1 forth matters that should be included in legislative rules; creating special revenue account for 2 fees and fines; setting forth licensing requirements; providing for licensing of individuals 3 from outside United States; providing for circumstances that are exceptions to licensing; 4 setting forth license renewal process; providing for special volunteer license; setting out 5 elements which must be included on license or certificate; providing limitations on use of 6 certain terms and titles relative to advance practice registered nurses; setting forth procedure 7 for disciplinary action, including complaints and investigations; providing due process; 8 setting out what matters require disciplinary action by board; setting forth what actions are 9 acceptable disciplinary action; providing for reinstatement of licensee following disciplinary 10 action; providing for enjoinder for violations of article; granting an appeal right; setting forth 11 hearing procedures; allowing for judicial review; providing for action which may be taken 12 in criminal matters; creating misdemeanor for fraudulent activities associated with the 13 practice of an advance practice registered nurse; providing for criminal penalties; allowing 14 injunctive relief for improperly engaging in the practice of an advance practice registered 15 nurse; allowing for a voluntary agreement for treatment of alcohol or chemical dependency; 16 providing for single act evidence of practice; setting forth requirements for administration 17 of anesthetics; allowing for prescriptive authority for advance practice registered nurses; 18 providing for collaborative agreement with a physician to allow prescriptive authority; setting 19 forth specified drugs and dosage level of certain drugs; setting forth procedure for granting 20 prescriptive authority; setting forth requirements for prescriptive authority; setting out form 21 of prescriptions; providing for termination of prescriptive authority; allowing for prescriptive 22 authority without a collaborative agreement in specified instances; requiring an annual

1 report; and setting forth exceptions to applicability of article.

2 Be it enacted by the Legislature of West Virginia:

That §30-7-15a, §30-7-15b and §30-7-15c of the Code of West Virginia, 1931, as amended,
be repealed; that §30-15-1, §30-15-2, §30-15-3, §30-15-4, §30-15-5, §30-15-6, §30-15-7, §30-15-7a,
§30-15-7b and §30-15-7c of said code be repealed; that §16-5-19 of said code be amended and
reenacted; that §30-7-1 of said code be amended and reenacted; and that said code be amended by
adding thereto a new article, designated §30-7F-1, §30-7F-2, §30-7F-3, §30-7F-4, §30-7F-5,
§30-7F-6, §30-7F-7, §30-7F-8, §30-7F-9, §30-7F-10, §30-7F-11, §30-7F-12, §30-7F-13, §30-7F-14,
§30-7F-15, §30-7F-16, §30-7F-17, §30-7F-18, §30-7F-19, §30-7F-20, §30-7F-21, §30-7F-22,
§30-7F-23, §30-7F-24, §30-7F-25, §30-7F-26, §30-7F-27 and §30-7F-28, all to read as follows:

11

CHAPTER 16. PUBLIC HEALTH.

12 §16-5-19. Death registration.

(a) A certificate of death for each death which occurs in this state shall be filed with the
section of vital statistics, or as otherwise directed by the State Registrar, within five days after death,
and prior to final disposition, and shall be registered if it has been completed and filed in accordance
with this section.

17 (1) If the place of death is unknown, but the dead body is found in this state, the place where18 the body was found shall be shown as the place of death.

(2) If the date of death is unknown, it shall be approximated. If the date cannot beapproximated, the date found shall be shown as the date of death.

(3) If death occurs in a moving conveyance in the United States and the body is first removedfrom the conveyance in this state, the death shall be registered in this state and the place where it is

1 first removed shall be considered the place of death.

(4) If death occurs in a moving conveyance while in international waters or air space or in
a foreign country or its air space and the body is first removed from the conveyance in this state, the
death shall be registered in this state but the certificate shall show the actual place of death insofar
as can be determined.

6 (5) In all other cases, the place where death is pronounced shall be considered the place7 where death occurred.

8 (b) The funeral director or other person who assumes custody of the dead body shall:

9 (1) Obtain the personal data from the next of kin or the best qualified person or source 10 available including the deceased person's social security number or numbers, which shall be placed 11 in the records relating to the death and recorded on the certificate of death;

(2) Within forty-eight hours after death, provide the certificate of death containing sufficient
information to identify the decedent to the physician responsible for completing the medical
certification as provided in subsection (c) of this section; and

(3) Upon receipt of the medical certification, file the certificate of death: *Provided*, That for
implementation of electronic filing of death certificates, the person who certifies to cause of death
will be responsible for filing the electronic certification of cause of death as directed by the State
Registrar and in accordance with legislative rule.

(c) The medical certification shall be completed and signed within twenty-four hours after receipt of the certificate of death by the physician in charge of the patient's care for the illness or condition which resulted in death except when inquiry is required pursuant to chapter sixty-one, article twelve or other applicable provisions of this code.

1 (1) In the absence of the physician or with his or her approval, the certificate may be 2 completed by his or her associate physician, any physician who has been placed in a position of 3 responsibility for any medical coverage of the decedent, the chief medical officer of the institution 4 in which death occurred, or the physician who performed an autopsy upon the decedent, provided 5 inquiry is not required pursuant to chapter sixty-one, article twelve of this code <u>or the advanced</u> 6 practice registered nurse who was placed in a position of responsibility for the nursing care of the 7 <u>decedent.</u>

8 (2) The person completing the cause of death shall attest to its accuracy either by signature9 or by an approved electronic process.

10 (d) When inquiry is required pursuant to article twelve, chapter sixty one, or other applicable 11 provisions of this code, the State Medical Examiner or designee or county medical examiner or 12 county coroner in the jurisdiction where the death occurred or where the body was found shall 13 determine the cause of death and shall complete the medical certification within forty-eight hours 14 after taking charge of the case.

(1) If the cause of death cannot be determined within forty-eight hours after taking charge
of the case, the medical examiner shall complete the medical certification with a "Pending" cause
of death to be amended upon completion of medical investigation.

