopathic physicians in supervising physician assistants.

1.2. Authority. -- WEST VIRGINIA CODE §30-14A-1.

1.3. Filing Date. --

1.4. Effective Date. --

1.5. Repeal of former rule -- This legislative rule repeals and replaces WV 24CSR2, "Osteopathic Physician Assistants," filed May 1, 2007, and effective May 1, 2007.

§24-2-2. Definitions.

As used in this rule, these terms shall have the following meanings:

2.1. Assistant -- An osteopathic physician assistant licensed by West Virginia Board of Osteopathy or applying to the Board for a license.

2.2. Board -- The West Virginia Board of Osteopathy

2.3. Health care facility -- Any licensed hospital, nursing home, extended care facility, state health or mental institution, clinic or physician's office.

2.4. Licensure -- The Board's authorization of individuals to practice as osteopathic physician assistants and the process of application and consideration for this authorization.

2.5. NCCPA. -- The National Commission on the Certification of Physician Assistants.

2.6. Osteopathic physician assistant -- A person trained as a physician assistant who practices, or proposes to practice at the direction, and under the supervision of, a doctor of osteopathic medicine and surgery.

2.7. Protocol. -- Written treatment instructions prepared by a supervising osteopathic physician for use by a physician assistant.

2.8. Satellite operation. -- An office or clinic separate and apart from the office of the supervising osteopathic physician, established by the osteopathic physician and staffed, in part, by a physician assistant.

2.9. Supervising physician -- A doctor of osteopathic medicine and surgery, or a designated alternate doctor, who has been approved by the Board to supervise and direct an osteopathic physician assistant.

2.10. Supervision. -- The opportunity or ability of the osteopathic physician to provide or exercise control and direction over the services of an osteopathic physician assistant.

§24-2-3. Licenses and Qualifications for Practice as an Osteopathic Physician Assistant.

3.1. In order to practice as a physician assistant to an osteopathic physician in this state, a person must be licensed by the West Virginia Board of Osteopathy. The Board is authorized to grant two types of licenses: a regular or "full" license and a temporary license. No applicant may receive a temporary license who, following graduation from an approved program, has sat for and not obtained a passing score on the NCCPA examination.

3.2. The minimum requirements for a regular license are as follows:

a. Graduation from an accredited program, approved by the Board, of instruction in primary health care or surgery;

b. A passing score on an examination for a primary care or surgery physician assistant administered by, or on behalf of, the National Commission on Certification of Physician Assistants;

c. Demonstration of good moral character; and

d. A written job description, filed with, and approved by, the Board.

3.3. The minimum requirements for a temporary license are as follows:

a. Graduation from an accredited program, approved by the Board, of instruction in primary health care or surgery;

b. Demonstration of good moral character; and

c. A written job description, filed with, and approved by, the Board.

3.4. No person may receive a temporary license if that person has been licensed as a fully-qualified physician assistant in any state or territory of the United States.

3.5. A temporary license is issued for a period of one year. A physician assistant who has graduated from a qualified educational program shall sit for, and obtain a passing score on, the next examination offered following graduation from the program. The Board may grant an extension of a temporary license for an additional year, but the decision to grant the extension is solely a matter of the discretion of the Board.

§24-2-4. Osteopathic Physician Assistant's Scope of Practice.

4.1. A person may only practice as an osteopathic physician assistant in this state under license granted by the West Virginia Board of Osteopathy, under the supervision of an osteopathic physician holding a full, unrestricted license from this Board, and may only perform those services for which he or she has been trained and authorized, as specified in a written job description filed with, and approved by, the Board.

4.2. The osteopathic physician assistant may, under appropriate direction and supervision by an osteopathic physician, augment the osteopathic physician's data gathering abilities in order to assist the supervising osteopathic physician in reaching decisions and instituting care plans for the osteopathic physician's patients.

4.3. An osteopathic physician assistant should have, as a minimum, the knowledge and competency to perform the following functions and may, under appropriate supervision, perform them:

- a. Screen patients to determine the need for medical attention;
- b. Review patient records to determine health status;
- c. Take a patient history;
- d. Perform a physical examination;
- e. Perform development screening examinations on children;
- f. Record pertinent patient data;
- g. Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition;
- h. Prepare patient summaries;
- i. Initiate requests for commonly performed initial laboratory studies;

j. Collect specimens for, and carry out, commonly performed blood, urine and stool analyses and cultures;

k. Identify normal and abnormal findings in patient history and physical examination and in commonly performed laboratory studies;

l. Initiate appropriate evaluation and emergency management for emergency situations; for example, cardiac arrest, respiratory distress, injuries, burns and hemorrhage; and

m. Provide counseling and instruction for common patient questions

n. Execute documents at the direction of and for the supervising physician;

o. Assist in surgery;

p. Perform clinical procedures such as, but not limited to, the following:

1. Venipuncture;

2. Electrocardiogram;

3. Care and suturing of minor lacerations, with injection of local anesthesia;

4. Casting and splinting;

5. Control of external hemorrhage;

6. Application of dressings and bandages;

7. Removal of superficial foreign bodies;

8. Cardiopulmonary resuscitation;

9. Audiometry screening;

10. Visual screening; and

11. Carry out aseptic and isolation techniques.

q. Study and develop new skills consistent with developments and advances in medical knowledge.

