

Form #3

FILED

OFFICE WEST VIRGINIA
SECRETARY OF STATE

Syana Siedman Rhodes
Authorized Signature 2/1/08

QUESTIONNAIRE

(Please include a copy of this form with each filing of your rule: Notice of Public Hearing or Comment Period; Proposed Rule, and if needed, Emergency and Modified Rule.)

DATE: August 1, 2008

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) West Virginia Board of Examiners for Registered
Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311

LEGISLATIVE RULE TITLE: _____
Limited Prescriptive Authority for Nurses in Advanced Practice

1. Authorizing statute(s) citation §§30-7-15a, and 30-15-7a

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:

April 30, 2008

b. What other notice, including advertising, did you give of the hearing?

Placed on the Board's web site and in the news magazine mailed to all RNs with a WV license and to interested parties. Stakeholder meetings were held prior to the Comment Period. These included State Senators and Delegates, Nurse Practitioners, WV Nurses Association, WV Board of Medicine, WV State Medical Association, WV Academy of Family Physicians, WV Board of Pharmacy, and the WV Osteopathy Board.

c. Date of Public Hearing(s) *or* Public Comment Period ended:

July 10, 2008

d. Attach list of persons who appeared at hearing, comments received, amendments, reasons for amendments.

Attached X

No comments received _____

- e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

August 1, 2008

- f. **Name, title, address and phone/fax/e-mail numbers** of agency person(s) to receive all *written correspondence* regarding this rule: (Please type)

Laura Skidmore Rhodes, Executive Director

WV RN Board

101 Dee Drive, Suite 102

Charleston, WV 25311

- g. **IF DIFFERENT FROM ITEM 'f'**, please give **Name, title, address and phone number(s)** of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

Cyndy Haynes, Director of Education and Licensure

WV RN Board

101 Dee Drive, Suite 102

Charleston, WV 25311

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

- b. Date of hearing or comment period:

April 30, 2008 through July 10, 2008

- c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

August 1, 2008

- d. Attach findings and determinations and reasons:

Attached August 1, 2008

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

August 1, 2008

The Honorable Betty Ireland
Secretary of State
Building 1, Suite 157-K
1900 Kanawha Blvd
Charleston, WV 25305-0770

RE: Proposed Rule Revisions

Dear Secretary Ireland:

The West Virginia Board of Examiners for Registered Professional Nurses in session July 17, 2008 voted for agency approval of the proposed revisions to WV 19 CSR 8 Limited Prescriptive Authority for Nurses in Advanced Practice. This letter serves to provide the required brief summary for the proposed changes.

The proposed revisions include changes that will benefit the citizens of West Virginia in several ways, including but not limited to: 1) permitting the advanced practice nurse to prescribe a 90 day supply of certain drugs providing citizens the opportunity to take advantage of discount drug programs requiring a 90 day prescription; 2) permitting the prescribing of some scheduled drugs for a period longer than seventy-two (72) hours (up to thirty (30) days) providing the opportunity to prescribe patients with needed medications in situations where they are waiting for an appointment for another health care provider or for short term pain related needs; 3) permitting the prescribing of injectable medications such as vaccines; and, 4) permitting the prescribing of birth control pills for more than six (6) months.

In preparing the proposed changes, the Board held meetings with stakeholders. As a result of these meetings the Board made several changes to the proposed rule. The rule was placed in its entirety in the Board's news magazine which is circulated to over 23,000 licensees and interested parties. The Comment Period was extended to allow a full thirty (30) days for review and response from those receiving the news magazine.

The Board received over sixty four (64) comments. Sixty one (61) letters supported the proposed changes. One (1) group sent a letter opposing most of the proposed changes and offering some suggestions for change. Two (2) groups sent a letter opposing some changes and offering some suggestions for changes.

As a result of a review of all comments the Board made some changes to the proposed rule. These changes include:

1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Board finds the proposed changes to be in the best interest of the public's safety, health and welfare.

Should you have any questions or desire more information please contact me.

For the Board,

A handwritten signature in black ink, reading "Laura Skidmore Rhodes". The signature is fluid and cursive, with the first name "Laura" being the most prominent.

