

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

House Bill 4715

By Delegates White, Crouse, Parsons, Masters,
Anders, Dillon, Kump, Coop-Gonzalez, Leavitt, and
Eldridge

[Introduced January 21, 2026; referred to the
Committee on Health and Human Resources]

1 A BILL to amend and reenact §30-3E-1, §30-3E-3, §30-3E-4, §30-3E-9, §30-3E-12, §30-3E-13,
2 §30-3E-14, §30-3E-15, §30-3E-16, §30-3E-17, §30-7-1, §30-7-3, §30-7-4, §30-7-6b, §30-
3 7-15, and §30-7-15b of the Code of West Virginia, 1931, as amended, and to repeal §30-
4 3E-10a and §30-3E-11, relating to empowering qualified physician assistants and certified
5 nurse practitioners to practice without the supervision of a physician.

Be it enacted by the Legislature of West Virginia:

ARTICLE 3E. PHYSICIAN ASSISTANTS PRACTICE ACT.

§30-3E-1. Definitions.

1 As used in this article:

2 "Approved program" means an educational program for physician assistants approved
3 and accredited by the Accreditation Review Commission on Education for the Physician Assistant
4 or its successor. Prior to 2001, approval and accreditation would have been by either the
5 Committee on Allied Health Education and Accreditation or the Commission on Accreditation of
6 Allied Health Education Programs.

7 "Boards" means the West Virginia Board of Medicine and the West Virginia Board of
8 Osteopathic Medicine.

9 "Chronic condition" means a condition which lasts three months or more, generally cannot
10 be prevented by vaccines, can be controlled but not cured by medication, and does not generally
11 disappear. These conditions include, but are not limited to, arthritis, asthma, cardiovascular
12 disease, cancer, diabetes, epilepsy and seizures, and obesity.

13 ~~"Collaborating physician" means a doctor of medicine, osteopathy, or podiatry fully~~
14 ~~licensed, by the appropriate board in this state, without restriction or limitation, who collaborates~~
15 ~~with physician assistants.~~

16 ~~"Collaboration" means overseeing the activities of the medical services rendered by a~~
17 ~~physician assistant. Constant physical presence of the collaborating physician is not required as~~
18 ~~long as the collaborating physician and physician assistant are, or can be, easily in contact with~~

~~one another by telecommunication. Collaboration does not require the personal presence of the collaborating physician at the place or places where services are rendered~~

"Endorsement" means a summer camp or volunteer endorsement authorized under this article.

"Health care facility" means any licensed hospital, nursing home, extended care facility, state health or mental institution, clinic, or physician office.

"License" means a license issued by either of the boards pursuant to the provisions of this article.

"Licensee" means a person licensed pursuant to the provisions of this article.

"Physician" means a doctor of allopathic or osteopathic medicine who is fully licensed pursuant to the provisions of either §30-3-1 *et seq.* or §30-14-1 *et seq.* of this code to practice medicine and surgery in this state.

"Physician assistant" means a person who meets the qualifications set forth in this article and is licensed pursuant to this article to practice medicine. ~~with a collaborating physician.~~

"Practice notification" means a written notice to the appropriate licensing board that a physician assistant will practice in collaboration with one or more collaborating physicians in the state of West Virginia.

§30-3E-3. Rulemaking.

(a) The boards shall propose rules for legislative approval in accordance with the provisions of §29A-3-1 *et seq.* of this code to implement the provisions of this article, including:

- (1) The extent to which physician assistants may practice in this state;
- (2) The extent to which physician assistants may pronounce death;
- (3) Requirements for licenses and temporary licenses;
- (4) Requirements for practice notifications;
- (5) Requirements for continuing education;
- (6) Conduct of a licensee for which discipline may be imposed;

(7) The eligibility and extent to which a physician assistant may prescribe;

(8) A fee schedule; and

(9) Any other rules necessary to effectuate the provisions of this article.

(b) The boards may propose emergency rules pursuant to §29A-3-1 *et seq.* of this code to ensure conformity with this article.

(c) (1) A physician assistant may not prescribe a Schedule I controlled substance as provided in §60A-2-204 of this code.

(2) A physician assistant may prescribe up to a three-day supply of a Schedule II narcotic as provided in §60A-2-206 of this code.

(3) There are no other limitations on the prescribing authority of a physician assistant, except as provided in §16-54-1 *et seq.* of this code.

