

# **WEST VIRGINIA LEGISLATURE**

## **2016 REGULAR SESSION**

**Introduced**

### **Senate Bill 17**

BY SENATORS BEACH, WILLIAMS, MILLER AND BLAIR

[Introduced January 13, 2016;

Referred to the Committee on Health and Human

Resources; and then to the Committee on the

Judiciary.]

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; and to amend and reenact §30-15-7, §30-15-7a, §30-15-7b and §30-  
 3 15-7c of said code, all relating to expanding prescriptive authority of advanced nurse  
 4 practitioners and certified nurse-midwives; removing requirement for collaborative  
 5 relationships with physicians; removing certain notifications; removing minimum  
 6 requirements for certain legislative rules; and permitting certain fees to be set 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; and that §30-15-7, §30-15-7a, §30-15-7b and §30-15-7c  
 3 of said code be amended and reenacted, 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 practice~~  
 9 ~~registered nurse. The board shall forward a copy of the verification to the Board of Medicine and~~  
 10 ~~the Board of Osteopathic Medicine. Collaborative agreements shall include, but are not limited~~  
 11 ~~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 ~~(e) (b)~~ The board shall promulgate legislative rules in accordance with the provisions of  
20 chapter twenty-nine-a of this code governing the eligibility and extent to which an advanced  
21 practice registered nurse may prescribe drugs. Such rules shall provide, at a minimum, a state  
22 formulary classifying those categories of drugs which shall not be prescribed by advanced  
23 practice registered nurse including, but not limited to, Schedules I and II of the Uniform Controlled  
24 Substances Act, antineoplastics, radiopharmaceuticals and general anesthetics. Drugs listed  
25 under Schedule III shall be limited to a seventy-two hour supply without refill. In addition to the  
26 above referenced provisions and restrictions and pursuant to a collaborative agreement as set  
27 forth in subsections (a) and (b) of this section. The rules and shall permit the prescribing of an  
28 annual supply of any drug, with the exception of controlled substances, which is prescribed for  
29 the treatment of a chronic condition, other than chronic pain management. For the purposes of  
30 this section, a "chronic condition" is a condition which lasts three months or more, generally  
31 cannot be prevented by vaccines, can be controlled but not cured by medication and does not  
32 generally disappear. These conditions, with the exception of chronic pain, include, but are not  
33 limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy and seizures, and  
34 obesity. The prescriber authorized in this section shall note on the prescription the chronic  
35 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 nurse 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.

**ARTICLE 15. NURSE-MIDWIVES.**

**§30-15-7. Standards of practice.**

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

**§30-15-7a. Prescriptive authority for prescription drugs; promulgation of 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 ~~(c) (b) The board shall promulgate legislative rules in accordance with the provisions of~~  
17 ~~chapter twenty-nine-a of this code governing the eligibility and extent to which a nurse-midwife~~  
18 ~~may prescribe drugs. Such rules shall provide, at a minimum, a state formulary classifying those~~  
19 ~~categories of drugs which shall not be prescribed by nurse-midwives, including, but not limited~~  
20 ~~to, Schedules I and II of the Uniform Controlled Substances Act, anticoagulants,~~  
21 ~~antineoplastics, radio-pharmaceuticals and general anesthetics. Drugs listed under schedule III~~  
22 ~~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. Documentation
- 10 of eight contact hours of pharmacology during the previous two years must be submitted at the
- 11 time of renewal.
- 12 (d) The board shall notify the Board of Pharmacy ~~and the Board of Medicine~~ within twenty-
- 13 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 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.