Laura Skidmore Rhodes, MSN, RN
Executive Director

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Rule Title: Limited Prescriptive Authority for Nurses in Advanced Practice

Type of Rule: ☒ Legislative ☐ Interpretive ☐ Procedural

Agency: West Virginia Board of Exam. for Reg. Prof. Nurses

Address: 101 Dee Drive, Suite 102
Charleston, WV 25311

Phone Number: 304-558-3586 Email: lrhodes@state.wv.us

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

The proposed revisions are budget neutral.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0.00	0.00	0.00
Personal Services	0.00	0.00	0.00
Current Expenses	0.00	0.00	0.00
Repairs & Alterations	0.00	0.00	0.00
Assets	0.00	0.00	0.00
Other	0.00	0.00	0.00
2. Estimated Total Revenues	0.00	0.00	0.00

Rule Title: _____

2/28/08

Rule Title: Limited Prescriptive Authority for Nurses in Advanced Practice

3. Explanation of above estimates (including long-range effect):

Please include any increase or decrease in fees in your estimated total revenues.

This rule has been implemented since 1993. The related costs have been included in the budget since that time. The proposed changes will not change the costs of implementation.

MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

This rule has been implemented since 1993. The related costs have been included in the budget since that time. The proposed changes will not change the costs of implementation.

Date: August 1, 2008

Signature of Agency Head or Authorized Representative

Sandra Nickman Rhodes 8/1/08

FILED

2008 AUG -1 PM 1:03

TITLE 19
LEGISLATIVE RULE
REGISTERED PROFESSIONAL NURSES

OFFICE WEST VIRGINIA
SECRETARY OF STATE

SERIES 8
LIMITED PRESCRIPTIVE AUTHORITY FOR
NURSES IN ADVANCED PRACTICE

§19-8-1. General.

1.1. Scope. -- This rule establishes the requirements whereby the Board authorizes qualified nurses in advanced practice to prescribe prescription drugs in accordance with the provisions of W. Va. Code §§30-7-15a, 15b, 15c, and §§30-15-1 through 7c. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

1.2. Authority. -- W. Va. Code §§30-7-15a, and 30-15-7a.

1.3. Filing Date. --

1.4. Effective Date. --

§19-8-2. Definitions.

2.1. ~~The nurse in a~~Advanced pPractice Nurse means is a nurse who has been recognized by the Board for Announcement of Advanced Practice as provided for in Legislative Rules the Board's rule, Announcement of Advanced Practice, 19 CSR 7.

2.2. Advanced Nurse Practitioner means an advanced practice nurse as defined in the Board's rule, Announcement of Advanced Practice, 19 CSR 7.

2.3. ~~The e Certified nNurse-mMidwife is~~ means a nurse who has been licensed by the Board to practice nurse-midwifery as provided for in W. Va. Code §30-15-1c.

2.4. Contact hour means a unit of measurement that describes at least fifty (50) minutes of an approved, organized learning experience, either didactic or clinical experience: One (1) successfully completed academic semester hour equals fifteen (15) contact hours of instruction; and one (1) successfully completed academic quarter hour equals ten (10) contact hours of instruction as defined in the Board's rule, Continuing Education and Competence, 19 CSR 11.

~~2.3.5.~~ 5. Nurses in advanced practice shall be referred to in ~~these rules~~ this rule as:

2.5.a. Advanced Nurse Practitioners, ~~and~~

2.5.b. Advanced Practice Nurse, and

2.5.c. Certified Nurse-Midwives as defined in WV Code §30-15-1.(c).

§19-8-3. Application and Eligibility for Limited Prescriptive Authority.

3.1. The advanced nurse practitioner or certified nurse-midwife shall submit a notarized application for prescriptive authority on forms provided by the Board along with a fee of ~~one hundred twenty-five dollars (\$125.00).~~ set forth in the Board's rule, Fees For Services Rendered by the Board, 19 CSR 12.

3.1.a. The Applicant shall submit ~~A~~ a voided sample of the prescription form ~~shall be submitted~~ with the application.

3.1.b. The advanced nurse practitioner or certified nurse-midwife shall submit written verification of an agreement to a collaborative relationship with a licensed physician for prescriptive practice on forms provided by the Board. The applicant shall certify on this form that the collaborative agreement includes the following:

3.1.b.1. ~~A~~ Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced nurse practitioner's or certified nurse-midwife's clinical practice;

3.1.b.2. ~~B~~ Statements describing the individual and shared responsibilities of the advanced nurse practitioner or certified nurse-midwife and the physician pursuant to the collaborative agreement between them;

3.1.b.3. ~~C~~ Provision for the periodic and joint evaluation of the prescriptive practice; and

3.1.b.4. ~~D~~ Provision for the periodic and joint review and updating of the written guidelines or protocols.

