1	Senate Bill No. 212
2	(By Senators Beach, Fitzsimmons and Williams)
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4	[Introduced January 8, 2014; referred to the Committee on Health
5	and Human Resources; and then to the Committee on Government
6	Organization.]
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11	A BILL to amend and reenact $\$30-7-15a$, $\$30-7-15b$ and $\$30-7-15c$ of
12	the Code of West Virginia, 1931, as amended; and to amend and
13	reenact §30-15-7, §30-15-7a, §30-15-7b and §30-15-7c of said
14	code, all relating to expanding prescriptive authority of
15	advanced nurse practitioners and certified nurse-midwives;
16	removing the requirement for collaborative relationships with
17	physicians; removing certain notifications; removing the
18	minimum requirements for certain legislative rules; and
19	permitting certain fees to be set by rule.
20	Be it enacted by the Legislature of West Virginia:
21	That $\$30-7-15a$, $\$30-7-15b$ and $\$30-7-15c$ of the Code of West
22	Virginia, 1931, as amended, be amended and reenacted; and that
23	\$30-15-7, \$30-15-7a, \$30-15-7b and \$30-15-7c of said code be

1 amended and reenacted, all to read as follows:

2 ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

3 §30-7-15a. Prescriptive authority for prescription drugs; 4 coordination with Board of Pharmacy.

5 (a) The board may, in its discretion, authorize an advanced 6 practice registered nurse to prescribe prescription drugs in a 7 collaborative relationship with a physician licensed to practice in 8 West Virginia and in accordance with applicable state and federal 9 laws. An authorized advanced practice registered nurse may write 10 or sign prescriptions or transmit prescriptions verbally or by 11 other means of communication.

12 (b) For purposes of this section an agreement to a 13 collaborative relationship for prescriptive practice between a 14 physician and an advanced practice registered nurse shall be set 15 forth in writing. Verification of the agreement shall be filed 16 with the board by the advanced practice registered nurse. The 17 board shall forward a copy of the verification to the Board of 18 Medicine and the Board of Osteopathic Medicine. Collaborative 19 agreements shall include, but are not limited to, the following: 20 (1) Mutually agreed upon written guidelines or protocols for 21 prescriptive authority as it applies to the advanced practice 22 registered nurse's clinical practice;

(2) Statements describing the individual and shared
 responsibilities of the advanced practice registered nurse and the
 physician pursuant to the collaborative agreement between them;
 (3) Periodic and joint evaluation of prescriptive practice;
 and

6 (4) Periodic and joint review and updating of the written
7 quidelines or protocols.

8 (c) (b) The board shall promulgate legislative rules in 9 accordance with the provisions of chapter twenty-nine-a of this 10 code governing the eligibility and extent to which an advanced 11 practice registered nurse may prescribe drugs. Such rules shall 12 provide, at a minimum, a state formulary classifying those 13 categories of drugs which shall not be prescribed by advanced 14 practice registered nurse including, but not limited to, Schedules 15 I and II of the Uniform Controlled Substances Act, antineoplastics, 16 radiopharmaceuticals and general anesthetics. Drugs listed under 17 Schedule III shall be limited to a seventy-two hour supply without 18 refill. In addition to the above referenced provisions and 19 restrictions and pursuant to a collaborative agreement as set forth 20 in subsections (a) and (b) of this section, the rules and shall 21 permit the prescribing of an annual supply of any drug, with the 22 exception of controlled substances, which is prescribed for the 23 treatment of a chronic condition, other than chronic pain

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

10 (d) The board shall consult with other appropriate boards for 11 the development of the formulary.

12 (e) (c) The board shall transmit to the Board of Pharmacy a 13 list of all advanced practice registered nurse with prescriptive 14 authority. The list shall include:

15 (1) The name of the authorized advanced practice registered 16 nurse;

17 (2) The prescriber's identification number assigned by the18 board; and

19 (3) The effective date of prescriptive authority.

20 §30-7-15b. Eligibility for prescriptive authority; application; 21 fee.

22 An advanced practice registered nurse who applies for 23 authorization to prescribe drugs shall:

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

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

4 (c) Provide the board with evidence of successful completion 5 of forty-five contact hours of education in pharmacology and 6 clinical management of drug therapy under a program approved by the 7 board, fifteen hours of which shall be completed within the 8 two-year period immediately before the date of application;

9 (d) Provide the board with evidence that he or she is a person 10 of good moral character and not addicted to alcohol or the use of 11 controlled substances; and

12 (e) Submit a completed, notarized application to the board,13 accompanied by a fee as established by the board by rule.

14 §30-7-15c. Form of prescriptions; termination of authority;
 renewal; notification of termination of authority.