(2) After investigation of a report of death for which inquiry is required, if the State Medical
Examiner or designee or county medical examiner or county coroner decline jurisdiction, the State
Medical Examiner or designee or county medical examiner or county coroner may direct the
decedent's family physician or the physician who pronounces death to complete the certification of
death: *Provided*, That the physician is not civilly liable for inaccuracy or other incorrect statement

of death unless the physician willfully and knowingly provides information he or she knows to be
 false.

3 (e) When death occurs in an institution and the person responsible for the completion of the 4 medical certification is not available to pronounce death, another physician may pronounce death. 5 If there is no physician available to pronounce death, then a designated licensed health professional who views the body may pronounce death, attest to the pronouncement by signature or an approved 6 7 electronic process, and, with the permission of the person responsible for the medical certification, release the body to the funeral director or other person for final disposition: Provided, That if the 8 death occurs in an institution during court-ordered hospitalization, in a correctional facility or under 9 10 custody of law-enforcement authorities, the death shall be reported directly to a medical examiner or coroner for investigation, pronouncement and certification. 11

(f) If the cause of death cannot be determined within the time prescribed, the medical certification shall be completed as provided by legislative rule. The attending physician or medical examiner, upon request, shall give the funeral director or other person assuming custody of the body notice of the reason for the delay, and final disposition of the body may not be made until authorized by the attending physician, medical examiner or other persons authorized by this article to certify the cause of death.

(g) Upon receipt of autopsy results, additional scientific study, or where further inquiry or investigation provides additional information that would change the information on the certificate of death from that originally reported, the certifier, or any State Medical Examiner who provides such inquiry under authority of article twelve, chapter sixty-one of this code shall immediately file a supplemental report of cause of death or other information with the section of vital statistics to

1 amend the record, but only for purposes of accuracy.

(h) When death is presumed to have occurred within this state but the body cannot be located,
a certificate of death may be prepared by the State Registrar only upon receipt of an order of a court
of competent jurisdiction which shall include the finding of facts required to complete the certificate
of death. The certificate of death will be marked "Presumptive" and will show on its face the date
of death as determined by the court and the date of registration, and shall identify the court and the
date of the order.

(i) The local registrar shall transmit each month to the county clerk of his or her county a
copy of the certificates of all deaths occurring in the county, and if any person dies in a county other
than the county within the state in which the person last resided prior to death, then the State
Registrar shall furnish a copy of the death certificate to the clerk of the county commission of the
county where the person last resided, from which copies the clerk shall compile a register of deaths,
in a form prescribed by the State Registrar. The register shall be a public record.

14

CHAPTER 30. PROFESSIONS AND OCCUPATIONS.

15 ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

16 §30-7-1. Definitions.

17 As used in this article the term:

(a) The practice of "advanced practice registered nurse" is a registered nurse who has
acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect
care to patients, who has completed a board-approved graduate-level education program and who
has passed a board-approved national certification examination. An advanced practice registered
nurse shall meet all the requirements set forth by the board by rule for an advance practice registered

nurse which shall include, at a minimum, a valid license to practice as a certified registered nurse
 anesthetist, a certified nurse midwife, a clinical nurse specialist or a certified nurse practitioner.

3 (b) (a) "Board" means the West Virginia Board of Examiners for Registered Professional
 4 Nurses;

5 (c) (b) The practice of "registered professional nursing" means the performance for compensation of any service requiring substantial specialized judgment and skill based on 6 7 knowledge and application of principles of nursing derived from the biological, physical and social 8 sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, or the supervision and teaching of other persons 9 10 with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician, licensed advanced practice registered nurses with prescriptive 11 12 authority, or a licensed dentist, or the application of such nursing procedures as involve 13 understanding of cause and effect in order to safeguard life and health of a patient and others;

(d) (c) "Temporary permit" means a permit authorizing the holder to practice registered
 professional nursing in this state until such permit is no longer effective or the holder is granted a
 license by the West Virginia State Board of Examiners for Registered Professional Nurses.

17 ARTICLE 7F. ADVANCE PRACTICE REGISTERED NURSES.

18 §30-7F-1. Definitions.

(a) "Advanced practice registered nurse" means a nurse who is a registered nurse who has
acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect
care to patients, who has completed a board-approved graduate-level education program and who
has passed a board-approved national certification examination. An advanced practice registered

nurse shall meet all the requirements set forth by the board by rule for an advance practice registered
 nurse which shall include, at a minimum, a valid license to practice as a certified registered nurse
 anesthetist, a certified nurse midwife, a clinical nurse specialist or a certified nurse practitioner.

4 (b) "Board" means the West Virginia Advance Practice Registered Nursing Board of5 Examiners.

6 (c) "Collaborative agreement" means a written and signed agreement between an advance
7 practice registered nurse and a physician entered into pursuant to the provisions of section twenty8 three of this article.

9 (d) "License" means a license to practice as an advance practice registered nurse or as a 10 registered professional nurse.

11 (e) "Licensee" means a person holding a license.

12 §30-7F-2. Eligibility for licensure by meeting requirements which existed prior to the
 13 legislative enactments during the 2012 legislative session.

An applicant for licensure as an advanced practice registered nurse as defined in section one of this article who completed an advanced nursing education program and was recognized, licensed or certified in an advanced practice or a certified nurse midwife by West Virginia or another state before December 31, 2012, may apply for and receive an advanced practice registered nurse license if that applicant meets the requirements that were in place in West Virginia at the time the applicant qualified for initial advanced practice licensure.

20 §30-7F-3. Board of examiners for advance practice registered nurses.

(a) The "West Virginia Board of Examiners for Advanced Practice Registered Nurses" is
created. Members shall be appointed by the Governor with advice and consent of the Senate.

1 (b) Commencing with the board terms beginning July 1, 2015, the board consists of nine 2 members.