3.1.c. The advanced nurse practitioner or certified nurse-midwife with prescriptive authority shall submit additional documentation ~~of the regulations of Subdivision Section~~ 3.1.b. of this rule at the request of the Board.

3.2. The Board shall forward a copy of the verification specified in Subdivision Section ~~3.1.b.~~ of this rule to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.

3.3. The Board shall grant prescriptive authority to an advanced nurse practitioner applicant who meets all eligibility requirements ~~advanced nurse practitioner applicant for prescriptive authority shall meet all eligibility requirements as specified in W. Va. Code §30-7-15b.~~

a. If any evidence exists that all eligibility requirements have not been met, the Board shall not grant prescriptive authority.

3.4. The Board shall grant prescriptive authority to the certified nurse-midwife applicant who meets all eligibility requirements ~~The certified nurse-midwife applicant for prescriptive authority shall meet all eligibility requirements as specified in W. Va. Code §30-15-7b.~~

a. If any evidence exists that all eligibility requirements have not been met, the Board shall not grant prescriptive authority.

3.5. ~~If at the time of application for prescriptive authority, the Board obtains information that an applicant for prescriptive authority was previously nurse, although not currently addicted to or dependent upon alcohol or the use of controlled substances, has had any addiction or dependency problem in the past, the Board may grant prescriptive authority with any limitations it considers proper. The limitations may include, but are not limited to, restricting the types of schedule drugs a nurse may prescribe.~~

3.6. Upon satisfactory evidence that the advanced nurse practitioner applicant has met all requirements for prescriptive authority as set forth in W. Va. Code §§30-7-15a, 15b, 15c, and the certified nurse midwife has met all requirements for prescriptive authority as set forth in W. Va. Code §§30-15-1 through 7c, and this rule, the Board may grant authority to prescribe drugs as set forth in this rule and shall assign an identification number to that nurse.

3.6.a. The Board shall notify the Board of Medicine, the Board of Osteopathy, and the Board of Pharmacy of those advanced nurse practitioners or certified nurse-midwives who have been granted prescriptive authority, and shall also provide the prescriber's identification number and effective date of prescriptive authority.

3.6.a.1A. The advanced nurse practitioner or certified nurse-midwife shall file with the Board any restrictions on prescriptive authority that are not imposed by W. Va. Code §60A-3, or this rule, but which are ~~agreed to~~ within the written collaborative agreement and the name of the collaborating physician(s) for each advanced nurse practitioner or certified nurse-midwife on the approved list.

3.7. The advanced ~~practice~~ nurse practitioner and/or certified nurse-midwife with prescriptive authority who wishes to prescribe Schedules III through V drugs shall comply with federal Drug Enforcement Agency requirements prior to prescribing controlled substances.

3.8. The advanced nurse practitioner and/or certified nurse-midwife shall immediately file any

and all of his or her Drug Enforcement Agency registrations and numbers with the Board.

3.9. The Board shall maintain a current record of all advanced nurse practitioners and/or certified nurse-midwives with Drug Enforcement Agency registrations and numbers.

3.10. Any information filed with the Board under the provisions of this rule shall be available, upon request, to any pharmacist, regulatory agency or board or shall be made available pursuant to other state or federal law.

§19-8-4. Renewal of Prescriptive Privileges.

4.1. ~~An~~ The applicant for renewal of prescriptive authority shall meet all eligibility requirements as specified in W. Va. Code §30-7-15b for advanced nurse practitioners or W. Va. Code §30-15-7b for certified nurse-midwives.

4.2. The applicant shall maintain national certification as an advanced nurse practitioner or certified nurse-midwife as required for initial authorization for limited prescriptive privileges.

4.3. The applicant shall complete during the two (2) years prior to renewal a minimum of ~~eight~~ fifteen (15) contact hours of pharmacology education that ~~has~~ been approved by the Board.

4.4. The Board shall renew prescriptive authority for advanced nurse practitioners or certified nurse-midwives biennially by June 30, of odd-numbered years.

4.5. The advanced nurse practitioner and certified nurse midwife shall submit an application for renewal of prescriptive authority on forms provided by the Board. The application must be notarized, and the fee set forth in the Board's rule, Fees For Services Rendered by the Board, 19 CSR 12 ~~of one hundred twenty-five dollars (\$125.00)~~ must accompany the application.

