

WEST VIRGINIA LEGISLATURE

2016 REGULAR SESSION

Introduced

House Bill 2450

2015 Carryover

(BY DELEGATES CAMPBELL, ELDRIDGE, HOUSEHOLDER,
MARCUM, FERRO, PERRY AND SUMMERS)

[Introduced January 13, 2016; referred to the
Committee on Health and Human Resources then
Government Organization.]

1 A BILL to amend and reenact §30-7-15a, §30-7-15b and §30-7-15c of the Code of West Virginia,
 2 1931, as amended; to amend and reenact §30-15-7, §30-15-7a, §30-15-7b and
 3 §30-15-7c of said code; and to amend said code by adding thereto a new section,
 4 designated §30-7-15d, all relating to expanding prescriptive authority of advanced practice
 5 registered nurses and certified nurse-midwives; permitting advanced practice registered
 6 nurses to prescribe an annual supply of controlled substances; permitting the signature of
 7 an advanced practice registered nurse to have the same force and effect as that of a
 8 physician insofar as patient care documentation is concerned; removing the requirement
 9 for collaborative relationships with physicians; removing certain notifications; removing the
 10 minimum requirements for certain legislative rules; and permitting certain fees to be set
 11 by rule.

Be it enacted by the Legislature of West Virginia:

1 That §30-7-15a, §30-7-15b and §30-7-15c of the Code of West Virginia, 1931, as
 2 amended, be amended and reenacted; that §30-15-7, §30-15-7a, §30-15-7b and §30-15-7c of
 3 said code be amended and reenacted; and that said code be amended by adding thereto a new
 4 section, designated §30-7-15d, all to read as follows:

ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

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

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

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

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

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

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

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

19 ~~(c) (b) The board shall promulgate propose legislative rules for legislative approval in~~
20 ~~accordance with the provisions of chapter twenty-nine-a of this code governing the eligibility and~~
21 ~~extent to which an advanced practice registered nurse may prescribe drugs. Such rules shall~~
22 ~~provide, at a minimum, a state formulary classifying those categories of drugs which shall not be~~
23 ~~prescribed by advanced practice registered nurse including, but not limited to, Schedules I and II~~
24 ~~of the Uniform Controlled Substances Act, antineoplastics, radiopharmaceuticals and general~~
25 ~~anesthetics. Drugs listed under Schedule III shall be limited to a seventy-two hour supply without~~
26 ~~refill. In addition to the above referenced provisions and restrictions and pursuant to a~~
27 ~~collaborative agreement as set forth in subsections (a) and (b) of this section, the rules and The~~
28 ~~rules shall permit the prescribing of an annual supply of any drug. with the exception of controlled~~
29 ~~substances, which is prescribed for the treatment of a chronic condition, other than chronic pain~~

30 ~~management. For the purposes of this section, a "chronic condition" is a condition which lasts~~
 31 ~~three months or more, generally cannot be prevented by vaccines, can be controlled but not cured~~
 32 ~~by medication and does not generally disappear. These conditions, with the exception of chronic~~
 33 ~~pain, include, but are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes,~~
 34 ~~epilepsy and seizures, and obesity. The prescriber authorized in this section shall note on the~~
 35 ~~prescription the chronic disease being treated.~~

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

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

- 40 (1) The name of the authorized advanced practice registered nurse;
- 41 (2) The prescriber's identification number assigned by the board; and
- 42 (3) The effective date of prescriptive authority.

§30-7-15b. Eligibility for prescriptive authority; application; fee.

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

- 3 (a) Be licensed and certified in West Virginia as an advanced practice registered nurse;
- 4 (b) ~~Not be less than~~ Be at least eighteen years of age;
- 5 (c) Provide the board with evidence of successful completion of forty-five contact hours of
 6 education in pharmacology and clinical management of drug therapy under a program approved
 7 by the board, fifteen hours of which shall be completed within the two-year period immediately
 8 before the date of application;
- 9 (d) Provide the board with evidence that he or she is a person of good moral character
 10 and not addicted to alcohol or the use of controlled substances; and

11 (e) Submit a completed, notarized application to the board, accompanied by a fee as
12 established by the board by rule.

**§30-7-15c. Form of prescriptions; termination of authority; renewal; notification of
termination of authority.**

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

6 (b) Prescriptive authorization shall be terminated if the advanced practice registered nurse
7 has:

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

9 (2) Prescribed outside the advanced practice registered nurse's scope of practice or has
10 prescribed drugs for other than therapeutic purposes. ~~or~~

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

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

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

**§30-7-15d. Allowance for global signatures on patient care by advanced practice
registered nurses.**

1 Whenever any law or rule requires a signature, certification, stamp, verification, affidavit

2 or endorsement by a physician, the signature, certification, stamp, verification, affidavit or
 3 endorsement of an advanced practice registered nurse is permitted to have the same force and
 4 effect.