4.4. An osteopathic physician assistant may sign orders to be countersigned later by his or her supervising osteopathic physician: *Provided*, that they are not in conflict with rules or regulations of the facility in which the osteopathic physician assistant practices.

4.5. Identification of osteopathic physician assistant. -- When functioning as an osteopathic physician assistant, the osteopathic physician assistant shall wear a name tag that identifies the wearer as a physician assistant.

4.6. Amendment of Job Description

A supervising osteopathic physician may request a change to the job description of an osteopathic physician assistant at any time, but the osteopathic physician assistant may not engage in any additional practices or tasks until the amendments have been approved by the Board. The request to the Board must include a description or documentation of the osteopathic physician's training, such as continuing education and clinical experience, and the number of procedures performed by the osteopathic physician assistant under the direct supervision of a physician, that would qualify the person to perform the requested, additional duties.

4.7. Practice within Emergency Departments

a. An osteopathic physician assistant may provide medical care or services in an emergency department as long as he or she has training in emergency medicine, functions under specific protocols which govern his or her performance, and is under the supervision of an osteopathic physician with whom he or she has ready contact and who is willing to assume full responsibility for the osteopathic physician assistant's performance.

b. An osteopathic physician assistant shall identify him- or herself to the patient as a physician assistant and shall not render non-emergency outpatient medical services until the patient has been informed of this fact.

4.8. Limitations on employment and scope of duties of osteopathic physician assistants.

a. An osteopathic physician assistant shall not perform any services that are not included in his or her job description and approved by the Board.

b. An osteopathic physician assistant shall not perform any services that his or her supervising osteopathic physician is not qualified to perform.

c. An osteopathic physician assistant shall not maintain an office separate and apart from the supervising osteopathic physician's primary office for treating patients, unless the Board has granted the supervising osteopathic physician specific permission to establish a satellite operation.

d. An osteopathic physician assistant shall not sign prescriptions except in the case of certain osteopathic physician assistants authorized to do so by the Board in accordance with the provisions of section 8 [§24-2-8] of this rule.

e. An osteopathic physician assistant may not independently bill patients for services provided.

f. An osteopathic physician assistant may not independently delegate a task assigned to him or her by his or her supervising osteopathic physician to another individual.

g. An osteopathic physician assistant may not pronounce a patient dead, except in a setting where state or federal government rules or regulations permit a registered nurse or an osteopathic physician assistant to do so.

4.9. The osteopathic physician assistant shall notify the Board of any change in his or her employment or supervisor within ten days of that change.

§24-2-5. Supervision of Osteopathic Physician Assistants.

5.1. An osteopathic physician assistant may *only* practice under the supervision and control of a physician who holds a full, unrestricted license to practice in this state. It is a necessary element of "supervision" that the supervising physician be available to the osteopathic physician assistant. This supervision must be maintained at all times. The osteopathic physician assistant may function in any setting within which the supervising osteopathic physician routinely practices, but in no instance shall a separate place of work for the physician assistant be established.

5.2. Requirements and Scope of Supervision

a. For an osteopathic physician assistant with a Temporary License, the supervising physician must be present on the premises where the osteopathic physician assistant practices at all times while the assistant is working.

b. For an osteopathic physician with a regular License, the supervising physician must be available for consultation and have the ability to direct the actions of the assistant, but the supervising physician's physical presence is not required. For a regularly licensed osteopathic physician assistant, this requirement may be satisfied if the physician and assistant are, or can easily be, in contact with each other by radio, telephone or telecommunication.

c. An appropriate degree of supervision includes:

1. The active and continuing overview of the osteopathic physician assistant's activities to determine that the supervising osteopathic physician's directions are being implemented;

2. The availability of the supervising osteopathic physician to the osteopathic physician assistant for all necessary consultations;

3. Personal and regular (at least monthly) review by the supervising osteopathic physician of selected patient records upon which entries are made by the osteopathic physician assistant. The supervising osteopathic physician shall select patient records for review on the

basis of written criteria established by the supervising osteopathic physician and the osteopathic physician assistant and these records shall be of sufficient number to assure adequate review of the osteopathic physician assistant's scope of practice, and;

4. Periodic (at least monthly) education and review sessions discussing specific conditions, protocols, procedures and specific patients, held by the supervising osteopathic physician for the osteopathic physician assistant under his or her supervision.

5.3. Responsibilities of the Supervising Osteopathic Physician.

a. The supervising osteopathic physician is responsible for observing, directing and evaluating the work, records and practices performed by the osteopathic physician assistant.

b. A supervising osteopathic physician shall not permit an osteopathic physician assistant to practice medicine independently.

c. The supervising osteopathic physician shall notify the Board in writing within ten days of any termination of the employment or supervision of his or her osteopathic physician assistant.

d. The supervising osteopathic physician is legally responsible at all times for patient care and services provided by the osteopathic physician assistant.

e. It is the supervising osteopathic physician's responsibility to be alert to patient complaints concerning the type or quality of services provided by the osteopathic physician assistant.

f. The supervising osteopathic physician shall monitor and supervise the activities of the osteopathic physician assistant and require documentation, including organized medical records. The supervising osteopathic physician may also provide written protocols, consistent with sound practices of evidence-based medicine, for the use of the osteopathic physician assistant in the performance of delegated tasks. The established protocols shall be available for public inspection upon request and may be reviewed by the Board as required.

g. The supervising osteopathic physician shall maintain appropriate records of supervisory contact and make them available for Board review if required.

h. In the supervising osteopathic physician's office and any satellite operation, a notice plainly visible to all patients shall be posted in a prominent place explaining the meaning of the term "Osteopathic Physician Assistant". The osteopathic physician assistant's license must be prominently displayed in the office and any satellite operation in which he or she may function. Duplicate licenses may be obtained from the Board if required.

