

**H. B. 2408**

(By Delegates Ellington, Householder, Sobonya, Arvon, Stansbury,  
Pasdon, Rohrbach and Campbell)

[Introduced January 27, 2015; referred to the

Committee on Health and Human Resources then the Judiciary.]

A BILL to amend and reenact §30-7-15a of the Code of West Virginia, 1931, as amended, relating to collaborative practice; relating to requiring local public officer and licensed physician faculty member at a school of medicine to enter into a collaborative relationship with an authorized advance practice registered nurse.

*Be it enacted by the Legislature of West Virginia:*

That §30-7-15a of the Code of West Virginia, 1931, as amended, be amended and reenacted to read as follows:

**ARTICLE 7. REGISTERED PROFESSIONAL NURSES.**

**§30-7-15a. 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

1 means of communication.

2 (b) For purposes of this section an agreement to a collaborative relationship for prescriptive  
3 practice between a physician and an advanced practice registered nurse shall be set forth in writing.

4 Verification of the agreement shall be filed with the board by the advanced practice registered nurse.

5 The board shall forward a copy of the verification to the Board of Medicine and the Board of  
6 Osteopathic Medicine. Collaborative agreements shall include, but are not limited to, the following:

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

9 (2) Statements describing the individual and shared responsibilities of the advanced practice  
10 registered nurse and the physician pursuant to the collaborative agreement between them;

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

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

13 (c) The board shall promulgate legislative rules in accordance with the provisions of chapter  
14 twenty-nine-a of this code governing the eligibility and extent to which an advanced practice

15 registered nurse may prescribe drugs. Such rules shall provide, at a minimum, a state formulary  
16 classifying those categories of drugs which shall not be prescribed by advanced practice registered

17 nurse including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act,  
18 antineoplastics, radiopharmaceuticals and general anesthetics. Drugs listed under Schedule III shall

19 be limited to a seventy-two hour supply without refill. In addition to the above referenced provisions  
20 and restrictions and pursuant to a collaborative agreement as set forth in subsections (a) and (b) of

21 this section, the rules shall permit the prescribing of an annual supply of any drug, with the exception  
22 of controlled substances, which is prescribed for the treatment of a chronic condition, other than

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

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

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

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

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

13 (3) The effective date of prescriptive authority.

14 (f) If requested to by an authorized advanced practice nurse, a local health officer, as defined  
15 in section two, article one, chapter sixteen, or a licensed physician faculty member at a school of  
16 medicine, as defined in section three, article sixteen, chapter eighteen-b, shall enter into a  
17 collaborative relationship. The local health officer or a licensed physician faculty member at a  
18 school of medicine may not charge a fee for this collaborative relationship. The actions of the  
19 authorized advanced practice nurse in this collaborative relationship shall be covered by the medical  
20 malpractice insurance held by the local health officer or the licensed physician faculty member at  
21 a school of medicine.

NOTE: The purpose of this bill is to require local public officer and licensed physician faculty member at a school of medicine to enter into a collaborative relationship with an authorized advanced practice nurse.

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