ARTICLE 15. NURSE-MIDWIVES.

§30-15-7. Standards of practice.

5 The license to practice nurse-midwifery ~~shall entitle~~ entitles the holder to practice such
 6 the profession according to the statement of standards of the American College of
 7 Nurse-Midwives. ~~and such holder shall be required to practice in a collaborative relationship with~~
 8 ~~a licensed physician engaged in family practice or the specialized field of gynecology or obstetrics,~~
 9 ~~or as a member of the staff of any maternity, newborn or family planning service approved by the~~
 10 ~~West Virginia Department of Health and Human Resources, who, as such, shall practice~~
 11 ~~nurse-midwifery in a collaborative relationship with a board-certified or board-eligible obstetrician,~~
 12 ~~gynecologist or the primary-care physician normally directly responsible for obstetrical and~~
 13 ~~gynecological care in said area of practice.~~

§30-15-7a. Prescriptive authority for prescription drugs; ~~promulgation of~~ proposing rules; classification of drugs to be prescribed; coordination with Board of Pharmacy.

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

5 ~~(b) For purposes of this section an agreement to a collaborative relationship for practice~~
 6 ~~between a physician and a nurse-midwife shall be set forth in writing. Verification of such~~
 7 ~~agreement shall be filed with the board by the nurse-midwife. The board shall forward a copy of~~

8 ~~such verification to the Board of Medicine. Collaborative agreements shall include, but not be~~
9 ~~limited to, the following:~~

10 ~~(1) Mutually agreed upon written guidelines or protocols for prescriptive practice as it~~
11 ~~applies to the nurse-midwife's clinical practice;~~

12 ~~(2) Statements describing the individual and shared responsibilities of the nurse-midwife~~
13 ~~and the physician pursuant to the collaborative agreement between them;~~

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

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

16 ~~(e) (b) The board shall propose legislative rules for legislative approval in accordance~~
17 ~~with the provisions of chapter twenty-nine-a of this code governing the eligibility and extent to~~
18 ~~which a nurse-midwife may prescribe drugs. Such rules shall provide, at a minimum, a state~~
19 ~~formulary classifying those categories of drugs which shall not be prescribed by nurse-midwives,~~
20 ~~including, but not limited to, Schedules I and II of the Uniform Controlled~~
21 ~~Substances Act, anticoagulants, antineoplastics, radio-pharmaceuticals and general anesthetics.~~
22 ~~Drugs listed under schedule III shall be limited to a seventy-two hour supply without refill.~~

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

24 ~~(e) (c) The board shall transmit to the Board of Pharmacy a list of all nurse-midwives with~~
25 ~~prescriptive authority. The list shall include:~~

26 ~~(1) The name of the authorized nurse-midwife;~~

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

28 ~~(3) The effective date of prescriptive authority.~~

§30-15-7b. Eligibility for prescriptive authority; application; fee.

1 A nurse-midwife who applies for authorization to prescribe drugs shall:

2 (a) Be licensed and certified as a nurse-midwife in the State of West Virginia;

3 (b) ~~Not be less than~~ Be at least eighteen years of age;

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

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

10 (e) Submit a completed, notarized application to the board, accompanied by a fee of \$125
11 as established by the board by rule.

**§30-15-7c. Form of prescription; termination of authority; renewal; notification of
termination of authority.**

1 (a) Prescriptions authorized by a nurse-midwife must comply with all applicable state and
2 federal laws; must be signed by the prescriber with the initials "C.N.M."; and must include the
3 prescriber's identification number assigned by the board.

4 (b) Prescriptive authorization shall be terminated if the nurse-midwife has:

5 (1) Not maintained current authorization as a nurse-midwife; or

6 (2) Prescribed outside the nurse-midwife's scope of practice or has prescribed drugs for
7 other than therapeutic purposes. ~~or~~

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

9 (c) Prescriptive authority for a nurse-midwife must be renewed biennially.
10 Documentation of eight contact hours of pharmacology during the previous two years must be
11 submitted at the time of renewal.

12 (d) The board shall notify the Board of Pharmacy ~~and the Board of Medicine~~ within
13 twenty-four hours after termination of, or change in, a nurse-midwife's prescriptive authority.

NOTE: The purpose of this bill is to expand the prescriptive authority of advanced practice registered nurses and certified nurse-midwives and to remove the requirement for collaborative relationships with physicians. The bill permits advanced practice registered nurses to prescribe annual supplies of controlled substances. The bill permits the signature of an advanced practice registered nurse to have the same force and effect as that of a physician insofar as patient care documentation is concerned. The bill removes certain notifications. The bill removes the minimum requirements for certain legislative rules and permits certain fees to be set by rule.

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

§30-7-15d is new; therefore, it has been completely underscored.