(d) The boards may not propose any rule that would prohibit physician assistants from practicing without supervision of a physician.

§30-3E-4. License to practice as a physician assistant.

(a) A person seeking licensure as a physician assistant shall apply to the Board of Medicine or to the Board of Osteopathic Medicine. The appropriate board shall issue a license to practice as a physician assistant. ~~with the collaboration of that board's licensed physicians or podiatrists.~~

(b) A license may be granted to a person who:

(1) Files a complete application;

(2) Pays the applicable fees;

(3) Demonstrates to the board's satisfaction that he or she:

(A) Obtained a baccalaureate or master's degree from an accredited program of instruction for physician assistants;

(B) Prior to July 1, 1994, graduated from an approved program of instruction in primary health care or surgery; or

(C) Prior to July 1, 1983, was certified by the Board of Medicine as a physician assistant then classified as Type B;

(4) Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

(5) Has a current certification from the National Commission on Certification of Physician Assistants or has a current license in good standing from a state that does not require a physician assistant to maintain national certification;

(6) Is mentally and physically able to engage safely in practice as a physician assistant;

(7) Has not had a physician assistant license, certification, or registration in any jurisdiction suspended or revoked;

(8) Is not currently subject to any limitation, restriction, suspension, revocation, or discipline concerning a physician assistant license, certification, or registration in any jurisdiction: *Provided*, That if a board is made aware of any problems with a physician assistant license, certification, or registration and agrees to issue a license, certification, or registration notwithstanding the provisions of this subdivision or subdivision (7) of this subsection;

(9) Is of good moral character; and

(10) Has fulfilled any other requirement specified by the appropriate board.

(c) A board may deny an application for a physician assistant license to any applicant determined to be unqualified by the board.

§30-3E-9. Practice requirements.

~~(a) A physician assistant may not practice independent of a collaborating physician.~~

~~(b) A physician assistant may practice in collaboration with physicians in any practice setting pursuant to a practice notification which has been filed with, and activated by, the appropriate board in accordance with §30-3E-10a of this code: *Provided*, That a physician assistant who is currently practicing in collaboration with physicians pursuant to a practice agreement which was authorized by a board prior to June 1, 2021, may continue to practice under~~

7 ~~that authorization until the practice agreement terminates or until June 1, 2022, whichever is~~
8 ~~sooner~~

9 ~~(e)~~ Notwithstanding any other provision of this code to the contrary, and to the degree
10 permitted by federal law, physician assistants shall be considered providers and shall not be
11 reimbursed at rates lower than other providers who render similar health services by health
12 insurers as well as health plans operated or paid for by the state.

§30-3E-10a. Practice notification requirements.

1 [Repealed.]

§30-3E-11. Collaboration with physician assistants.

1 [Repealed.]

§30-3E-12. Scope of practice.

1 (a) A license issued to a physician assistant by the appropriate state licensing board shall
2 authorize the physician assistant to perform medical acts commensurate with their education,
3 training, and experience and which they are competent to perform, consistent with the rules of the
4 boards. Medical acts include prescribing, dispensing, and administering of controlled substances,
5 prescription drugs, or medical devices.

6 (b) A physician assistant shall provide only those medical services for which they have
7 been prepared by their education, training, and experience and are competent to perform,
8 consistent with sound medical practice and that will protect the health and safety of the patient.
9 This may occur in any health care setting, both hospital and outpatient ~~in accordance with their~~
10 ~~practice notification.~~

11 (c) A physician assistant ~~with an active practice notification~~ may perform medical acts
12 and/or procedures ~~in collaboration with physicians~~ which are consistent with the physician
13 assistant's education, training and experience, ~~the collaborating physician's scope of practice,~~ and
14 any credentialing requirements of the health care facility where the physician assistant ~~holds an~~
15 ~~active practice notification practices.~~

(d) This article does not authorize a physician assistant to perform any specific function or duty delegated by this code to those persons licensed as chiropractors, dentists, dental hygienists, optometrists, or pharmacists, or certified as nurse anesthetists.

§30-3E-13. Identification.

(a) While practicing, a physician assistant shall wear a name tag that identifies him or her as a physician assistant.

(b) A physician assistant shall keep his or her license ~~and current practice notification~~ available for inspection at his or her place of practice.

§30-3E-14. Special volunteer physician assistant license.