3 (1) Four members shall be advance practice registered nurses licensed to practice pursuant
4 to the provisions of this article. Of these, one must be a midwife licensed under the provisions of
5 this article, one must be a nurse practitioner licensed under the provisions of this article, one must
6 be a certified registered nurse anesthetists, and one must be a clinical nurse specialist licensed under
7 the provisions of this article;

8 (2) Two members shall be a physicians licensed to practice pursuant to the provisions of 9 either article three of this chapter or article fourteen of this chapter who are currently in a 10 collaborative arrangement with an advance practice registered nurse pursuant to the provisions of 11 section twenty-three of this article;

(3) Two members shall be appointed to represent health care consumers. Neither of these
lay members, nor any person of their immediate families, shall be a provider of, or be employed by,
a provider of health care services; and

15 (4) One member shall be an advance practice registered nurse educator.

(c) The West Virginia Nurses Association may submit recommendations to the Governor for
the appointment of the licensed advance practice registered nurse board members and the West
Virginia Medical Association may submit recommendations to the Governor for the appointment
of a physician board member.

(d) After the initial appointment term, the appointment term is five years. A member may
not serve more than two consecutive terms. A member who has served two consecutive terms may
not be appointed for at least one year after completion of his or her second full term. A member may

1 continue to serve until his or her successor has been appointed and qualified.

2 (e) Each licensed or certified member of the board, at the time of his or her appointment,
3 must have held a license in this state or have been nationally certified for a period of not less than
4 five years immediately preceding the appointment and each member must be a resident of this state
5 during the appointment term.

6 (f) Each member of the board shall be a resident of this state during the appointment term.
7 (g) A vacancy on the board shall be filled by appointment by the Governor for the unexpired
8 term of the member whose office is vacant.

9 (h) The Governor may remove any member from the board for neglect of duty, incompetency
10 or official misconduct.

(i) A licensed member of the board immediately and automatically forfeits membership tothe board if his or her license to practice is suspended or revoked in any jurisdiction.

(j) A member of the board immediately and automatically forfeits membership to the board
if he or she is convicted of a felony under the laws of any jurisdiction or becomes a nonresident of
this state.

(k) The board shall elect annually one of its members as president and one member as
secretary who shall serve at the will and pleasure of the board. The president is required to be either
an advance practice registered nurse or a health care consumer.

(1) Each member of the board is entitled to receive compensation and expense reimbursementin accordance with article one of this chapter.

(m) A simple majority of the membership serving on the board at a given time is a quorumfor the transaction of business.

(n) The board shall hold at least two meetings annually. Other meetings shall be held at the
 call of the president or upon the written request of five members, at the time and place as designated
 in the call or request.

4 (o) Prior to commencing his or her duties as a member of the board, each member shall take
5 and subscribe to the oath required by section five, article four of the Constitution of this state.

6 (p) The members of the board, when acting in good faith and without malice, shall enjoy 7 immunity from individual civil liability while acting within the scope of their duties as board 8 members.

9 §30-7F-4. Powers of the board.

The board has all the powers and duties set forth in this article, by rule, in article one of this
chapter and elsewhere in law, including the power to:

12 (1) Hold meetings;

(2) Establish procedures for submitting, approving and rejecting applications for a license,
certificate and permit;

15 (3) Determine the qualifications of any applicant for a license, certificate and permit;

16 (4) Establish the fees charged under the provisions of this article;

17 (5) Issue, renew, deny, suspend, revoke or reinstate a license, certificate and permit;

18 (6) Prepare, conduct, administer and grade written, oral or written and oral examinations for19 a license;

20 (7) Contract with third parties to administer the examinations required under the provisions
21 of this article;

22 (8) Maintain records of the examinations the board or a third party administers, including the

1 number of persons taking the examination and the pass and fail rate;

2 (9) Maintain an office and hire, discharge, establish the job requirements and fix the 3 compensation of employees and contract with persons necessary to enforce the provisions of this 4 article.

5 (10) Employ investigators, attorneys, hearing examiners, consultants and other employees 6 as may be necessary who are exempt from the classified service and who serve at the will and 7 pleasure of the board.

8 (11) Investigate alleged violations of the provisions of this article and legislative rules, orders
9 and final decisions of the board;

10 (12) Conduct disciplinary hearings of persons regulated by the board;

11 (13) Determine disciplinary action and issue orders;

12 (14) Institute appropriate legal action for the enforcement of the provisions of this article;

13 (15) Maintain an accurate registry of names and addresses of all persons regulated by the14 board;

(16) Keep accurate and complete records of its proceedings, and certify the same as may be
necessary and appropriate;

17 (17) Propose rules in accordance with the provisions of article three, chapter twenty-nine-a
18 of this code to implement the provisions of this article;

19 (18) Sue and be sued in its official name as an agency of this state; and

20 (19) Confer with the Attorney General or his or her assistant in connection with legal matters21 and questions.

22 §30-7F-5. Rule-making authority.

1 (a) The board shall propose rules for legislative approval, in accordance with the provisions 2 of article three, chapter twenty-nine-a of this code to implement the provisions of this article 3 including: 4 (1) Standards and requirements for licenses, certifications and permits; 5 (2) Requirements for third parties to prepare and/or administer examinations and 6 reexaminations; 7 (3) Educational and experience requirements; 8 (4) Continuing education requirements and approval of continuing education courses; 9 (5) Procedures for the issuance and renewal of licenses, certifications and permits; 10 (6) Establish a fee schedule; 11 (7) Regulate professional limited liability companies; 12 (8) Establish professional conduct requirements; 13 (9) Establish the procedures for denying, suspending, revoking, reinstating or limiting the 14 practice of licensees, certifications and permitees; 15 (10) Standards and requirements for agreements with organizations to form professional 16 recovery networks; 17 (11) Establish an alcohol and chemical dependency treatment program, including standards 18 and requirements; 19 (12) Establish requirements for inactive or revoked licenses, certifications and permits; 20 (13) Regulating prescriptive authority of advance practice registered nurses; 21 (14) Standards for a collaborative agreement with a physician; and 22 (15) Any other rules necessary to implement this article.