5.4. Designation of an alternate supervising physician.

a. It is the responsibility of the supervising osteopathic physician to ensure that

supervision is maintained in his or her absence. The supervising osteopathic physician ~~may~~ must designate, to the Board, one or two other licensed physicians to serve as alternate supervising physicians in the absence of the primary supervisor. The supervising osteopathic physician shall not delegate patient care to his or her osteopathic physician assistant unless he or she has made appropriate arrangements for an alternate supervising physician.

b. The legal responsibility for the acts and omissions of the osteopathic physician assistant remains with the supervising osteopathic physician at all times.

c. A supervising osteopathic physician may designate an allopathic physician (or M.D.) as an alternate supervising physician; however, the physician and the physician assistant should consult the West Virginia Board of Medicine to determine the extent to which an M.D. may serve as an alternate supervising physician and the requirements of that agency for licensure and supervision of physician assistants. The designation of an M.D. as alternate supervisor for an osteopathic physician assistant does *not* release or relieve a physician assistant or a physician from responsibility for complying with the rules of the West Virginia Board of Medicine.

§24-2-6. Application for License.

6.1. An application for an osteopathic physician assistant license consists of a completed application form designated by the Board, a written job description, documentation of meeting the statutory requirements for licensure, and payment of the appropriate license fee. The applicant shall verify that the application is true and accurate.

6.2. Job description – The delegation of certain acts to a physician assistant shall be stated on the job description in a manner consistent with sound medical practice and with the protection of the health and safety of the patient in mind. The services shall be limited to those which are educational, diagnostic, therapeutic or preventive in nature and may, according to the standards set by his or her supervising osteopathic physician, allow the osteopathic physician assistant to formulate a provisional diagnosis and treatment plan which may be set by standard protocols of his or her supervising osteopathic physician and are under his or her direction.

6.3. If approved by the Board, the job description serves as a condition upon the license of the osteopathic physician assistant and a boundary on the scope of that person's practice. These limitations shall carry through when a license is renewed for the duration of licensure, unless the Board approves an amendment to, or modification of, the job description.

6.4. The filing of an application does not entitle an osteopathic physician assistant to practice. Authorization to practice is granted solely through the Board's approval of the application and issuance of a license.

6.5. It is the applicant's responsibility to provide all documentation required by the Board and the WEST VIRGINIA CODE. Where the Board may be required to obtain documentation from the original source of the information, the applicant shall execute any authorization that is required by that source to disclose or release that information.

6.6. The Board will not consider an application or decide upon the issuance of a license to an applicant until the complete application, including all third-party documentation or verification, is on file with the Board and the board has had at least fifteen days to review the application.

6.7. When the Board considers an application for license or a challenge to the Board's denial of license, the applicant bears the burden of proving that he or she is qualified to practice as an osteopathic physician assistant in this state.

§24-2-7. Renewal of License; Responsibilities for Maintenance of License.

7.1. An application for renewal of an osteopathic physician assistant license consists of a completed application form designated by the Board, a report of the assistant's activity during the previous licensing period, a report of continuing medical education undertaken by the licensee, documentation of meeting the statutory requirements for licensure, and payment of the appropriate license fee. The applicant shall verify that the application is true and accurate.

7.2. An osteopathic physician assistant and the supervising osteopathic physician shall prepare a written report on the professional conduct, capabilities, and performance of the osteopathic physician assistant during the preceding license period. This report must be signed by the assistant and the supervising osteopathic physician and it must accompany the application for renewal of license.

7.3. All regular licenses issued by the Board expire on the second March 31st following the issuance of the license. The Board is not authorized to grant a temporary extension of a license or allow a grace period to complete an application for renewal. To maintain licensure without lapse or interruption, the osteopathic physician assistant shall ensure that all application materials are received at the Board's office on or before March 31st of the year when the current license is due to expire. The Board will not give immediate or expedited consideration to any application received after that date.

7.5. Continuing Education -- For renewal of a regular osteopathic physician assistant licensee, the licensee shall provide written documentation of participation in, and successful completion of, a minimum of one hundred hours of continuing education in courses approved by the Board during the preceding two-year period. Of this amount, at least fifty hours must be classified as Category I CME hours by the American Academy of Physician Assistants or by the NCCPA.

7.6. The osteopathic physician assistant shall provide the Board with the address of his or her residence, a personal telephone number, the address of his or her place of employment and a telephone number where he or she may be reached while working as an osteopathic physician assistant. A licensed osteopathic physician assistant shall notify the Board of any changes to this information within ten days of the change.

§24-2-8. Limited Prescriptive Privileges for Osteopathic Physician Assistants.