§19-8-5. Pharmacology Course Requirements.

5.1. Prior to application to the Board for approval for limited prescriptive authority, the applicant shall successfully complete ~~an~~ an accredited course(s) of instruction in clinical pharmacology and clinical management of drug therapy pharmacology during undergraduate study; and an advanced pharmacotherapy graduate level course approved by the Board of not less than forty-five (45) contact hours; provide documentation of the use of pharmacotherapy in clinical practice in the education program; and provided that evidence of fifteen (15) additional contact hours in advanced pharmacotherapy of these hours have been completed within two (2) years prior to application for prescriptive authority.

5.2. The applicant shall submit official transcripts or certificates documenting completion of pharmacology and pharmacotherapy course work. The Board may request course

outlines and/or descriptions of courses if necessary to evaluate the pharmacology course's content and objectives.

§19-8-6. Drugs Excluded from Prescriptive Authority.

6.1. The advanced nurse practitioner or certified nurse-midwife shall not prescribe from the following categories of drugs:

6.1.a. Schedules I and II of the Uniform Controlled Substances Act; -

6.1.b. Anticoagulants; -

6.1.c. Antineoplastics; -

6.1.d. Radio-pharmaceuticals; or -

6.1.e. General anesthetics.

6.1.f. MAO Inhibitors, except when in a collaborative agreement with a psychiatrist.

6.2. Drugs listed under Schedule III are limited to a seventy-two (72) hour supply without refill.

6.3. The advanced nurse practitioner or certified nurse-midwife may ~~shall not~~ prescribe drugs from Schedules IV through V in ~~excess of a~~ quantity necessary for ~~thirty (30)~~ up to a ninety (90) day supply, ~~shall not~~ may provide for ~~more than five (5)~~ only one (1) refill, and shall provide that the prescription expires in six (6) months. Provided, that 1) prescriptions for phenothiazines and benzodiazepines shall be limited to up to a thirty (30) day supply and shall be non-refillable: Provided, however that 2) Prescriptions for non-controlled substances of antipsychotics, and sedatives prescribed by the advanced nurse practitioner and/or certified nurse-midwife shall not exceed the recommended average therapeutic dose for that drug based on standard prescribing guidelines, shall not exceed the quantity necessary for a thirty (30) day supply, shall provide for no more than five (5) prescription refills and shall expire in six (6) months.

~~6.4. In addition, an advanced nurse practitioner or certified nurse-midwife may not prescribe any parenteral preparations except insulin and epinephrine.~~

~~6.5. The Board may revise the prescribing protocols annually, and they shall include the following designated sections:~~

~~a. Choice of drugs used less commonly in primary care outpatient settings not to be prescribed by advanced nurse practitioners and/or certified nurse-midwives shall have the following limitations:~~

~~6.4. A~~ The maximum dosage prescribed by the advanced nurse practitioner or certified nurse-midwife shall be indicated in the protocol and shall in no case exceed the standard prescribing guidelines manufacturer's average for the therapeutic dose for that drug.

~~6.5. B~~ Each prescription and subsequent refill(s) given by the advanced nurse practitioner and/or certified nurse-midwife shall be entered on the patient's chart.

~~C. The advanced nurse practitioner and/or certified nurse-midwife authorized to issue prescriptions for Schedules III through V controlled substances shall write on the V prescription the federal Drug Enforcement Agency number issued to that advanced nurse practitioner and/or certified nurse-midwife.~~

~~D. The maximum amount of Schedule IV or V drugs prescribed shall be not more than ninety (90) dose units or a thirty (30) day supply, whichever is less.~~

~~E. Prescriptions for phenothiazepines and benzodiazepines shall be limited up to a seventy-two (72) hour thirty (30) day supply and shall be non-refillable.~~

~~F. Prescriptions for specific antidepressants, to include tricyclics, MAO inhibitors, and miscellaneous antidepressants of bupropion, fluoxetine, maprotiline, trazodone, shall be limited to non-toxic quantities and shall be non-refillable.~~

~~G. Prescriptions for non-controlled substances of antipsychotics, and sedatives prescribed by the advanced nurse practitioner and/or certified nurse-midwife shall not exceed the manufacturer's recommended average therapeutic dose for that drug, shall not exceed the quantity necessary for a thirty (30) day supply, shall provide for no more than five (5) prescription refills and shall expire in six (6) months.~~