(b) Any rules promulgated by the Board of Registered Professional Nurses as set forth in
 article seven of this chapter relative to advance practice registered nurses not in conflict with these
 provisions shall remain in effect until replaced or superceded by a rule promulgated by the board
 created in this article.

5 §30-7F-6. Fees; special revenue account; administrative fines.

6 (a) All fees and other moneys, except administrative fines, received by the board shall be 7 deposited in a separate special revenue fund in the State Treasury designated the West Virginia 8 Advance Practice Registered Nursing Board of Examiners Fund, which is continued and shall be 9 known as the Board of Advance Practice Registered Nurses Special Fund. The fund is used by the 10 board for the administration of this article. Except as may be provided in article one of this chapter, 11 the board retains the amount in the special revenue account from year to year. No compensation or 12 expense incurred under this article is a charge against the General Revenue Fund.

(b) Any amounts received as administrative fines imposed pursuant to this article shall bedeposited into the General Revenue Fund of the State Treasury.

15 §30-7F-7. License required to practice.

(a) *License* - To safeguard life and health, any person practicing or offering to practice as an
advance practice registered nurse in this state for compensation shall hereafter be required to submit
evidence that he or she is qualified so to practice, and shall be licensed as hereinafter provided. After
June 30, 1965, it shall be unlawful for any person not licensed under the provisions of this article to
practice or to offer to practice as an advance practice registered nurse in this state, or to use any title,
sign, card or device to indicate that such person is an advance practice registered nurse.

22 (b) Persons not citizens of the United States - The board may, upon application, issue a

license to practice as an advance practice registered nurse by endorsement to any person who is not
 a citizen of the United States of America if such person:

3 (1) Has been duly licensed as an advance practice registered nurse under the laws of another
4 state, territory or foreign country; and

5 (2) Shall, in any such state, territory or foreign country, have passed a written examination 6 in the English language which, in the opinion of the board, is comparable in content and scope to the 7 any written examination found necessary for licensure by the board.

8 All other provisions of this article shall be applicable to any application for or license issued9 pursuant to this section.

10 §30-7F-8. License renewal.

(a) All persons regulated by this article shall annually or biannually, renew his or her board
authorization by completing a form prescribed by the board and submitting any other information
required by the board.

(b) The board shall charge a fee for each renewal of a board authorization and shall chargea late fee for any renewal not paid by the due date.

16 (c) The board shall require as a condition of renewal that each licensee, certificate holder or
17 permittee complete continuing education.

(d) The board may deny an application for renewal for any reason which would justify thedenial of an original application.

20 §30-7F-9. Special volunteer advance practice registered nurse license; civil immunity for voluntary services rendered to indigents.

22 (a) There is established a special volunteer license for advance practice registered nurses

1 retired or retiring from the active practice of nursing who wish to donate their expertise for the care
2 and treatment of indigent and needy patients in the clinic setting of clinics organized, in whole or
3 in part, for the delivery of health care services without charge. The special volunteer advance
4 practice registered nurse license shall be issued by the board to advance practice registered nurses
5 licensed or otherwise eligible for licensure under this article and the legislative rules promulgated
6 hereunder without the payment of an application fee, license fee or renewal fee, shall be issued for
7 the remainder of the licensing period, and renewed consistent with the boards other licensing
8 requirements. The board shall develop application forms for the special license provided in this
9 subsection which shall contain the registered professional nurse's acknowledgment that:

10 (1) The advance practice registered nurse's practice under the special volunteer registered 11 professional nurse license will be exclusively devoted to providing nursing care to needy and 12 indigent persons in West Virginia;

(2) The advance practice registered nurses will not receive any payment or compensation,
either direct or indirect, or have the expectation of any payment or compensation, for any nursing
services rendered under the special volunteer advance practice registered nurse license;

(3) The advance practice registered nurse will supply any supporting documentation that the
board may reasonably require; and

(4) The advance practice registered nurse agrees to continue to participate in continuing
education as required by the board for the special volunteer advance practice registered nurse license.
(b) Any advance practice registered nurse who renders nursing service to indigent and needy
patients of a clinic organized, in whole or in part, for the delivery of health care services without
charge under a special volunteer advance practice registered nurse license authorized under

1 subsection (a) of this section without payment or compensation or the expectation or promise of payment or compensation is immune from liability for any civil action arising out of any act or 2 omission resulting from the rendering of the nursing service at the clinic unless the act or omission 3 4 was the result of the advance practice registered nurse's gross negligence or willful misconduct. In order for the immunity under this subsection to apply, there must be a written agreement between 5 the advance practice registered nurse and the clinic pursuant to which the advance practice registered 6 7 nurse will provide voluntary uncompensated nursing services under the control of the clinic to patients of the clinic before the rendering of any services by the advance practice registered nurse 8 at the clinic. Any clinic entering into such written agreement is required to maintain liability 9 coverage of not less than \$1 million per occurrence. 10

(c) Notwithstanding the provisions of subsection (b) of this section, a clinic organized, in whole or in part, for the delivery of health care services without charge is not relieved from imputed liability for the negligent acts of a advance practice registered nurse rendering voluntary nursing services at or for the clinic under a special volunteer advance practice registered nurse license authorized under subsection (a) of this section.

(d) For purposes of this section, "otherwise eligible for licensure" means the satisfaction of
all the requirements for licensure as set forth in this article and in the legislative rules promulgated
thereunder, except the fee requirements of this article and of the legislative rules promulgated by the
board relating to fees.