8.1. The Board shall approve a formulary classifying pharmacologic categories of all drugs which may be prescribed by an osteopathic physician assistant who is authorized by the Board to prescribe drugs. The formulary shall exclude Schedules I and II of the Uniform Controlled Substances Act, anticoagulants, anti-neoplastics, radiopharmaceuticals, general anesthetics and radiographic contrast materials. The formulary may be revised annually, and shall include the following designated sections:

a. Section A. -- A selection of drugs commonly used in primary care, outpatient settings; and

b. Section B. -- Additional drugs, used less commonly in primary care, outpatient settings, to be prescribed only under the following limited situations:

1. On a direct order from the supervising osteopathic physician to the osteopathic physician assistant during consultation at the time of the patient's examination by the osteopathic physician assistant, and specifically noted in the patient's chart; or

2. On a refill prescription for a previously diagnosed and stable patient whose prescription was initiated by the supervising osteopathic physician.

8.2. An osteopathic physician assistant may apply for the authority to issue written, oral and electronic prescriptions for drugs specified in the formulary if all of the following conditions are met:

a. The osteopathic physician assistant has performed patient care services for a minimum of two years immediately preceding the application for limited prescriptive privileges;

b. The osteopathic physician assistant has successfully completed an accredited course of instruction in clinical pharmacology, comprised of weekly instruction over a total period – though not necessarily a contiguous block of instruction- at least one academic year, for a minimum of four semester hours or the equivalent thereof;

c. The osteopathic physician assistant has a current, valid national certification, issued by the NCCPA, including the completion of a minimum of ten hours in continuing education in rational drug therapy for each period of national certification; and

d. The supervising osteopathic physician specifies the drugs or classes of drugs that the osteopathic physician assistant will utilize for care and treatment of patients.

8.3. To apply for limited prescription-writing privileges, an osteopathic physician assistant shall complete an application form, designated by the Board, and submit a description of the physician assistant's work experience, a transcript showing completion of the required classes in clinical pharmacology, a designation of the drugs to be prescribed if privileges are granted, and information sufficient to allow the Board to verify that the applicant has completed all statutory requirements.

8.4. Drugs to be prescribed by an individual osteopathic physician assistant must be designated for the Board on a form signed by the supervising osteopathic physician and by the osteopathic physician assistant. If the prescription writing privilege is granted, this form shall be incorporated as part of the job description of the osteopathic physician assistant. A prescription drug that is not included in the Board's approved formulary shall not be contained in the job description of any osteopathic physician assistant

8.5. Content and Use of Prescription Form

a. The prescription used by an osteopathic physician assistant approved for limited prescriptive privileges shall include the name of the supervising osteopathic physician, the name of the osteopathic physician assistant, the address of the health care facility or office where the osteopathic physician assistant is employed, and the telephone number of the facility or office.

b. For each prescription, the osteopathic physician assistant shall write the name of the patient, the patient's address and the date on each prescription form. Then the osteopathic physician assistant shall sign his or her name to the prescription, followed by the letters "PA-C." No written prescription is valid without this signature and designation. If the osteopathic physician assistant is authorized to issue prescriptions for Controlled Substances listed on Schedules III, IV or V of the Uniform Controlled Substances act, the osteopathic physician assistant shall include his or her Federal Drug Enforcement Administration number on any prescription for one of these substances.

c. An osteopathic physician assistant may prescribe, and issue refill orders for, drugs that are not Controlled Substances for a period of up to six months. An osteopathic physician assistant may not prescribe Schedule III drugs in an amount or duration exceeding a seventy-two hour supply and no refills may be prescribed by the osteopathic physician assistant. The maximum amount of Schedule IV or Schedule V drugs shall be no more than a thirty-day supply.

d. Each prescription and subsequent refills given by the osteopathic physician assistant shall be entered on the patient's chart.

f. Prescriptions issued by an osteopathic physician assistant shall be issued consistent with the supervising osteopathic physician's directions or treatment protocol provided to his or her osteopathic physician assistant. The maximum dosage shall be indicated in the protocol and in no case may the dosage exceed the manufacturer's recommended therapeutic dose for that drug.

8.6. An osteopathic physician assistant's limited prescriptive privileges are incidental to, and expire with, the physician assistant's license. In order to maintain limited prescriptive privileges, the osteopathic physician assistant shall include evidence of completion of all conditions for the granting of limited prescriptive privileges with his or her biennial renewal application and report to the Board.

8.7. The Board shall deny any application for limited prescriptive privileges to an applicant who, and shall revoke the prescription writing privileges of any osteopathic physician assistant licensed or otherwise lawfully practicing within this state who, is found guilty by any court of competent jurisdiction of any felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing any prescription drug, including any controlled substance under state or federal law.

8.8. The Board shall provide the West Virginia Board of Pharmacy with a list of osteopathic physician assistants with limited prescriptive privileges and shall update the list within ten days after additions or deletions are made.

8.9. Nothing in this rule shall be construed to permit any osteopathic physician assistant to prescribe or dispense drugs independently of his or her practice under the supervising osteopathic physician.

§24-2-9. Denial of License; Disciplinary Actions.