~~H. Advanced nurse practitioners and certified nurse-midwives shall not prescribe other prescription drugs or refill for a period exceeding six (6) months.~~

~~I. Advanced nurse practitioners and certified nurse-midwives shall not prescribe combination drug products containing drugs fully excluded in section 6.1 of this rule and limitations set forth in this rule apply to any other combination drug products.~~

6.6. An advanced nurse practitioner and/or certified nurse-midwife may administer local anesthetics.

6.7. The advanced nurse practitioner or certified nurse-midwife who has been approved for limited prescriptive authority by the Board may ~~is authorized to~~ sign for, accept, and provide to patients samples of drugs received from a drug company representative.

6.8. The form of the prescription shall comply with all state and federal laws and regulations.

6.8.a. All prescriptions shall include the following information:

6.8.a.1.~~A~~. The name, title, address and phone number of the prescribing advanced nurse practitioner and/or certified nurse-midwife who is prescribing;

6.8.a.2.~~B~~. The name and address of the patient;

6.8.a.3.~~C~~. The date of the prescription;

6.8.a.4.~~D~~. The full name of the drug, the dosage, the route of administration and directions, for its use;

6.8.a.5.~~E~~. The number of refills;

6.8.a.6.~~F~~. The expiration date of the advanced practice nurse's prescriptive authority;

6.8.a.7.~~G~~. The signature of the prescriber on the written prescription; and

6.8.a.8.~~H~~. The Drug Enforcement Agency number of the prescriber-, when required by federal laws.

6.8.b. The advanced nurse practitioner and/or nurse mid-wife shall document the records of all prescriptions in patient records.

6.8.c. An advanced nurse practitioner ~~and/or~~ certified nurse-midwife shall, ~~within thirty (30) days~~ at the time of the initial prescription, record in the patient client record the plan for his or her continued evaluation of the effectiveness of the controlled substances prescribed.

6.8.d. An advanced nurse practitioner ~~and/or~~ certified nurse-midwife shall ~~not~~ prescribe refills of controlled substances according to current laws and standards ~~unless the refill prescription is in writing.~~

6.8.e. Drugs considered to be proved human teratogens shall not be prescribed during a known pregnancy by the advanced nurse practitioner ~~and/or~~ certified nurse midwife. This prohibition includes all Category D and X drugs from the Federal Drug Administration Categories of teratogen risks (21 CFR 201.57).

6.9. The Board may, in its discretion, approve a formulary classifying pharmacologic categories of all drugs which may be prescribed by an advanced nurse practitioner or certified nurse-midwife with prescriptive authority.

§19-8-7. Termination of Limited Prescriptive Privileges.

7.1. The Board may deny or revoke privileges for prescriptive authority if the applicant or licensee has not met conditions set forth in the law or this rule, or if the applicant has violated any part of W. Va. Code §30-7-1 et seq. or §30-15-1 et seq.

7.2. The Board shall notify the Board of Pharmacy, the Board of Osteopathy, and the Board of Medicine within twenty-four (24) hours after the termination of, or a change in, an advanced nurse practitioner's or certified nurse-midwife's prescriptive authority.

7.3. The Board shall immediately terminate prescriptive authority of the advanced nurse practitioner or certified nurse-midwife if disciplinary action has been taken against his or ~~her~~ license to practice registered professional nursing in accordance with W. Va. Code §30-7-11.

7.4. Prescriptive authority for the advanced nurse practitioner or the certified nurse-midwife terminates immediately if either the license to practice registered professional nursing in the State of West Virginia lapses or the license to practice as a nurse-midwife in the State of West Virginia lapses.

~~7.5. Prescriptive authority for the certified nurse-midwife terminates immediately if either the license to practice registered professional nursing~~

~~7.5.6.~~ Prescriptive authority is immediately and automatically terminated if national certification as an advanced nurse practitioner or certified nurse-midwife lapses.

~~7.6.7.~~ If authorization for prescriptive authority is not renewed by the expiration date which appears on the document issued by the Board reflecting approval of prescriptive authority, the authority terminates immediately on the ~~upon~~ expiration date.

~~7.7.8.~~ Any advanced nurse practitioner or certified nurse-midwife who allows her or his prescriptive authority to lapse by failing to renew in a timely manner, may have his or her prescriptive authority ~~be~~ reinstated by the Board on satisfactory explanation for the failure to renew and submission of the prescriptive authority application and fee.

