1	H. B. 4342
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3 4 5 6	(By Delegates Campbell, Marcum, D. Poling, Fleischauer, Skaff, Eldridge, Diserio, Moore, L. Phillips and Staggers)
7	[Introduced January 27, 2014; referred to the
8	Committee on Health and Human Resources then Government
9	Organization.]
10	A BILL to amend and reenact $\$30-7-15a$, $\$30-7-15b$ and $\$30-7-15c$ of
11	the Code of West Virginia, 1931, as amended; and to amend and
12	reenact §30-15-7, §30-15-7a, §30-15-7b and §30-15-7c of said
13	code; and to amend said code by adding thereto a new section,
14	designated §30-7-15d, all relating to expanding prescriptive
15	authority of advanced practice registered nurses and certified
16	nurse-midwives; permitting advanced practice registered nurses
17	to prescribe an annual supply of controlled substances;
18	permitting the signature of an advanced practice registered
19	nurse to have the same force and effect as that of a physician
20	insofar as patient care documentation is concerned; removing
21	the requirement for collaborative relationships with
22	physicians; removing certain notifications; removing the
23	minimum requirements for certain legislative rules; and
24	permitting certain fees to be set by rule.
25	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 2 Virginia, 1931, as amended, be amended and reenacted; that 3 §30-15-7, §30-15-7a, §30-15-7b and §30-15-7c of said code be 4 amended and reenacted; and that said code be amended by adding 5 thereto a new section, designated §30-7-15d, all to read as 6 follows:

7 ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

8 §30-7-15a. Prescriptive authority for prescription drugs; 9 coordination with Board of Pharmacy.

10 (a) The board may, in its discretion, authorize an advanced 11 practice registered nurse to prescribe prescription drugs in a 12 collaborative relationship with a physician licensed to practice in 13 West Virginia and in accordance with applicable state and federal 14 laws. An authorized advanced practice registered nurse may write 15 or sign prescriptions or transmit prescriptions verbally or by 16 other means of communication.

17 (b) For purposes of this section an agreement to a 18 collaborative relationship for prescriptive practice between a 19 physician and an advanced practice registered nurse shall be set 20 forth in writing. Verification of the agreement shall be filed 21 with the board by the advanced practice registered nurse. The 22 board shall forward a copy of the verification to the Board of 23 Medicine and the Board of Osteopathic Medicine. Collaborative 24 agreements shall include, but are not limited to, the following:

2 prescriptive authority as it applies to the advanced practice 3 registered nurse's clinical practice; (2) Statements describing the individual and shared 5 responsibilities of the advanced practice registered nurse and the 6 physician pursuant to the collaborative agreement between them; (3) Periodic and joint evaluation of prescriptive practice; 7 8 and 9 (4) Periodic and joint review and updating of the written 10 guidelines or protocols. (c) (b) The board shall promulgate legislative rules in 11 12 accordance with the provisions of chapter twenty-nine-a of this 13 code governing the eligibility and extent to which an advanced 14 practice registered nurse may prescribe drugs. Such rules shall 15 provide, at a minimum, a state formulary classifying those 16 categories of drugs which shall not be prescribed by advanced 17 practice registered nurse including, but not limited to, Schedules 18 I and II of the Uniform Controlled Substances Act, antineoplastics, 19 radiopharmaceuticals and general anesthetics. Drugs listed under 20 Schedule III shall be limited to a seventy-two hour supply without 21 refill. In addition to the above referenced provisions and 22 restrictions and pursuant to a collaborative agreement as set forth 23 in subsections (a) and (b) of this section, the rules and shall 24 permit the prescribing of an annual supply of any drug. with the

(1) Mutually agreed upon written guidelines or protocols for

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1 exception of controlled substances, which is prescribed for the 2 treatment of a chronic condition, other than chronic pain 3 management. For the purposes of this section, a "chronic 4 condition" is a condition which lasts three months or more, 5 generally cannot be prevented by vaccines, can be controlled but 6 not cured by medication and does not generally disappear. These 7 conditions, with the exception of chronic pain, include, but are 8 not limited to, arthritis, asthma, cardiovascular disease, cancer, 9 diabetes, epilepsy and seizures, and obesity. The prescriber 10 authorized in this section shall note on the prescription the 11 chronic disease being treated.

12 (d) The board shall consult with other appropriate boards for 13 the development of the formulary.

14 (e) (c) The board shall transmit to the Board of Pharmacy a 15 list of all advanced practice registered nurses with prescriptive 16 authority. The list shall include:

17 (1) The name of the authorized advanced practice registered18 nurse;

19 (2) The prescriber's identification number assigned by the20 board; and

21 (3) The effective date of prescriptive authority.

22 §30-7-15b. Eligibility for prescriptive authority; application; 23 fee.

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

3 (a) Be licensed and certified in West Virginia as an advanced4 practice registered nurse;

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

6 (c) Provide the board with evidence of successful completion 7 of forty-five contact hours of education in pharmacology and 8 clinical management of drug therapy under a program approved by the 9 board, fifteen hours of which shall be completed within the 10 two-year period immediately before the date of application;

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

14 (e) Submit a completed, notarized application to the board,15 accompanied by a fee as established by the board by rule.

16 §30-7-15c. Form of prescriptions; termination of authority;

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renewal; notification of termination of authority.