9.1. Grounds for Denial or Disciplinary Sanction - The board may deny an application for license, place a licensee on probation, suspend, limit, restrict or revoke any license or privilege issued under this rule for any of the following reasons:

a. Any of the grounds cited in section 18 of the Board's rule 24CSR1, "Licensing Procedures for Osteopathic Physicians;

b. Failure to comply with any portion of this rule or the provisions of WEST VIRGINIA CODE §30-14A-1 *et seq.*;

c. Impersonation of a licensed osteopathic physician or another certified or licensed osteopathic physician assistant;

d. Misrepresentation that the osteopathic physician assistant is an osteopathic physician or that the osteopathic physician assistant holds any position for which he or she is not qualified by license, training, or experience;

e. Knowingly permitting another person to misrepresent the osteopathic physician assistant as a physician;

f. Misrepresentation or concealment of any material fact in obtaining any certificate or license or privilege, or a reinstatement thereof, or misrepresentation or concealment of any material fact in obtaining any certification, examination or documentation required for licensure or maintenance of license;

g. Performing services as an osteopathic physician assistant without the supervision, or outside the direction, of a supervising osteopathic physician approved by the Board or of a properly designated alternate supervising physician;

h. Performing a task, or attempting to perform a task, that is beyond the competence or training of the osteopathic physician assistant, or that is not in accordance with his or her job description as approved by the Board, including prescribing any drug that is not included in the approved job description for that osteopathic physician assistant or that is not included in the approved state formulary for osteopathic physician assistants; and

i. Surrender by the osteopathic physician assistant of a license, certificate or other authorization to practice as a physician assistant or osteopathic physician assistant issued or granted by the appropriate licensing authority of this state or any other state, territory, jurisdiction or foreign nation; and

j. Disciplinary action imposed upon the osteopathic physician assistant, or the license or authorization to practice of the osteopathic physician assistant, by the appropriate licensing authority of this state or any other state, territory, jurisdiction or foreign nation.

9.2. Denial of License - If the Board determines that an applicant has failed to demonstrate that he or she should be licensed, the Board shall immediately notify the applicant, in writing, of its decision and indicate in what respect the applicant has failed to satisfy the Board's requirements.

a. The applicant may request a formal hearing before the Board by submitting his or her request in writing to the Board's office in person, or by registered or certified mail, within thirty days after receipt of the Board's notice of decision.

b. The notice to the applicant shall provide an explanation of this procedure to contest the Board's decision.

c. The Board shall, within twenty days of receipt of the request, notify the applicant of the time and place of a public hearing, which shall be held within a reasonable time.

9.3. Complaints of Unprofessional Conduct – Any person may file a complaint alleging that an osteopathic physician assistant has engaged in unprofessional conduct, which may render the assistant unfit to practice or which may require some form of monitoring or restriction upon the practice and license of the osteopathic physician assistant. The Board may also initiate a complaint and investigation on its own when the Board receives information that an osteopathic physician assistant may have engaged in unprofessional conduct. Complaint, investigations, and proceedings for disciplinary action shall be conducted pursuant to the Board's rule, 24CSR6 "Disciplinary and Complaint Procedures."

9.4. Procedure for Hearings. -- All hearings provided under this section shall be conducted pursuant to the provisions of W. VA. CODE §29A-5-1 *et seq.* and the Board's rule, 24 CSR 3 "Contested Case Hearing Procedure."

§24-2-10. Health Care Facilities; Satellite Operations of Physician Offices.

10.1. Osteopathic physician assistants employed directly by health care facilities shall perform services only under the supervision of a clearly identified supervising osteopathic physician, and the osteopathic physician shall supervise no more than three osteopathic physician assistants, except that a supervising osteopathic physician may supervise up to four hospital-employed osteopathic physician assistants.

a. The provisions of this section shall not be construed to require health care facilities to accept osteopathic physician assistants or to use them within their premises, but it is appropriate for the osteopathic physician assistant to provide services to the hospitalized patients of his or her supervising osteopathic physician under the supervision of the osteopathic physician, if the health care facility permits it. As long as the facility permits, an osteopathic physician assistant may:

1. Assess and record the patient's progress within the parameters of an established protocol or regimen and report the patient's progress to the supervising osteopathic physician; and
2. Make entries in medical records and patient charts as long as an appropriate mechanism is established for authentication by the supervising osteopathic physician through countersignature.

10.2. Satellite Operations - An osteopathic physician assistant may not be used in an office or clinic separate and apart from the supervising osteopathic physician's primary place for meeting patients unless the supervising osteopathic physician has obtained specific, written approval from the Board to conduct a satellite operation. A supervising osteopathic physician may supervise only two satellite operations. The Board will only grant approval for a satellite operation when the supervising osteopathic physician is able to demonstrate to the Board that the following conditions can be met:

a. The osteopathic physician assistant will be used in a health professional shortage area, a medically underserved area, or an area of medical need as defined by the Board;

b. There is adequate provision for direct communication between the osteopathic physician assistant and the supervising osteopathic physician and that the distance between the main office and the satellite operation is not so great as to prohibit or impede appropriate emergency services;

c. The supervising osteopathic physician will see each regular patient periodically; for example, every third visit; and

d. The supervising osteopathic physician will visit the remote office at least once every fourteen days and demonstrate that he or she spends enough time on site to provide supervision with personal, regular review of records, selected on the basis of written criteria established by the supervising osteopathic physician and the osteopathic physician assistant, in sufficient number to assure adequate review of the osteopathic physician assistant's practice.