~~7.8.9.~~ An advanced nurse practitioner ~~and/or~~ certified nurse-midwife shall not prescribe controlled substances for his or her personal use or for the use of members of his or ~~her~~ immediate family.

~~7.9.10.~~ An advanced nurse practitioner ~~and/or~~ certified nurse-midwife shall not provide controlled substances or prescription drugs for other than therapeutic purposes.

~~7.10.11.~~ An advanced nurse practitioner and/or certified nurse-midwife with prescriptive authority shall not delegate the prescribing of drugs to any other person.

§19-8-8. Adoption/Revision of Rules/Policies.

8.1. The Board ~~has the authority~~ may subject to legislative approval to adopt and revise such rules and/or policies as may be necessary to enable it to carry into effect the provisions of W. Va. Code §30-7-1 et seq.

Comments Supporting Proposed Changes and Responses



MID-OHIO VALLEYSM
MEDICAL
GROUP, INC.

UROLOGY

800 Grand Central Mall
Vienna, WV 26105
304.485.7700

FAMILY PRACTICE

800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION

610 Washington Blvd.
Belpre, OH 45714
740.423.5055

June 23, 2008

To the West Virginia Board of Registered Professional Nurses:

Mid-Ohio Valley Medical Group practices in Parkersburg, WV and serves approximately 40,000 patients in a large geographic area of WV. MOVMG consists of 14 family practice physicians and three urologists along with two family nurse practitioners. We will soon be joined by two additional family practice physicians and a family nurse practitioner.

The group has employed nurse practitioners since 1995 to provide care to patients who are unable to wait for an appointment to see their primary care physician. Our nurse practitioners see patients with acute illnesses, chronic conditions, patients needing pre-operative clearance, school sports physicals, employment and DOT physicals, and general medical examinations. Our nurse practitioners assess, order tests, diagnose, and treat the patients they see. Currently, the nurse practitioners in this practice see between 23 to 27 patients each day. This allows patients to have access to their health care provider in a timely manner. The nurse practitioners practice independently, however, the physicians are available to assist with complex medical problems and hospital admissions.

Due to the volume of patients in the practice, it is important that the nurse practitioners be allowed to write prescriptions to meet the needs of our patients. The current Legislative Rules have been unnecessarily restrictive by limiting refills on antidepressants, limiting benzodiazepines to a 72 hour supply, and preventing the prescribing of combination drugs such as simple cough syrups. The proposed changes to the Legislative Rules would enhance the care provided by the nurse practitioners in this practice. We entrust the care of our patients to the nurse practitioners and have no concern that the above changes would harm the patients in any way.

The physicians of Mid-Ohio Medical Group fully support the proposed changes to the Legislative Rules regarding prescriptive authority for nurses in advanced practice. We believe that these changes would be beneficial to the medical care of our patients and reduce health care costs since the patient would not have to return to see their physician within 72 hours to get a refill. They could follow up in an appropriate time frame that would allow the physician to access medication effect, which usually cannot happen in three days.

Sincerely,

The Physicians of Mid-Ohio Valley Medical Group

[Handwritten signatures and initials]
JAB
JAH
VC
Net
PEN
KS
JAH
JAH



MID-OHIO VALLEYSM
MEDICAL
GROUP, INC.

UROLOGY
800 Grand Central Mall
Vienna, WV 26105
304.485.7700

FAMILY PRACTICE
800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION
610 Washington Blvd.
Belpre, OH 45714
740.423.5055

Vickie A. Cox

Ruth Hearn

Judy L. Barton Dr
Hamm MD

7/5/00

Raeann
Wheeler

Barbara

[Signature]

Kenn Stokerson

Jeff T. Buckner



MID-OHIO VALLEYSM
MEDICAL
GROUP, INC.

UROLOGY

800 Grand Central Mall
Vienna, WV 26105
304.485.7700

FAMILY PRACTICE

800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION

610 Washington Blvd.
Belpre, OH 45714
740.423.5055

Signature page attached:

Vickie Cox, D.O.

Randal Heavner, M.D.

Jason Barton, D.O.

Thomas Herrmann, M.D.

Heather Straight, D.O.

Darcy Conner, D.O.

Cathy Adkins, D.O.

Shari Vance, M.D.

J.T. Conner, D.O.

Dennis Newland, M.D.