16 (a) Prescriptions authorized by an advanced practice 17 registered nurse must comply with all applicable state and federal 18 laws; must be signed by the prescriber with the initials "A.P.R.N." 19 or the designated certification title of the prescriber; and must 20 include the prescriber's identification number assigned by the 21 board or the prescriber's national provider identifier assigned by 22 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; or

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 ARTICLE 15. NURSE-MIDWIVES.

19 §30-15-7. Standards of practice.

20 The license to practice nurse-midwifery shall entitle 21 <u>entitles</u> the holder to practice such <u>the</u> profession according to 22 the statement of standards of the American College of 23 Nurse-Midwives. and such holder shall be required to practice in a

1 collaborative relationship with a licensed physician engaged in
2 family practice or the specialized field of gynecology or
3 obstetrics, or as a member of the staff of any maternity, newborn
4 or family planning service approved by the West Virginia Department
5 of Health and Human Resources, who, as such, shall practice
6 nurse-midwifery in a collaborative relationship with a
7 board-certified or board-eligible obstetrician, gynecologist or the
8 primary-care physician normally directly responsible for
9 obstetrical and gynecological care in said area of practice.

10 §30-15-7a. Prescriptive authority for prescription drugs; 11 promulgation of rules; classification of drugs to 12 be prescribed; coordination with Board of 13 Pharmacy.

in its discretion, authorize 14 (a) The board shall, a 15 nurse-midwife to prescribe prescription drugs in a collaborative 16 relationship with a physician licensed to practice in West Virginia 17 and in accordance with applicable state and federal laws. An 18 authorized nurse-midwife may write or sign prescriptions or 19 transmit prescriptions verbally or by other means of communication. 20 (b) For purposes of this section an agreement to a 21 collaborative relationship for practice between a physician and a 22 nurse-midwife shall be set forth in writing. Verification of such 23 agreement shall be filed with the board by the nurse-midwife. The 1 board shall forward a copy of such verification to the Board of 2 Medicine. Collaborative agreements shall include, but not be 3 limited to, the following:

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

7 (2) Statements describing the individual and shared
8 responsibilities of the nurse-midwife and the physician pursuant to
9 the collaborative agreement between them;

10 (3) Periodic and joint evaluation of prescriptive practice; 11 and

12 (4) Periodic and joint review and updating of the written 13 guidelines or protocols.

(c) (b) 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 a nurse-midwife may prescribe drugs. Such rules shall provide, at a minimum, a state formulary classifying those categories of drugs which shall not be prescribed by nurse-midwives, including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, anticoagulants, antineoplastics, radio-pharmaceuticals and general anesthetics. Drugs listed under schedule III shall be limited to a seventy-two hour supply without refill.

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

3 (e) (c) The board shall transmit to the Board of Pharmacy a 4 list of all nurse-midwives with prescriptive authority. The list 5 shall include:

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

7 (2) The prescriber's identification number assigned by the 8 board; and

9 (3) The effective date of prescriptive authority.

10 §30-15-7b. Eligibility for prescriptive authority; application; 11 fee.

12 A nurse-midwife who applies for authorization to prescribe 13 drugs shall:

14 (a) Be licensed and certified as a nurse-midwife in the State15 of West Virginia;

16 (b) Not be less than <u>Be at least</u> eighteen years of age;
17 (c) Provide the board with evidence of successful completion
18 of forty-five contact hours of education in pharmacology and

19 clinical management of drug therapy under a program approved by the 20 board, fifteen of which shall be completed within the two-year 21 period immediately before the date of application;

1 (d) Provide the board with evidence that he or she is a person 2 of good moral character and not addicted to alcohol or the use of 3 controlled substances; and

4 (e) Submit a completed, notarized application to the board,
5 accompanied by a fee of \$125 as established by the board by rule.
6 \$30-15-7c. Form of prescription; termination of authority;
7 renewal; notification of termination of authority.

8 (a) Prescriptions authorized by a nurse-midwife must comply 9 with all applicable state and federal laws; must be signed by the 10 prescriber with the initials "C.N.M."; and must include the 11 prescriber's identification number assigned by the board.

12 (b) Prescriptive authorization shall be terminated if the 13 nurse-midwife has:

14 (1) Not maintained current authorization as a nurse-midwife; 15 or

16 (2) Prescribed outside the nurse-midwife's scope of practice 17 or has prescribed drugs for other than therapeutic purposes. or 18 (3) Has not filed verification of a collaborative agreement 19 with the board.

20 (c) Prescriptive authority for a nurse-midwife must be renewed 21 biennially. Documentation of eight contact hours of pharmacology 22 during the previous two years must be submitted at the time of 23 renewal.

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