(a) A special volunteer physician assistant license may be issued to a physician assistant who:

(1) Is retired or is retiring from the active practice of medicine; and

(2) Wishes to donate his or her expertise for the medical care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge.

(b) The special volunteer physician assistant license shall be issued by the appropriate licensing board:

(1) To a physician assistant licensed or otherwise eligible for licensure under this article;

(2) Without the payment of any fee; and

(3) The initial license shall be issued for the remainder of the licensing period.

(c) The special volunteer physician assistant license shall be renewed consistent with the appropriate licensing board's other licensing requirements.

(d) The appropriate licensing board shall develop application forms for the special volunteer physician assistant license which shall contain the physician assistant's acknowledgment that:

(1) The physician assistant's practice under the special volunteer physician assistant license shall be exclusively devoted to providing medical care to needy and indigent persons in West Virginia;

(2) The physician assistant will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered under the special volunteer physician assistant license;

(3) The physician assistant shall supply any supporting documentation that the appropriate licensing board may reasonably require; and

(4) The physician assistant agrees to continue to participate in continuing education as required by the appropriate licensing board for the special volunteer physician assistant license.

(e) A physician assistant ~~and his or her collaborating physician~~ who ~~render~~ renders medical service to indigent and needy patients of a clinic organized, in whole or in part, for the delivery of health care services without charge, under a special volunteer physician assistant license, without payment or compensation or the expectation or promise of payment or compensation, are immune from liability for any civil action arising out of any act or omission resulting from the rendering of the medical service at the clinic unless the act or omission was the result of the physician assistant's ~~and his or her collaborating physician's~~ gross negligence or willful misconduct. In order for the immunity under this subsection to apply, there shall be a written agreement between the physician assistant and the clinic pursuant to which the physician assistant shall provide voluntary uncompensated medical services under the control of the clinic to patients of the clinic before the rendering of any services by the physician assistant at the clinic. Any clinic entering into a written agreement is required to maintain liability coverage of not less than \$1 million per occurrence.

(f) Notwithstanding the provisions of this section, a clinic organized, in whole or in part, for the delivery of health care services without charge is not relieved from imputed liability for the

negligent acts of a physician assistant rendering voluntary medical services at or for the clinic under a special volunteer physician assistant license.

(g) For purposes of this section, "otherwise eligible for licensure" means the satisfaction of all the requirements for licensure under this article, except the fee requirements.

(h) Nothing in this section may be construed as requiring the appropriate licensing board to issue a special volunteer physician assistant license to any physician assistant whose license is or has been subject to any disciplinary action or to any physician assistant who has surrendered a physician assistant license or caused his or her license to lapse, expire and become invalid in lieu of having a complaint initiated or other action taken against his or her license, or who has elected to place a physician assistant license in inactive status in lieu of having a complaint initiated or other action taken against his or her license, or who has been denied a physician assistant license.

(i) Any policy or contract of liability insurance providing coverage for liability sold, issued or delivered in this state to any physician assistant covered under the provisions of this article shall be read so as to contain a provision or endorsement whereby the company issuing the policy waives or agrees not to assert as a defense on behalf of the policyholder or any beneficiary thereof, to any claim covered by the terms of the policy within the policy limits, the immunity from liability of the insured by reason of the care and treatment of needy and indigent patients by a physician assistant who holds a special volunteer physician assistant license.

§30-3E-15. Summer camp or volunteer endorsement — West Virginia licensee.

(a) The appropriate licensing board may grant a summer camp or volunteer endorsement to provide services at a children's summer camp or volunteer services for a public or community event to a physician assistant who:

(1) Is currently licensed by the appropriate licensing board;

(2) Has no current discipline, limitations or restrictions on his or her license;

(3) Has submitted a timely application; and

(4) Attests that:

~~(A) The organizers of the summer camp and public or community event have arranged for a collaborating physician to be available as needed to the physician assistant~~

~~(B)~~ (A) The physician assistant shall limit his or her scope of practice to medical acts which are within his or her education, training and experience; and

~~(C)~~ (B) The physician assistant will not prescribe any controlled substances or legend drugs as part of his or her practice at the summer camp or public or community event.

(b) A physician assistant may only receive one summer camp or volunteer endorsement annually. The endorsement is active for one specifically designated period annually, which period cannot exceed three weeks.

(c) A fee cannot be assessed for the endorsement if the physician assistant is volunteering his or her services without compensation or remuneration.