Kim Stooke, M.D.

Jeffrey Braham, D.O.

Mid Ohio Valley Medical Group, Inc.
800 Grand Central Mall
Suite 4
Vienna WV 26105

TELEFAX COVER SHEET

Please Deliver transmitted pages to: WV Board of RNS Fax 558-3666

This transmission is from: Tammy Crookshanks

Transmission Date: 6-25-08

Total number of pages: 4

Original copy to follow by mail

If all pages are not received, or if you need clarification, please call

Tammy Crookshanks AT 304 485-3303

Message: Comments re: Proposed rule changes
for Advanced practice nurses

If you have any questions, please feel free to contact me.

The information contained in this fax is confidential, proprietary and privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). This information is legally privileged and confidential information intended only for the individual or entity named above. If the reader of this message is not the intended recipient you are hereby notified that any use, disclosure, or copying or distribution of this fax is strictly prohibited, and may subject you to criminal or civil penalties. If you have received this fax in error, please notify the sender immediately, by telephone at the above number, to arrange for the return of the documents. Thank You.

800 Grand Central Mall - Suite 4 - Vienna, WV 26105 (304) 485-3300 (304) 485-6387



MID-OHIO VALLEYSM
MEDICAL
GROUP, INC.

UROLOGY
800 Grand Central Mall
Vienna, WV 26105
304.485.7700

June 23, 2008

FAMILY PRACTICE
800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION
610 Washington Blvd.
Belpre, OH 45714
740.423.5055

To the West Virginia Board of Registered Professional Nurses:

Mid-Ohio Valley Medical Group practices in Parkersburg, WV and serves approximately 40,000 patients in a large geographic area of WV. MOVMG consists of 14 family practice physicians and three urologists along with two family nurse practitioners. We will soon be joined by two additional family practice physicians and a family nurse practitioner.

The group has employed nurse practitioners since 1995 to provide care to patients who are unable to wait for an appointment to see their primary care physician. Our nurse practitioners see patients with acute illnesses, chronic conditions, patients needing pre-operative clearance, school sports physicals, employment and DOT physicals, and general medical examinations. Our nurse practitioners assess, order tests, diagnose, and treat the patients they see. Currently, the nurse practitioners in this practice see between 23 to 27 patients each day. This allows patients to have access to their health care provider in a timely manner. The nurse practitioners practice independently, however, the physicians are available to assist with complex medical problems and hospital admissions.

Due to the volume of patients in the practice, it is important that the nurse practitioners be allowed to write prescriptions to meet the needs of our patients. The current Legislative Rules have been unnecessarily restrictive by limiting refills on antidepressants, limiting benzodiazepines to a 72 hour supply, and preventing the prescribing of combination drugs such as simple cough syrups. The proposed changes to the Legislative Rules would enhance the care provided by the nurse practitioners in this practice. We entrust the care of our patients to the nurse practitioners and have no concern that the above changes would harm the patients in any way.

The physicians of Mid-Ohio Medical Group fully support the proposed changes to the Legislative Rules regarding prescriptive authority for nurses in advanced practice. We believe that these changes would be beneficial to the medical care of our patients and reduce health care costs since the patient would not have to return to see their physician within 72 hours to get a refill. They could follow up in an appropriate time frame that would allow the physician to assess medication effect, which usually cannot happen in three days.

Sincerely,

The Physicians of Mid-Ohio Valley Medical Group

[Handwritten signatures and initials]
MVA
DEN
1/8
VC
Res
JB
JA
[initials]



MID-OHIO VALLEYSM
MEDICAL
 GROUP, INC.

UROLOGY
 800 Grand Central Mall
 Vienna, WV 26105
 304.485.7700

FAMILY PRACTICE
 800 Grand Central Mall
 Vienna, WV 26105
 304.485.3300
www.moving.com

BELPRE LOCATION
 810 Washington Blvd.
 Belpre, OH 45714
 740.423.5055

Vickie A. Cox

Robert H. Hannon

James C. Barton D.
 Hannon MD

T. S. Hannon

Danay Hannon
 Abby Hannon

Don Hannon

John Hannon

Karen Hannon

Jeff T. Hannon



MID-OHIO VALLEY^{CM}
MEDICAL
GROUP, INC.

UROLOGY
800 Grand Central Mall
Vienna, WV 26105
304.485.7700

FAMILY PRACTICE
800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION
610 Washington Blvd.
Belpre, OH 45714
740.423.5055

Signature page attached:

Vickie Cox, D.O.