(e) Nothing in this section may be construed as requiring the board to issue a special
volunteer advance practice registered nurse license to any advance practice registered nurse whose
license is or has been subject to any disciplinary action or to any advance practice registered nurse

who has surrendered his or her license or caused such license to lapse, expire and become invalid
 in lieu of having a complaint initiated or other action taken against his or her license, or who has
 elected to place an advanced practice registered nurse license in inactive status in lieu of having a
 complaint initiated or other action taken against his or her license, or who has been denied an
 advance practice registered nurse license.

6 (f) Any policy or contract of liability insurance providing coverage for liability sold, issued 7 or delivered in this state to any advance practice registered nurse covered under the provisions of 8 this article shall be read so as to contain a provision or endorsement whereby the company issuing 9 such policy waives or agrees not to assert as a defense on behalf of the policyholder or any 10 beneficiary thereof, to any claim covered by the terms of such policy within the policy limits, the 11 immunity from liability of the insured by reason of the care and treatment of needy and indigent 12 patients by an advance practice registered nurse who holds a special volunteer advance practice 13 registered nurse license.

14 §30-7F-10. Contents of license or certificate.

Each license or certificate issued by the board shall bear a serial number, the full name of the applicant, the date of expiration of any such license and the date of issuance of any such certificate, the seal of the board, and shall be signed by the executive secretary of the board.

18 §30-7F-11. Use of titles.

Any person licensed pursuant to this article may use the title "advanced practice registered nurse" and the abbreviation "A.P.R.N." or the term"nurse". Except as otherwise provided in articles seven and seven-a of this chapter, no other person may assume a title or use abbreviations or any other words, letters, figures, signs, or devices to indicate that the person using the same is a

2015R3167

1 registered professional nurse.

2 §30-7F-12. Complaints; investigations; due process procedure; grounds for disciplinary action.

4 (a) The board may initiate a complaint upon receipt of credible information and shall, upon
5 the receipt of a written complaint of any person, cause an investigation to be made to determine
6 whether grounds exist for disciplinary action under this article or the legislative rules promulgated
7 pursuant to this article.

8 (b) After reviewing any information obtained through an investigation, the board shall 9 determine if probable cause exists that the licensee, certificate holder or permittee has violated 10 subsection (g) of this section or rules promulgated pursuant to this article.

(c) Upon a finding of probable cause to go forward with a complaint, the board shall provide
a copy of the complaint to the licensee, certificate holder or permittee.

(d) Upon a finding that probable cause exists that the licensee, certificate holder or permittee has violated subsection (g) of this section or rules promulgated pursuant to this article, the board may enter into a consent decree or hold a hearing for disciplinary action against the licensee, certificate holder or permittee. Any hearing shall be held in accordance with the provisions of this article and shall require a violation to be proven by a preponderance of the evidence.

(e) A member of the complaint committee or the executive director of the board may issue
subpoenas and subpoenas duces tecum to obtain testimony and documents to aid in the investigation
of allegations against any person regulated by the article.

(f) Any member of the board or its executive director may sign a consent decree or other legal
document on behalf of the board.

(g) The board may, after notice and opportunity for hearing, deny or refuse to renew, suspend,
 restrict or revoke the license, certificate or permit of, or impose probationary conditions upon or take
 disciplinary action against, any licensee, certificate holder or permittee for any of the following
 reasons:

5 (1) Obtaining a board authorization by fraud, misrepresentation or concealment of material6 facts;

7 (2) Being convicted of a felony or a misdemeanor crime of moral turpitude;

8 (3) Being guilty of unprofessional conduct which placed the public at risk, as defined by9 legislative rule of the board;

10 (4) Intentional violation of a lawful order or legislative rule of the board;

11 (5) Having had a board authorization revoked or suspended, other disciplinary action taken,

12 or an application for a board authorization denied by the proper authorities of another jurisdiction;

13 (6) Aiding or abetting unlicensed practice of an advance practice registered nurse;

14 (7) Engaging in an act while acting in a professional capacity which has endangered or is15 likely to endanger the health, welfare or safety of the public;

16 (8) Having an incapacity that prevents a licensee from practicing as an advance practice
17 registered nurse, with reasonable skill, competence and safety to the public;

(9) Committing fraud in connection with performing the duties of an advance practiceregistered nurse;

(10) Failing to report to the board one's surrender of a license or authorization to practice as
an advance practice registered nurse in another jurisdiction while under disciplinary investigation
by any of those authorities or bodies for conduct that would constitute grounds for action as defined

1 in this section;

2 (11) Failing to report to the board any adverse judgment, settlement or award arising from
3 a malpractice claim arising related to conduct that would constitute grounds for action as defined in
4 this section;

5 (12) Being guilty of unprofessional conduct. The following acts are conclusively presumed
6 to be unprofessional conduct:

7 (A) Being guilty of any fraud or deception;

8 (B) Committing a criminal operation or being convicted of a crime involving moral turpitude;

9 (C) Abusing alcohol or drugs;

10 (D) Violating any professional confidence or disclosing any professional secret;

11 (E) Being grossly immoral;

12 (F) Harassing, abusing, intimidating, insulting, degrading or humiliating a patient physically,

13 verbally or through another form of communication;

14 (G) Obtaining any fee by fraud or misrepresentation;

15 (H) Employing directly or indirectly, or directing or permitting any suspended or unlicensed

16 person so employed, to perform the duties of an advance practice registered nurse; or

17 (I) Engaging in any action or conduct which would have warranted the denial of the license.