§30-3E-16. Summer camp or volunteer endorsement — Out-of-state licensee.

(a) The appropriate licensing board may grant a summer camp or volunteer endorsement to provide services at a children's summer camp or volunteer services for a public or community event to a physician assistant licensed from another jurisdiction who:

(1) Is currently licensed in another jurisdiction and has a current certification from the National Commission on Certification of Physician Assistants;

(2) Has no current discipline, limitations or restrictions on his or her license;

(3) Has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants;

(4) Has submitted a timely application;

(5) Has paid the applicable fees; and

(6) Attests that:

~~(A) The organizers of the summer camp and public or community event have arranged for a collaborating physician to be available as needed to the physician assistant~~

~~(B)~~ (A) The physician assistant shall limit his or her scope of practice to medical acts which

are within his or her education, training and experience; and

~~(C)~~ (B) The physician assistant will not prescribe any controlled substances or legend drugs as part of his or her practice at the summer camp or public or community event; and

(7) Has fulfilled any other requirements specified by the appropriate board.

(b) A physician assistant may only receive one summer camp or volunteer endorsement annually. The endorsement is active for one specifically designated period annually, which period cannot exceed three weeks.

§30-3E-17. Complaint process.

(a) All hearings and procedures related to denial of a license, and all complaints, investigations, hearings, and procedures regarding a physician assistant license and the discipline accorded thereto, shall be in accordance with the processes and procedures set forth in either §30-3-1 *et seq.* or §30-14-1 *et seq.* of this code, depending on which board licenses the physician assistant.

(b) The boards may impose the same discipline, restrictions, and/or limitations upon the license of a physician assistant as they are authorized to impose upon physicians and/or podiatrists.

(c) The boards shall direct to the appropriate licensing board a complaint against a physician assistant. ~~and/or a collaborating physician~~

(d) In the event that independent complaint processes are warranted by the boards with respect to the professional conduct of a physician assistant ~~or a collaborating physician~~, the boards are authorized to work cooperatively and to disclose to one another information which may assist the recipient appropriate licensing board in its disciplinary process. The determination of what information, if any, to disclose shall be at the discretion of the disclosing board.

(e) A physician assistant licensed under this article may not be disciplined for providing expedited partner therapy in accordance with §16-4F-1 *et seq.* of this code.

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;

"Certified nurse practitioner" means a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients, has completed a board-approved graduate-level education program, and has passed a board-approved national certification examination. Certified nurse practitioners do not require a collaborative relationship with a qualified physician in order to prescribe drugs that they are otherwise qualified to prescribe.

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

"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

"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.

§30-7-3. Board of examiners for registered professional nurses.

(a) The West Virginia Board of Examiners for Registered Professional Nurses is renamed the West Virginia Board of Registered Nurses effective July 1, 2022. The members of the West Virginia Board of Examiners for Registered Professional Nurses shall remain as members until the new appointments are made.

(b) By July 1, 2022, the Governor, by and with the advice and consent of the Senate, shall appoint a new board as follows:

(1) One person licensed as an advanced practice registered professional nurse by the board;

(2) One person who is certified as a dialysis technician by the board;

(3) Four persons licensed as a registered professional nurse by the board and meet the following requirements:

(A) One registered professional nurse, who provides direct patient care in a long-term care facility, home health or hospice;

(B) ~~Two~~ One registered professional ~~nurses~~ nurse, who ~~provide~~ provides direct patient care in a hospital setting or acute care setting; and,

(C) One registered professional nurse, who teaches nursing; and,

(D) One certified nurse practitioner; and

(4) One citizen member who is not licensed under the provisions of this chapter and who

19 has never performed any services as a health care professional.

20 (c) Organizations that represent nurses may submit to the Governor recommendations for
21 the appointment of the licensed board members.

22 (d) The appointment term is four years. A member may not serve more than two
23 consecutive terms. A member may continue to serve until his or her successor has been
24 appointed and qualified.

25 (e) Each member of the board shall be a resident of this state during the appointment term.

26 (f) A vacancy on the board shall be filled by appointment by the Governor for the unexpired
27 term of the member whose office is vacant.

28 (g) The Governor may remove any member from the board for neglect of duty,
29 incompetency, or official misconduct.

30 (h) A licensed member of the board immediately and automatically forfeits membership to
31 the board if his or her license to practice is disciplined in any jurisdiction.

