WEST VIRGINIA LEGISLATURE

2021 REGULAR SESSION

Introduced

House Bill 2707

BY DELEGATES TULLY AND SUMMERS

[Introduced February 23, 2021; Referred to the

Committee on Health and Human Resources]

A BILL to repeal §30-7-15e the code of West Virginia, 1931, as amended; and to amend and reenact §30-7-1, §30-7-15a and §30-7-15b of said code, all relating to prescriptive authority for advanced practice registered nurses.

Be it enacted by the Legislature of West Virginia:

ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

§30-7-1. Definitions.

As used in this article:

"Advanced practice registered nurse" means a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients as a certified nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist, who has completed a board-approved graduate-level education program and who has passed a board-approved national certification examination;

"Board" means the West Virginia Board of Examiners for Registered Professional Nurses;

"Collaborative relationship" means a working relationship, structured through a written agreement, in which an advanced practice registered nurse may prescribe drugs in collaboration with a qualified physician or a qualified advanced practice registered nurse;

"Direct patient care" means the provision of services to a sick, injured, mentally or physically disabled, elderly or fragile patient that requires some degree of interaction with that patient. Direct patient care may include assessment, treatment, counseling, procedures, self-care, patient education, administration of medication, and implementation of a care plan;

"Practice of registered professional nursing" or "registered professional nursing" means the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social 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 with respect to such principles of nursing, or in the administration

of medications and treatments as prescribed by a licensed physician, a licensed dentist or a licensed advanced practice registered nurse, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others; and

"Qualified advanced practice registered nurse" means an advanced practice registered nurse who has prescribed independently for 10 years; and

"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.

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

- (a) The board may in its discretion, authorize an advanced practice registered nurse to prescribe prescription drugs in accordance with this article and all other 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) The board shall promulgate legislative rules in accordance with chapter twenty-nine-a §29A-3-1 et seq. of this code governing the eligibility and extent to which an advanced practice registered nurse may prescribe drugs. Such The rules shall provide, at a minimum, a state formulary classifying those categories of drugs which shall not be prescribed by advanced practice registered nurse including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, radiopharmaceuticals and general anesthetics. Drugs listed under Schedule III shall be limited to a 30-day supply without refill. In addition to the above referenced provisions and restrictions and pursuant to a collaborative agreement as set forth in §30-7-15b of this code, the rules shall permit the prescribing of an annual supply of any drug, with the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management. For the purposes of this 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 resolve.

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 on the prescription the chronic disease being treated

- (c) The board may promulgate emergency rules to implement the provisions of this article pursuant to section fifteen, article three, chapter twenty-nine-a of this code
- (d) The board shall transmit to the Board of Pharmacy a list of all advanced practice registered nurses with prescriptive authority. The list shall include:
 - (1) The name of the authorized advanced practice registered nurse;
 - (2) The prescriber's identification number assigned by the board; and
 - (3) The effective date of prescriptive authority.

§30-7-15b. Eligibility for prescriptive authority; application; fee; collaborative relationships and agreements.

- (a) An advanced practice registered nurse shall be eligible to apply for authorization to prescribe drugs pursuant to §30-7-15a of this code after satisfying the following requirements:
 - (1) Be licensed and certified in West Virginia as an advanced practice registered nurse:
- 4 (2) Be at least 18 years of age;

- (3) Have completed 45 contact hours of education in pharmacology and clinical management of drug therapy under a program approved by the board, 15 hours of which shall have been completed within the two-year period immediately prior to entering into a prerequisite collaborative relationship;
- (4) Provide the board with evidence that he or she is a person of good moral character and Not be addicted to alcohol or the use of controlled substances;
 - (5) Does not have his or her advanced practice registered nursing license, certification or

registration in any jurisdiction suspended, limited or revoked; and

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

- (b) The board shall authorize an applicant to prescribe prescription drugs under the terms of a collaborative agreement and in accordance with §30-7-15a of this code and applicable legislative rules if the applicant has met the prerequisites of subsection (a) of this section and the following additional prerequisites are satisfied:
- (1) The board is satisfied that the collaborating physician or <u>advanced practice registered</u> <u>nurse</u> is licensed in good standing;
 - (2) The collaborative agreement is sufficient in form;
 - (3) The applicant has completed the education requirements; and
- (4) The applicant has submitted a completed application on forms developed by the board and paid an application fee established by the board in legislative rule.
- (c) A collaborative agreement for a collaborative relationship for prescriptive practice between a physician and an advanced practice registered nurse shall be set forth in writing and include, but not be limited to, the following:
- (1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced practice registered nurse's clinical practice;
- (2) Statements describing the individual and shared responsibilities of the advanced practice registered nurse and the collaborating physician;
 - (3) Periodic and joint evaluation of prescriptive practice; and
 - (4) Periodic joint review and updating of the written guidelines or protocols.
- (d) Verification of a collaborative agreement shall be filed with the board by the advanced practice registered nurse with documentation of completion of the education requirements described in subsection (a) of this section. The board shall forward a copy of the verified agreement to the board through which the collaborative physician collaborator is licensed.

(e) The board shall, upon application, authorize an advanced practice registered nurse to prescribe prescription drugs in accordance with §30-7-15a of this code without the further requirement of a collaborative agreement if the applicant has satisfied the following prerequisites:

- (1) Has practiced at least three years one year in a duly-documented collaborative relationship with granted prescriptive authority;
 - (2) Licensed in good standing with the board; and
- (3) Has submitted a completed application on forms developed by the board and paid an application fee established by the board in legislative rule.
- (f) Notwithstanding the provisions of subsection (e) of this section, the board may require an advanced practice registered nurse to practice in a collaborative agreement if the board determines, by order arising out of the board's complaint process, that a collaborative relationship is necessary for the rehabilitation of a licensee or for protection of the public.

§30-7-15e. Joint Advisory Council on Limited Prescriptive Authority.

1 [Repealed.]

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NOTE: The purpose of this bill is to update the prescriptive authority for advanced practice registered nurses.

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