RESPONSE OF THE WEST VIRGINIA BOARD OF OSTEOPATHY TO PUBLIC COMMENTS

Only two parties submitted written comments to the proposed rule: one individual, certified as an osteopathic physician assistant, and the West Virginia Association of Physician Assistants (WVAPA).

The first party, Mr. Duane Bartsch, requested the Board of Osteopathy to reconsider and eliminate the requirement for physician assistants to obtain printed prescription forms listing the approved drugs that each osteopathic physician assistant may prescribe. (This request was also made by the WVAPA.)

The Board of Osteopathy recognizes that the provision, as originally proposed, cannot be applied to electronic prescriptions or to tamper-proof prescription forms required under other law. Therefore, the Board AGREES with the request and has removed this provision from the proposed rule.

Board's Response to Comments submitted by the West Virginia Association of Physician Assistants

The West Virginia Association of Physician Assistants submitted a lengthy list of comments to the proposed rule. The Board's responses to each point follow below:

3.2.a. *Change the licensing requirements from "a program" to an "accredited program." Also in paragraph 3.3.a. as well.*

The Board AGREES with the comment and has made these changes.

3.3. *There is no time limit on the duration of a temporary license and no requirement for a PA to take the certification examination.*

The time limit is stated in the Code, but the Board will repeat this language in the rule for easy reference. The Board has also included language requiring the holder of a temporary license to sit for and pass the examination.

[NOTE: Section 4 of the rule has been renumbered and the numbering references in the comments no longer match the paragraph numbers in this section of the rule.]

4.2. *The PA competency provisions do not include clinical provisions, ability to train and become proficient in new procedures, or to be able to add new procedures to the job description. [now 4.3]*

The Board finds some merit in these comments and has rewritten the proposed rule to include the clinical provisions and a requirement to learn new procedures. The Board has also added a specific provision for amendment of a job description as subsection 4.6

4.3. *[now 4.4] This provision should be moved under subsection 10.1*

This appears to be a question of style. Since the focus of this subsection is how the PA should work it seems appropriate to leave it in this section.

4.4. *[now 4.5] Change the name badge requirement just to specify that the person is a "Physician Assistant."*

This suggestion has been adopted by the Board.

4.6.a. *Remove the provision limiting the number of supervisors that a Physician assistant may have.*

The Board agrees and this provision has been deleted.

4.6.h. *[now 4.8.g.] The provision to allow a PA to pronounce death should be modified to coincide with the Board of Medicine rule.*

The Medical Practice Act has specific authorization for an allopathic PA to pronounce death, but the Osteopathic Physician Assistant Act does not. This provision should probably be left, as is, in the negative.

4.7. *[Now 4.9] Since PA's are not necessarily employed by their supervising physician, this section should include the terms "supervisor or employment."*

The Board agrees and these changes have been incorporated into the rule.

5.1. *Correct a typo – insert the word "assistant"*

This change has been made.

5.2.a. *This section should be modified to include the words "pending NCCPA certification" following the words "Temporary License."*

The Board disagrees with the comment. Since the Code specifies the duration of a temporary license for osteopathic physician assistants, this proposed change does not seem to be pertinent.

5.3.c. *Since PA's are not necessarily employed by their supervising physician, this section should include the terms "supervisor or employment."*

The Board agrees and these changes have been incorporated into the rule.

5.3.f. *The word "may" should be changed to "shall" in order to require the development of written protocols.*

The Board believes that this should remain phrased in a permissive manner as it is difficult to specify when a written protocol would be required. This provision matches a similar provision in a corresponding rule of the Board of Medicine.

5.4.a. *This provision is antiquated and should be removed.*

This subsection specifically tracks the language of W. Va. Code §30-14A-1(g), so it should not be changed.

7.5. *The requirements for continuing education hours should specify that a minimum of 50 hours must be Category I hours, as specified by the NCCPA.*

The Board agrees and this change has been incorporated into the rule.

7.6. *The words "has a duty should be changed to "shall" in this subsection.*

The Board agrees and this change has been incorporated into the rule.

8.2.a. *This rule should only require one year of clinical experience, to be consistent with the requirements for physician assistants working for MD's.*

W. Va. Code §30-14A-1(q) sets the minimum period at 2 years, not one. The Board may not change this requirement by rule.

8.2.b. *The requirement for a minimum of 8 hours of training in clinical pharmacy exceeds what is offered by PA curriculum programs. Change the requirement back to 4 hours of training.*

The Board seeks to advance the degree of training required in order for a physician assistant to prescribe drugs, however the Board recognizes that some training programs near West Virginia may not have curricula that meet the Board's goals. This

requirement has been changed back to a minimum of four semester hours, but the Board has included requirements that the instruction should take place on a regular basis for the equivalent of an academic year.

8.2.d. *Typographic error: "drugsthat" should be split into "drugs that".*
This typo has been corrected.

8.3. *The word "exemplar" should be changed to "example."*
This whole provision has been removed because, with the elimination of approved prescription forms, it is no longer material.

8.4. *Replace the word "countersigned" with "signed."*
The Board agrees and this is has been corrected.