32 (i) A member of the board immediately and automatically forfeits membership to the board
33 if he or she is convicted of a felony under the laws of any jurisdiction or becomes a nonresident of
34 this state.

35 (j) The board shall elect one of its members as president and one member as secretary
36 who shall serve at the will and pleasure of the board.

37 (k) A member of the board is entitled to receive compensation and expense reimbursement
38 in accordance with §30-1-1 *et seq.* of this code.

39 (l) A simple majority of the membership serving on the board at a given time is a quorum for
40 the transaction of business.

41 (m) The board shall hold at least two meetings annually. Other meetings shall be held at
42 the call of the president or upon the written request of four members, at the time and place as
43 designated in the call or request.

44 (n) Prior to commencing his or her duties as a member of the board, each member shall

take and subscribe to the oath required by section five, article four of the Constitution of this state.

(o) A board member, when acting in good faith and without malice, shall enjoy immunity from individual civil liability while acting within the scope of their duties as board members.

§30-7-4. Organization and meetings of board; quorum; powers and duties generally;

executive

secretary;

funds.

(a) The board has all the powers and duties set forth in this article, in §30-1-1 *et seq.* of this code and elsewhere in law, including the ability to:

(1) Hold meetings;

(2) Establish procedures for submitting, approving, and rejecting applications for a license and permit;

(3) Determine the qualifications of an applicant for a license and permit;

(4) Establish the fees charged under the provisions of this article;

(5) Issue, renew, restrict, deny, suspend, revoke, or reinstate a license and permit;

(6) Prepare, conduct, administer, and grade written, oral, or written and oral examinations for a license;

(7) Contract with third parties to administer the examinations required under the provisions of this article;

(8) Maintain records of the examinations the board, or a third party, administers, including the number of persons taking the examination and the pass and fail rate;

(9) Maintain an office and hire, discharge, establish the job requirements, and fix the compensation of employees, and contract with persons necessary to enforce the provisions of this article;

(10) Employ investigators, attorneys, hearing examiners, consultants, and other employees as may be necessary who are exempt from the classified service and who serve at the will and pleasure of the board;

(11) Delegate hiring of employees to the executive director;

(12) Investigate alleged violations of the provisions of this article and legislative rules, orders, and final decisions of the board;

(13) Conduct disciplinary hearings of persons regulated by the board;

(14) Determine disciplinary action and issue orders;

(15) Institute appropriate legal action for the enforcement of the provisions of this article;

(16) Maintain an accurate registry of names and addresses of all persons regulated by the board;

(17) Keep accurate and complete records of its proceedings, and certify the same as may be necessary and appropriate;

(18) Public meeting minutes to its website within 14 days of a meeting;

(19) Propose rules in accordance with the provisions of §29A-3-1 *et seq.* of this code to implement the provisions of this article;

(20) Sue and be sued in its official name as an agency of this state;

(21) Approve a nursing school;

(22) Establish a nurse health program; and

~~(23) Implement the provisions of the enhanced nurse licensure compact in accordance with §30-7B-1 *et seq.* of this code;~~

~~(24) Coordinate with and assist the Center for Nursing in accordance with §30-7B-1 *et seq.* of this code; and~~

~~(25)~~ (23) Confer with the Attorney General or his or her assistant in connection with legal matters and questions.

(b) All fees and other moneys collected by the board pursuant to the provisions of this article shall be kept in a separate fund and expended solely for the purpose of this article. No part of this special fund shall revert to the General Funds of this state. The compensation provided by this article and all expenses incurred under this article shall be paid from this special fund. No compensation or expense incurred under this article shall be a charge against the General Funds

of this state.

(c) The board may not propose any rules or implement any policies that would prohibit certified nurse practitioners from practicing without supervision of a physician.

§30-7-6b. Special volunteer license; civil immunity for voluntary services rendered to indigents.