18 (13) Knowing or suspecting that a licensee is incapable of engaging in the performance of

19 the duties of an advanced practice registered nurse, with reasonable skill, competence and safety to

20 the public, and failing to report any relevant information to the board;

21 (14) Using or disclosing protected health information in an unauthorized or unlawful manner;

22 (15) Engaging in any conduct that subverts or attempts to subvert any licensing examination

1 or the administration of any licensing examination;

2 (16) Failing to furnish to the board or its representatives any information legally requested
3 by the board or failing to cooperate with or engaging in any conduct which obstructs an investigation
4 being conducted by the board;

5 (17) Failing to report to the board within seventy-two hours of becoming aware thereof any 6 life threatening occurrence, serious injury or death of a patient resulting from treatment or 7 complications following a procedure;

8 (18) Failing to report to the board any driving under the influence and/or driving while9 intoxicated offense; or

10 (19) Violation of any of the terms or conditions of any order entered in any disciplinary11 action.

12 (h) For the purposes of subsection (g) of this section disciplinary action may include:

13 (1) Reprimand;

- 14 (2) Probation;
- 15 (3) Restrictions;
- 16 (4) Suspension;
- 17 (5) Revocation;

18 (6) Administrative fine, not to exceed \$1,000 per day per violation;

19 (7) Mandatory attendance at continuing education seminars or other training;

20 (8) Practicing under supervision or other restriction; or

21 (9) Requiring the licensee or permittee to report to the board for periodic interviews for a

22 specified period of time.

(i) In addition to any other sanction imposed, the board may require a licensee or permittee
 to pay the costs of the proceeding.

3 (j) The board may defer disciplinary action with regard to an impaired licensee who 4 voluntarily signs an agreement, in a form satisfactory to the board, agreeing not to practice as an 5 advance practice registered nurse and to enter an approved treatment and monitoring program in 6 accordance with the board's legislative rule: *Provided*, That this subsection does not apply to a 7 licensee who has been convicted of, pleads guilty to, or enters a plea of nolo contendere to an offense 8 relating to a controlled substance in any jurisdiction.

9 (k) A person authorized to practice under this article who reports or otherwise provides 10 evidence of the negligence, impairment or incompetence of another member of this profession to the 11 board or to any peer review organization is not liable to any person for making the report if the report 12 is made without actual malice and in the reasonable belief that the report is warranted by the facts 13 known to him or her at the time.

14 §30-7F-13. Reinstatement.

(a) A licensee against whom disciplinary action has been taken under the provisions of this
article shall be afforded an opportunity to demonstrate the qualifications to resume practice. The
application for reinstatement shall be in writing and subject to the procedures specified by the board
by rule.

(b) A licensee who does not complete annual renewal, as specified by the board by rule, and
whose license has lapsed for one year or longer, shall make application for reinstatement as specified
by the board by rule.

22 (c) The board, at its discretion and for cause, may require an applicant for reinstatement to

undergo a physical and/or mental evaluation to determine a licensee is competent to practice or if
 the licensee is impaired by drugs or alcohol.

3 §30-7F-14. Actions to enjoin violations.

(a) If the board obtains information that any person has engaged in, is engaging in, or is about
to engage in, any act which constitutes or will constitute a violation of the provisions of this article,
the rules promulgated pursuant to this article or a final order or decision of the board, it may issue
a notice to the person to cease and desist in engaging in the act and/or apply to the circuit court in
the county of the alleged violation for an order enjoining the act.

9 (b) The circuit court may issue a temporary injunction pending a decision on the merits and 10 may issue a permanent injunction based on its findings in the case.

(c) The judgment of the circuit court on an application permitted by the provisions of this
section is final unless reversed, vacated or modified on appeal to the West Virginia Supreme Court
of Appeals.

14 §30-7F-15. Procedures for hearing; right of appeal.

15 (a) Hearings are governed by the provisions of section eight, article one of this chapter.

(b) The board may conduct the hearing or elect to have an administrative law judge conductthe hearing.

(c) If the hearing is conducted by an administrative law judge, at the conclusion of a hearing
he or she shall prepare a proposed written order containing findings of fact and conclusions of law.
The proposed order may contain proposed disciplinary actions if the board so directs. The board
may accept, reject or modify the decision of the administrative law judge.

22 (d) Any member or the executive director of the board has the authority to administer oaths,

1 examine any person under oath.

2 (e) If, after a hearing, the board determines the licensee or permittee has violated provisions
3 of this article or the board's rules, a formal written decision shall be prepared which contains findings
4 of fact, conclusions of law and a specific description of the disciplinary actions imposed.

5 §30-7F-16. Judicial review.

6 A person adversely affected by a decision of the board denying an application or entered after 7 a hearing may obtain judicial review of the decision in accordance with section four, article five, 8 chapter twenty-nine-a of this code and may appeal any ruling resulting from judicial review in 9 accordance with article six of said chapter.

10 §30-7F-17. Criminal offenses.

(a) When, as a result of an investigation under this article or otherwise, the board has reason
to believe that a person authorized under this article has committed a criminal offense under this
article, the board may bring its information to the attention of an appropriate law-enforcement
official.

(b) Any person who intentionally practices, or holds himself or herself out as qualified to practice as an advance practice registered nurse, or uses any title, word or abbreviation to indicate to or induce others to believe he or she is licensed to practice as an advance practice registered nurse without obtaining an active, valid West Virginia license to practice that profession or with a license that is:

20 (1) Expired, suspended or lapsed for greater than ninety days; or

(2) Inactive, revoked, suspended as a result of disciplinary action, or surrendered, is guilty
of a misdemeanor and, upon conviction thereof, shall be fined not more than \$10,000.

1 §30-7F-18. Injunction or other relief against unlawful acts.

2 (a) To practice as an advance practice registered nurse by any person who has not been 3 licensed under the provisions of this article, or whose license has expired or has been suspended or 4 revoked, is hereby declared to be inimical to the public health and welfare and to be a public 5 nuisance. Whenever in the judgment of the board any person has engaged in, is engaging in or is about to engage in practice as and advance practice registered nurse without holding a valid license 6 7 hereunder, or has engaged, is engaging or is about to engage in any act which constitutes, or will constitute, a violation of this article, the board may make application to the appropriate court having 8 equity jurisdiction for an order enjoining such practices or acts, and upon a showing that such person 9 10 has engaged, is engaging or is about to engage, in any such practices or acts, an injunction, restraining order, or such other order as the court may deem appropriate shall be entered by the court. 11 12 (b) The remedy provided in this section shall be in addition to, and not in lieu of, all other 13 penalties and remedies provided in this article.