8.5. *The WVAPA objects to the requirement for printing a list of drugs, specific to the individual licensee on the backs of the prescriptions. They urge adoption of a provision used by the WV Board of Medicine.*

The Board of Osteopathy recognizes that the requirement for printing certain information on the backs of prescription forms will not work with new technologies and prescription pad formats. After consultation with the West Virginia Board of Pharmacy, the Board feels that the procedure in the Board of Medicine's rule will not be effective, either.

The Board of Osteopathy has decided to eliminate the provisions requiring the printing or listing of authorized drugs and the approval of prescription pad forms. The Board will, however, continue to maintain a complete list of all licensed osteopathic physician assistants, and the drugs that each one is authorized to prescribe, for reference by physicians, pharmacists, and interested members of the public.

9.1.e. *The word "assistant" should be added to the words "osteopathic physician."*
This is not a typo. The intent of this provision is to make it a violation for a PA to allow another person to pass off the PA as a physician. After rereading this provision, though, it seems proper to prefix this language with the word "knowingly" so that a PA will not be held accountable for misrepresentations outside of the PA's knowledge.

**DOCTORS
URGENT**



BENWOOD MEDICAL CLINIC

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June 22, 2010

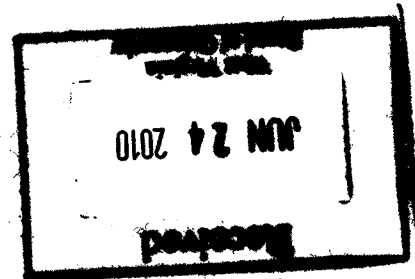
Dear Licensure:

I would agree that our formulary should follow the same formulary of the Allopathic Board of Medicine for prescriptive privileges for PA's. However, it would be great in light of the new electronic medical records process with e-prescribing that all pharmacies carry a copy of the formulary on file. In that prospective idea, the PA's could eliminate the printing of allowed medications on the back of our prescription pad. This would also cut down on the cost of printing for our PA's.

Thank you for your consideration in this matter.

Sincerely,

**Duane A. Bartsch, P.A.-C.
180 Greentree Drive
St. Clairsville, OH 43950**





GOVERNMENT RELATIONS SPECIALISTS, LLC

THOMAS J. "THOM" STEVENS - PRESIDENT

July, 14, 2010

Mr. Doren Burrell, Legal Counsel
WV Board of Osteopathy
405 Capitol Street, Suite 402
Charleston, WV 25301

RE: TITLE 24, SERIES 2: Osteopathic Physician Assistant Rule

Dear Doren,

This letter is to provide comments to the West Virginia Board of Osteopathy on behalf of my client, the West Virginia Association of Physician Assistants, regarding RE: TITLE 24, SERIES 2 Osteopathic Physician Assistant Proposed Rule.

As you know, the WVAPA provided you with a list of three physician assistants to aid you and the Board of Osteopathy in developing an appropriate rule relating to the licensing and practice of osteopathic physician assistants. We understand that certain time constraints by you and the board's staff may have prohibited the utilization of these volunteer PAs. Nevertheless they have reviewed the rules after publication by the Secretary of State and hereby submit observations.

These observations are not intended to be exclusive of a more comprehensive review of the proposed rule, but are intended to be a part of the presentation that I will make to the Board during its meeting on Thursday, July 15.

The preliminary analysis of the proposed rule has resulted in a need for a discussion of modifications on nearly every page of the 13-page document and while voluminous, are addressed in part in this correspondence.

STATEMENT OF CIRCUMSTANCES

This page says that there are "changes in the basic requirements and qualification for a license," but the WVPA has concerns about some of the provisions in the rule. In addition, the page contains the statement "These changes, mandated by the Legislature, will have the effect of matching the requirement of the Board of Osteopathy with those of the West Virginia Board of Medicine." However, a careful comparison of the proposed rule with those now in effect by the Board of Medicine clearly demonstrates that they do not match in many areas.

SUMMARY OF PROPOSED RULE

This page states that the rule incorporates changes mandated by the West Virginia Legislature by Senate Bill 618 of the 2010 Regular Session, including, *"The classes of drugs, which an osteopathic physician assistant may prescribe, have been changed to match those that may be prescribed by a physician assistant supervised by an M.D."*

The WVAPA believes that is a positive move, however, the proposed rule does not match the corresponding rule provision by the Board of Medicine regarding how the prescription is to be issued.

CONCERNS IN VARIOUS SECTIONS

3.2.a. A modification is suggested here to include the words "an accredited program" rather than the words "a program." (This should also be included in 3.3.a).

3.3. The provisions for the Temporary License do not match with the Board of Medicine. For example, there is no time limit on the duration of the Temporary License and there is no requirement for the PA to take the NCCPA examination. No other state in the nation fails to require these provisions for a Temporary License. Modifications are needed.

4.2. The PA competency provisions do not match with the Board of Medicine. They do not include clinical provisions, ability to train and become proficient in new procedures, or to be able to add new procedures to the job description, but they should.

4.3. This provision, while good, should be included under 10.1 as a new subsection 3.

4.4 This provision for an ID badge is in conflict with the statutory provisions for an osteopathic PA badge and does not match the requirements for a badge by the Board of Medicine. The word "osteopathic" should be removed - following the words "wearer as an."