(a) There is established a special volunteer license for advanced practice registered nurses retired or retiring from the active practice of nursing who wish to donate their expertise for the care and treatment of indigent and needy patients in the clinical setting of clinics organized, in whole or in part, for the delivery of health care services without charge. The special volunteer advanced practice registered nurse license shall be issued by the West Virginia Board of Examiners for Registered professional nurses to advanced practice registered nurses licensed or otherwise eligible for licensure pursuant to this article and the rules promulgated hereunder without the payment of an application fee, license fee or renewal fee, shall be issued for the remainder of the licensing period, and renewed consistent with the boards other licensing requirements. The board shall develop application forms for the special license provided in this subsection which shall contain the advanced practice registered nurse's acknowledgment that:

(1) The advanced practice registered nurse's practice pursuant to the special volunteer advanced practice registered nurses license will be exclusively devoted to providing nursing care to needy and indigent persons in West Virginia;

(2) The advanced practice registered nurse will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation but may donate to the clinic the proceeds of any reimbursement, for any nursing services rendered pursuant to the special volunteer advanced practice registered nurse license;

(3) The advanced practice registered nurse will supply any supporting documentation that the board may reasonably require; and

21 (4) The advanced practice registered nurse agrees to continue to participate in continuing
22 education as required by the board for the special volunteer advanced practice registered nurse
23 license.

24 (b) Any person licensed as an advanced practice registered nurse in this state whose
25 license is in good standing may donate their expertise for the care and treatment of indigent and
26 needy patients pursuant to an arrangement with a clinic organized, in whole or in part, for the
27 delivery of health care services without charge to the patient. Services rendered pursuant to an
28 arrangement may be performed in either the office of the advanced practice registered nurses or
29 the clinical setting.

30 (c) A An advanced practice registered nurse and his or her collaborating physician or a
31 certified nurse practitioner practicing independently of a physician who ~~render~~ renders nursing
32 service to indigent and needy patients of a clinic organized, in whole or in part, for the delivery of
33 health care services without charge pursuant to a special volunteer advanced practice registered
34 nurse license authorized pursuant to subsection (a) of this section or pursuant to an arrangement
35 with a clinic as authorized pursuant to subsection (b) of this section without payment or
36 compensation or the expectation or promise of payment or compensation is immune from liability
37 for any civil action arising out of any act or omission resulting from the rendering of the nursing
38 service at the clinic unless the act or omission was the result of the advanced practice registered
39 nurse's and his or her collaborating physician's or a certified nurse practitioner's gross negligence
40 or willful misconduct. For the immunity pursuant to this subsection to apply, there must be a written
41 agreement between the licensed practical nurse and the clinic pursuant to which the advanced
42 practice registered nurse will provide voluntary uncompensated nursing services under the control
43 of the clinic to patients of the clinic before the rendering of any services by the advanced practice
44 registered nurse at the clinic: *Provided*, That any clinic entering into such written agreement is
45 required to maintain liability coverage of not less than \$1 million per occurrence.

(d) Notwithstanding the provisions of subsection (b) of this section, a clinic organized, in whole or in part, for the delivery of health care services without charge is not relieved from imputed liability for the negligent acts of a an advanced practice registered nurse rendering voluntary nursing services at or for the clinic pursuant to a special volunteer advanced practice registered nurse license authorized pursuant to subsection (a) of this section or who renders such care and treatment pursuant to an arrangement with a clinic as authorized pursuant to subsection (b) of this section.

(e) For purposes of this section, "otherwise eligible for licensure" means the satisfaction of all the requirements for licensure as listed in section six of this article and in the rules promulgated thereunder, except the fee requirements of that section and of the legislative rules promulgated by the board relating to fees.

(f) Nothing in this section may be construed as requiring the board to issue a special volunteer advanced practice registered nurse license to any advanced practice registered nurse whose license is or has been subject to any disciplinary action or to any advanced practice registered nurse who has surrendered his or her license or caused such license to lapse, expire and become invalid in lieu of having a complaint initiated or other action taken against his or her license, or who has elected to place a an advanced practice registered nurse license in inactive status in lieu of having a complaint initiated or other action taken against his or her license, or who has been denied a an advanced practice registered nurse license.

(g) Any policy or contract of liability insurance providing coverage for liability sold, issued or delivered in this state to any advanced practice registered nurse covered pursuant to the provisions of this article shall be read so as to contain a provision or endorsement whereby the company issuing such policy waives or agrees not to assert as a defense on behalf of the policyholder or any beneficiary thereof, to any claim covered by the terms of such policy within the policy limits, the immunity from liability of the insured by reason of the care and treatment of needy and indigent patients by a an advanced practice registered nurse who holds a special volunteer

advanced practice registered nurse license or who renders such care and treatment pursuant to an arrangement with a clinic as authorized pursuant to subsection (b) of this section.

§30-7-15. Administration of anesthetics.