14 **§30-7F-19.** Prohibitions and penalties.

15 (a) It is a misdemeanor for any person, including any corporation or association, to:

16 (1) Sell or fraudulently obtain or furnish any nursing diploma, license or record or aid or abet17 therein; or

(2) Practice as an advance practice registered nurse under cover of any diploma, license or
record illegally or fraudulently obtained or signed or issued or under fraudulent representation; or
(3) Practice as an advanced practice registered nurse unless duly licensed to do so under the
provisions of this article; or

22 (4) Use in connection with his or her name any designation tending to imply that he or she

is licensed to practice as an advance practice registered nurse unless duly licensed so to practice
 under the provisions of this article; or

3 (5) Practice as an advance practice registered nurse during the time his or her license issued
4 under the provisions of this article shall be suspended or revoked; or

5 (6) Otherwise violate any provisions of this article.

6 (b) Upon conviction, each such misdemeanor is punishable by a fine of not less than \$25 nor
7 more than \$250.

8 §30-7F-20. Voluntary agreements relating to alcohol or chemical dependency; confidentiality.

9 (a) In order to encourage voluntary participation in monitored alcohol, chemical dependency 10 or major mental illness programs and in recognition of the fact that major mental illness, alcoholism 11 and chemical dependency are illnesses, any person who holds a license to practice as an advanced 12 practice registered nurse in this state or who is applying for a license to practice as an advance 13 practice registered nurse in this state may enter into a voluntary agreement with a nurse health 14 program as defined in section one, article seven-e of this chapter. The agreement between the 15 licensee or applicant and the nurse health program shall include a jointly agreed upon treatment 16 program and mandatory conditions and procedures to monitor compliance with the program of 17 recovery.

(b) Any voluntary agreement entered into pursuant to this section is not considered adisciplinary action or order by the board, may not be disclosed to the board or the public:

(1) The voluntary agreement is the result of the licensee or applicant self enrolling orvoluntarily participating in the board- designated nurse health program;

22 (2) The board has not received nor filed any written complaints regarding the licensee or

applicant relating to an alcohol, chemical dependency or major mental illness affecting the care and
 treatment of patients; and

3 (3) The licensee or applicant is in compliance with the voluntary treatment program and the4 conditions and procedures to monitor compliance.

5 (c) Pursuant to this section, if a licensee or applicant enters into a voluntary agreement with 6 a nurse health program as defined in section one, article seven-e of this chapter, and then fails to 7 comply with or fulfill the terms of the agreement, the nurse health program shall report the 8 noncompliance to the board within twenty-four hours. The board may initiate disciplinary 9 proceedings pursuant to section twelve of this article or may permit continued participation in the 10 nurse health program or both.

(d) If the board has not instituted a disciplinary proceeding as provided in this article, information received, maintained or developed by the board relating to the alcohol or chemical dependency impairment of any licensee or applicant and a voluntary agreement made pursuant to this section are confidential and may not be made available to the public, through discovery or court subpoena, nor for introduction into evidence in any medical professional liability action or other action for damages arising out of the provision of or failure to provide health care services.

(e) Notwithstanding any of the foregoing provisions, the board may cooperate with and
provide documentation of any voluntary agreement entered into pursuant to this section to licensing
boards in other jurisdictions of which the board has become aware and may be appropriate.

20 §30-7F-21. Single act evidence of practice.

In any action brought under this article, any proceeding initiated under this article, evidence of the commission of a single act prohibited by this article is sufficient to justify a penalty,

1 injunction, restraining order or conviction without evidence of a general course of conduct.

2 §30-7F-22. Administration of anesthetics.

In any case where it is lawful for a duly licensed physician or dentist practicing medicine or
dentistry under the laws of this state to administer anesthetics, the anesthetics may lawfully be given
and administered by any person:

6 (1) Who has been licensed to practice as an advance practice registered nurse under this7 article; and

8 (2) Who holds a diploma, certificate or degree evidencing his or her successful completion 9 of the educational program duly accredited by the Council on Accreditation of Nurse Anesthesia 10 Educational Programs, or its successor: *Provided*, That the anesthesia is administered by the person 11 and under the supervision of such physician or dentist.

12 §30-7F-23. Prescriptive authority for prescription drugs; coordination with Board of
 Pharmacy.

(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

- 1 Osteopathic Medicine. Collaborative agreements include, but are not limited to, the following:
- 2 (1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it
 3 applies to the advanced practice registered nurse's clinical practice;
- 4 (2) Statements describing the individual and shared responsibilities of the advanced practice
 5 registered nurse and the physician pursuant to the collaborative agreement between them;
- 6 (3) Periodic and joint evaluation of prescriptive practice; and
- 7 (4) Periodic and joint review and updating of the written guidelines or protocols.

8 (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 9 10 registered nurse may prescribe drugs. The rules shall provide, at a minimum, a state formulary classifying those categories of drugs which shall not be prescribed by advanced practice registered 11 12 nurse including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, radiopharmaceuticals and general anesthetics. An advance practice registered nurse 13 may prescribe up to a seventy-two-hour supply of hydrocodone combinations, so long as the 14 prescription is nonrefillable, and prescribe a thirty-day supply of any drug approved by the Federal 15 16 Drug Administration to treat Attention Deficit Hyperactivity Disorder without refill. Drugs listed under Schedule III shall be limited to a thirty day supply without refill. In addition to the above 17 referenced provisions and restrictions and pursuant to a collaborative agreement as set forth in 18 subsections (a) and (b) of this section, the rules shall permit the prescribing of an annual supply of 19 any drug, device, contraceptive with the exception of controlled substances, which is prescribed for 20 21 the treatment of a chronic condition, other than chronic pain management. For the purposes of this 22 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 the chronic disease being treated.