4.6.a. This provision does not match the provision by the Board of Medicine, which removed it in their rule several years ago. The provision is very confusing as PAs often have multiple supervisors in daily practice or in providing health facility medical services. It should be removed.

4.6.h. This provision for allowance of a PA to pronounce death does not match current state law or with the rule by the Board of Medicine. It should be modified to coincide with the Board of Medicine rule.

4.7. In many instances PAs are not actually "employed" by a supervisor. This section needs modification to include the words "or supervisor" following the word "employment" relating to notification to the Board.

5.1. The word "assistant" is missing following the words "osteopathic physician" and needs to be added, otherwise this section does not make sense.

5.2.a. This section does not match with provisions by the Board of Medicine regarding a PA Temporary License. It should be modified to include the words "pending NCCPA certification" following the words "Temporary License."

5.3.c. This provision does not match the Board of Medicine rule. For the same reasons mentioned in 4.7 above, this section needs modification to include the words "or supervisor" following the word "employment" relating to notification to the Board.

5.3.f. This section contains permissive language relating to the development of written protocols by the supervising osteopathic physician for the PA. The word "may" should be changed to "shall" in order to require the development of written protocols.

5.4.a. This antiquated provision for alternate supervising osteopathic physicians is not consistent with the rule by the Board of Medicine, which eliminated it. The section was originally intended to provide liability protection coverage for the supervising physician, but it is not needed due to the provisions in 5.4.b which are good.

7.5. This provision for PA continuing education does not match with the Board of Medicine rule and is not consistent with the requirements by the NCCPA. A modification is needed to here to clarify that a minimum of 50 of the 100 hours should be Category I and the remaining hours may be Category I or Category II as required by the NCCPA for certification.

7.6. This section needs to be strengthened to require the PA to notify the Board of changes in certain personal and professional information. The words "has a duty" should be changed to "shall."

8.2.a. This provision does not match the rule of the Board of Medicine which requires only one year of patient care service immediately preceding the application for limited prescriptive privileges. The word "two" should be changed to "one."

8.2.b. The provision for 8 hours of clinical pharmacy by a PA for prescriptive privileges is perhaps one of the biggest concerns of the WVAPA. Accredited PA curriculum programs only provide 4 hours of clinical pharmacology. The current rule of the Board of Osteopathy now requires 4 hours as does the current rule by the Board of Medicine. The proposed change is not the national standard and would discourage PAs from practicing in this state. A modification is strongly urged to change the word "eight" back to the word "four."

8.2.d. There is a typographical error in this section for the "drugsthat" which should be changed to "drugs that."

8.3. There is a typographical error in this section for the word "exemplar" which should be changed to the word "example."

8.4. The inappropriate use of the word "countersigned" in this section should be changed to the word "signed."

8.5. Serious inconsistencies exist in this section with the rule by the Board of Medicine for prescription form and use.

With modern technology for tamper proof prescriptions, e-prescribing, electronic medical records and electronic signatures, the Board of Medicine has a rule which is reflective. Many of these technologies are even being required by statute, including new state and federal law enacted this year, but are not allowable under the proposed rules by the Board of Osteopathy.

In addition, the use of pre-printed categories of drugs on prescription pads is antiquated. This does not allow for immediate changes by the supervising physician for the PA, is not feasible on tamper proof prescription now required by state law, and is not practical for pharmacies outside the geographic region for "area pharmacies," including the progressive movement for prescriptions to mail order pharmacies that are not even located in the state.

The WVAPA recommends a modification to this section of the rule to read as follows:

8.5.a. *"The prescription form used by an osteopathic physician assistant approved for limited prescriptive privileges shall be imprinted with contain information including the name of the supervising osteopathic physician, the name of the approved osteopathic physician assistant, the address of the health care facility, and the telephone number of the health care facility, ~~the categories of drugs or drugs within a category which the assistant may prescribe and the statement, "Osteopathic Physician Assistant Prescription - it is a violation of state law to dispense drugs not imprinted on this prescription."~~*

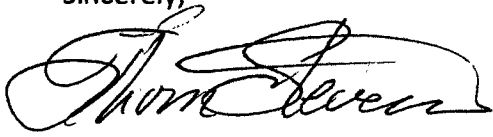
8.5b. *"~~The supervising osteopathic physician shall provide the Board with a copy of the prescription form used by his or her osteopathic physician assistant prior to its use. This form may not be used until it has been approved by the Board.~~ (See 8.8 for good applicable provisions).*

~~24-2: 8.5c. A copy of this prescription form shall be provided by the osteopathic physician assistant to area pharmacies where the osteopathic physician assistant proposes to issue verbal prescriptions in person, by telephone, or by other means of communication in his or her name at the direction of the supervising osteopathic physician.~~

9.1.e. The section has an omitted word which causes the section to be defective. The word "assistant" should be added to the words "osteopathic physician."

The attention to these modifications and others which may be later identified is appreciated. The WVAPA pledges a continued positive working relationship with the Board of Osteopathy to aid in the best possible rule for patients and osteopathic providers.

Sincerely,

A handwritten signature in cursive script that reads "Thom Stevens". The signature is fluid and stylized, with the first letters of the first and last names being prominent.

Thom Stevens