(a) A certified registered nurse anesthetist may administer anesthesia in cooperation with a physician, dentist, or podiatrist when providing the anesthesia.

(1) As used in this section, "cooperation" means a process in which the certified registered nurse anesthetist and the physician, dentist, or podiatrist work together as a team with each contributing an area of expertise at their individual and respective levels of education and training. At all times during such cooperation, the medical or dental care of the patient is directed by the physician, dentist, or podiatrist. "Cooperation" does not require the presence or supervision of the physician, dentist, or podiatrist.

(2) A dentist may cooperate with a certified registered nurse anesthetist under this section only if he or she holds an anesthesia permit pursuant to article §30-4A-1 *et seq.* of this code.

(3) The physician, dentist, or podiatrist is not liable for any act or omission of a certified registered nurse anesthetist who orders or administers anesthetics under this section.

(b) A certified registered nurse anesthetist lawfully may perform acts that determine, prepare, administer, and monitor anesthesia care and anesthesia care-related services if he or she:

(1) Has at any time held a registered professional nursing license under this article; and

(2) Holds a current advanced practice registered nurse license under this article; and

(3) Has completed successfully a nurse anesthetist educational program at a nationally accredited graduate or post-graduate advanced practice registered nurse educational institution; and

(4) Holds current certification by a national certifying body recognized by the Board of Nursing in the advanced practice registered nurse role and population foci appropriate for educational preparation.

(c) A certified registered nurse anesthetist does not have independent practice authority.

(d) A licensed advanced practice registered nurse practicing in the role of certified registered nurse anesthetist may only use the title "certified registered nurse anesthetist", "CRNA", "advanced practice registered nurse", or "APRN".

(e) On or before July 1, 2026, and annually thereafter, the Board of Nursing shall report to the Legislature regarding the implementation and impact of this section. The report shall include:

(1) Any problems or issues that have been reported to the board by hospitals, dental offices, podiatrist offices, ambulatory surgical centers, and all other locations where nurse anesthetists are authorized to practice in the state; and

(2) Any treatment complications resulting from the administration of anesthesia by certified registered nurse anesthetists.

§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 ~~section fifteen-a~~ §30-7-15a of this article ~~code~~ after satisfying the following requirements:

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

(2) Be at least eighteen years of age;

(3) Have completed forty-five contact hours of education in pharmacology and clinical management of drug therapy under a program approved by the board, fifteen hours of which shall have been completed within the two-year period immediately prior to entering into a prerequisite collaborative relationship: Provided, That a certified nurse practitioner does not require a collaborative relationship in order to qualify under this section;

(4) 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 controlled substances;

(5) Does not have his or her advanced practice registered nursing license, certification or

14 registration in any jurisdiction suspended, limited or revoked; and

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

17 (b) The board shall authorize an applicant to prescribe prescription drugs under the terms
18 of a collaborative agreement and in accordance with ~~section fifteen-a~~ §30-7-15a of this article
19 code and applicable legislative rules if the applicant has met the prerequisites of subsection (a) of
20 this section and the following additional prerequisites are satisfied:

21 (1) The board is satisfied that the collaborating physician is licensed in good standing;

22 (2) The collaborative agreement is sufficient in form;

23 (3) The applicant has completed the education requirements; and

24 (4) The applicant has submitted a completed application on forms developed by the board
25 and paid an application fee established by the board in legislative rule: Provided, That a certified
26 nurse practitioner does not require a collaborative relationship in order to qualify under this
27 section.

28 (c) A collaborative agreement for a collaborative relationship for prescriptive practice
29 between a physician and an advanced practice registered nurse other than a certified nurse
30 practitioner shall be set forth in writing and include, but not be limited to, the following:

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

33 (2) Statements describing the individual and shared responsibilities of the advanced
34 practice registered nurse and the collaborating physician;

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

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

37 (d) Verification of a collaborative agreement shall be filed with the board by the advanced
38 practice registered nurse other than a certified nurse practitioner with documentation of
39 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 is licensed.

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

(1) Is a certified nurse practitioner; or

~~(1)(2)~~ (2) Has practiced at least three years in a duly-documented collaborative relationship with granted prescriptive authority; and

~~(2)~~ (3) Licensed in good standing with the board; and

~~(3)~~ (4) 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 other than a certified nurse practitioner 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.

NOTE: The purpose of this bill is to empower qualified physician assistants and certified nurse practitioners to practice without the supervision of a physician.

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