5 (d) The board shall consult with other appropriate boards for the development of the 6 formulary.

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

9 (1) The name of the authorized advanced practice registered nurse;

10 (2) The prescriber's identification number assigned by the board; and

11 (3) The effective date of prescriptive authority.

12 §30-7F-24. Eligibility for prescriptive authority; application; fee.

13 An advanced practice registered nurse who applies for authorization to prescribe drugs shall:

14 (1) Be licensed and certified in West Virginia as an advanced practice registered nurse;

15 (2) Not be less than eighteen years of age;

(3) Provide the board with evidence of successful completion of forty-five contact hours of
education in pharmacology and clinical management of drug therapy under a program approved by
the board, fifteen hours of which shall be completed within the two-year period immediately before
the date of application;

20 (4) Provide the board with evidence that he or she is a person of good moral character and
21 not addicted to alcohol or the use of controlled substances; and

22 (5) Submit a completed, notarized application to the board, accompanied by a fee as

2015R3167

1 established by the board by rule.

2 §30-7F-25. Form of prescriptions; termination of authority; renewal; notification of 3 termination of authority.

4 (a) Prescriptions authorized by an advanced practice registered nurse must comply with all
5 applicable state and federal laws; must be signed by the prescriber with the initials "A.P.R.N". or the
6 designated certification title of the prescriber; and must include the prescriber's identification number
7 assigned by the board or the prescriber's national provider identifier assigned by the National
8 Provider System pursuant to 45 C. F. R. §162.408.

9 (b) Prescriptive authorization shall be terminated if the advanced practice registered nurse10 has:

11 (1) Not maintained current authorization as an advanced practice registered nurse; or

(2) Prescribed outside the advanced practice registered nurse's scope of practice or hasprescribed drugs for other than therapeutic purposes; or

14 (3) Has not filed verification of a collaborative agreement with the board.

15 (c) Prescriptive authority for an advanced practice registered nurse must be renewed 16 biennially. Documentation of eight contact hours of pharmacology during the previous two years 17 must be submitted at the time of renewal.

(d) The board shall notify the Board of Pharmacy, the Board of Medicine and the Board of
Osteopathic Medicine within twenty-four hours after termination of, or change in, an advanced
practice registered nurse's prescriptive authority.

(e) An advance practice registered nurse shall be notified by a physician in which they arein a collaborative relationship if he or she has questions or issues with the license of the advance

1 practice registered nurse.

2 §30-7F-26. Eligibility for prescriptive authority without collaborative relationship.

3 (a) The board may, in its discretion, authorize an advanced practice registered nurse as 4 defined in this article to prescribe prescription drugs without a collaborative relationship with a 5 physician as set forth in section twenty-three of this article, when all of the requirements of this 6 section have been met.

(b) An advanced practice registered nurse seeking to prescribe prescription drugs without a
collaborative relationship with a physician shall submit an application to the board on a form
prescribed by the board. The board may authorize an advanced practice registered nurse to prescribe
prescription drugs without a collaborative relationship with a physician if the board determines:

(1) The advanced practice registered nurse is qualified to prescribe prescription drugs
without a collaborative relationship by having five years of experience with a physician in a
collaborative arrangement as set forth in section twenty-three of this article;

(2) Is working solely in a county that has been designated by the United States Department
of Health and Human Services, Health Resources and Services Administration as a Health
Professional Shortage Areas; and

17 (3) Has adequately satisfied the following requirements:

18 (A) Competes and submits an application on a form provided by the board;

19 (B) Pays the applicable fee;

20 (C) Is licensed and certified in West Virginia as an advance practice registered nurse;

(D) Provides the board with evidence of successful completion of all continuing education
 requirements;

1 (E) Provides the board with evidence that he or she is a person of good moral character and 2 not addicted to alcohol or the use of controlled substances;

3 (F) Has not had his or her advanced practice registered nursing license, certification or 4 registration in any jurisdiction suspended or revoked; and

5 (G) Has fulfilled any other requirements specified by the board.

6 §30-7F-27. Annual Report.

The Board shall submit an annual report each year to the Legislative Oversight Commission
on Health and Human Resources Accountability concerning its activities within the state. The report
is due annually on December 1. The report is to include statistical information concerning:

10 (1) The number of licenses issued in the preceding year;

(2) The number of advance practice registered nurses who have been approved forprescriptive authority that have a collaborative agreement with a physician;

(3) The number of advance practice registered nurses who have been approved forprescriptive authority without a collaborative agreement with a physician;

15 (4) The number of complaints filed against an advance practice registered nurse;

16 (5) What the most prescribed controlled substances are;

17 (6) The number of reported adverse events;

18 (7) The total number of patient visits in the preceding year; and

19 (8) The geographic locations of advance practice registered nurses both with and without a

20 collaborative agreement as self reported by the advance practice registered nurse.

21 §30-7F-28. Exceptions.

22 This article does not prohibit:

1	(1) The furnishing of advance practice registered nursing assistance in an emergency;
2	(2) The study of advance practice registered nursing incidental to a program by students
3	enrolled in a nursing education program accredited by the board; or
4	(3) The practice of any legally qualified advance practice registered nurse of another state
5	who is employed by the United States or any bureau, division or agency thereof, while in the
6	discharge of his or her official duties.

7

NOTE: The purpose of this bill is to create a board called the West Virginia Board of Examiners for Advance Practice Registered Nurses to oversee the practice of advance practice registered nurses removing them from the purview of the West Virginia Board of Examiners for Registered Professional Nurses.

Strike-throughs indicate language that would be stricken from the code, and underscoring indicates language that would be added.

Article 7-F is new, therefore strike-throughs and underscoring have been omitted.