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

1 (b) Prescriptive authorization shall be terminated if the 2 advanced practice registered nurse has:

3 (1) Not maintained current authorization as an advanced 4 practice registered nurse; <u>or</u>

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

8 (3) Has not filed verification of a collaborative agreement 9 with the board.

10 (c) Prescriptive authority for an advanced practice registered 11 nurse must be renewed biennially. Documentation of eight contact 12 hours of pharmacology during the previous two years must be 13 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.

18 §30-7-15d. Allowance for global signatures on patient care by advanced practice registered nurses.

20 <u>Whenever any law or regulation requires a signature,</u> 21 <u>certification, stamp, verification, affidavit or endorsement by a</u> 22 <u>physician, the signature, certification, stamp, verification,</u> 23 <u>affidavit or endorsement of an advanced practice registered nurse</u> 24 <u>is permitted to have the same force and effect.</u>

1 ARTICLE 15. NURSE-MIDWIVES.

2 §30-15-7. Standards of practice.

The license to practice nurse-midwifery shall entitle 3 4 entitles the holder to practice such the profession according to of standards of the 5 the statement American College of 6 Nurse-Midwives. and such holder shall be required to practice in a 7 collaborative relationship with a licensed physician engaged in 8 family practice or the specialized field of gynecology or 9 obstetrics, or as a member of the staff of any maternity, newborn 10 or family planning service approved by the West Virginia Department 11 of Health and Human Resources, who, as such, shall practice 12 nurse-midwifery in a collaborative relationship with a 13 board-certified or board-eligible obstetrician, gynecologist or the 14 primary-care physician normally directly responsible for 15 obstetrical and gynecological care in said area of practice.

16 §30-15-7a. Prescriptive authority for prescription drugs; 17 promulgation of rules; classification of drugs to 18 be prescribed; coordination with Board of 19 Pharmacy.

20 (a) The board shall, in its discretion, authorize a 21 nurse-midwife to prescribe prescription drugs in a collaborative 22 relationship with a physician licensed to practice in West Virginia 23 and in accordance with applicable state and federal laws. An

1 authorized nurse-midwife may write or sign prescriptions or 2 transmit prescriptions verbally or by other means of communication. 3 (b) For purposes of this section an agreement to a 4 collaborative relationship for practice between a physician and a 5 nurse-midwife shall be set forth in writing. Verification of such 6 agreement shall be filed with the board by the nurse-midwife. The 7 board shall forward a copy of such verification to the Board of 8 Medicine. Collaborative agreements shall include, but not be 9 limited to, the following:

10 (1) Mutually agreed upon written guidelines or protocols for 11 prescriptive practice as it applies to the nurse-midwife's clinical 12 practice;

13 (2) Statements describing the individual and shared 14 responsibilities of the nurse-midwife and the physician pursuant to 15 the collaborative agreement between them;

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

18 (4) Periodic and joint review and updating of the written 19 guidelines or protocols.

20 (c) (b) The board shall promulgate legislative rules in 21 accordance with the provisions of chapter twenty-nine-a of this 22 code governing the eligibility and extent to which a nurse-midwife 23 may prescribe drugs. Such rules shall provide, at a minimum, a 24 state formulary classifying those categories of drugs which shall

1 not be prescribed by nurse-midwives, including, but not limited 2 to, Schedules I and II of the Uniform Controlled Substances 3 Act, anticoagulants, antineoplastics, radio-pharmaceuticals and 4 general anesthetics. Drugs listed under schedule III shall be 5 limited to a seventy-two hour supply without refill.

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

8 (e) (c) The board shall transmit to the Board of Pharmacy a 9 list of all nurse-midwives with prescriptive authority. The list 10 shall include:

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

12 (2) The prescriber's identification number assigned by the13 board; and

14 (3) The effective date of prescriptive authority.

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

16 **fee**.

17 A nurse-midwife who applies for authorization to prescribe 18 drugs shall:

19 (a) Be licensed and certified as a nurse-midwife in the State20 of West Virginia;

(b) Not be less than <u>Be at least</u> eighteen years of age;
(c) 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

1 board, fifteen of which shall be completed within the two-year
2 period immediately before the date of application;

3 (d) Provide the board with evidence that he or she is a person 4 of good moral character and not addicted to alcohol or the use of 5 controlled substances; and

(e) Submit a completed, notarized application to the board,
7 accompanied by a fee of \$125 as established by the board by rule.
8 \$30-15-7c. Form of prescription; termination of authority;

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renewal; notification of termination of authority.

10 (a) Prescriptions authorized by a nurse-midwife must comply 11 with all applicable state and federal laws; must be signed by the 12 prescriber with the initials "C.N.M."; and must include the 13 prescriber's identification number assigned by the board.

14 (b) Prescriptive authorization shall be terminated if the 15 nurse-midwife has:

16 (1) Not maintained current authorization as a nurse-midwife; 17 or

(2) Prescribed outside the nurse-midwife's scope of practice
or has prescribed drugs for other than therapeutic purposes. or
(3) Has not filed verification of a collaborative agreement
with the board.

(c) Prescriptive authority for a nurse-midwife must be renewedbiennially. Documentation of eight contact hours of pharmacology

1 during the previous two years must be submitted at the time of 2 renewal.

3 (d) The board shall notify the Board of Pharmacy and the Board 4 of Medicine within twenty-four hours after termination of, or 5 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.