Randal Heavner, M.D.

Jason Barton, D.O.

Thomas Herrmann, M.D.

Heather Straight, D.O.

Darcy Conner, D.O.

Cathy Adkins, D.O.

Shari Vance, M.D.

J.T. Conner, D.O.

Dennis Newland, M.D.

Kim Stooke, M.D.

Jeffrey Braham, D.O.

*** RX REPORT ***

RECEPTION OK

TX/RX NO	7057
DESTINATION TEL #	3044856387
DESTINATION ID	
ST. TIME	06/25 15:12
TIME USE	01'12
PGS.	4
RESULT	OK

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 30, 2008

Mid-Ohio Valley Medical Group, Inc.
800 Grand Central Mall
Vienna, WV 26105

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Physicians of the Mid-Ohio Valley Medical Group, Inc:

Thank you for your comments fully supporting the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your taking time to send them.

Some of the changes made to the proposed rule after a review of the comments include: 1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments of support to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Attention: Drs: Vickie Cox, D.O.; Randal Heavner, M.D.; Jason Barton, D.O.; Thomas Herrmann, M.D.; Heather Straight, D.O.; Darcy Conner, D.O.; Cathy Adkins, D.O.; Shari Vance, M.D.; J.T. Conner, D.O.; Dennis Newland, M.D.; Kim Stooke, M.D.; Jeffrey Braham, D.O.



MID-OHIO VALLEYSM
MEDICAL
GROUP, INC.

UROLOGY
800 Grand Central Mall
Vienna, WV 26105
304.485.7700

FAMILY PRACTICE
800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION
610 Washington Blvd.
Belpre, OH 45714
740.423.5055

June 23, 2008

To the West Virginia Board of Registered Professional Nurses:

Mid-Ohio Valley Medical Group practices in Parkersburg, WV and serves approximately 40,000 patients in a large geographic area of WV. MOVMG consists of 14 family practice physicians and three urologists along with two family nurse practitioners. We will soon be joined by two additional family practice physicians and a family nurse practitioner.

The group has employed nurse practitioners since 1995 to provide care to patients who are unable to wait for an appointment to see their primary care physician. Our nurse practitioners see patients with acute illnesses, chronic conditions, patients needing pre-operative clearance, school sports physicals, employment and DOT physicals, and general medical examinations. Our nurse practitioners assess, order tests, diagnose, and treat the patients they see. Currently, the nurse practitioners in this practice see between 23 to 27 patients each day. This allows patients to have access to their health care provider in a timely manner. The nurse practitioners practice independently, however, the physicians are available to assist with complex medical problems and hospital admissions.

Due to the volume of patients in the practice, it is important that the nurse practitioners be allowed to write prescriptions to meet the needs of our patients. The current Legislative Rules have been unnecessarily restrictive by limiting refills on antidepressants, limiting benzodiazepines to a 72 hour supply, and preventing the prescribing of combination drugs such as simple cough syrups. The proposed changes to the Legislative Rules would enhance the care provided by the nurse practitioners in this practice. We entrust the care of our patients to the nurse practitioners and have no concern that the above changes would harm the patients in any way.

The physicians of Mid-Ohio Medical Group fully support the proposed changes to the Legislative Rules regarding prescriptive authority for nurses in advanced practice. We believe that these changes would be beneficial to the medical care of our patients and reduce health care costs since the patient would not have to return to see their physician within 72 hours to get a refill. They could follow up in an appropriate time frame that would allow the physician to access medication effect, which usually cannot happen in three days.

Sincerely,

The Physicians of Mid-Ohio Valley Medical Group

[Handwritten signatures and initials]
CHA
VC
DEN
Res
1/3
JAB
JH
[Circular stamp]



MID-OHIO VALLEYSM
MEDICAL
GROUP, INC.

UROLOGY
800 Grand Central Mall
Vienna, WV 26105
304.485.7700

FAMILY PRACTICE
800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION
610 Washington Blvd.
Belpre, OH 45714
740.423.5055

Vickie A. Coxoo

Ruth Hearn

Jaclyn L. Barton DO
Hamm M.D.

7/5/2000

Danay Conners
Atty. Atty.

Barbara

[Signature]

Kim Stokerson

Jeff T. Berke



MID-OHIO VALLEYSM
MEDICAL
GROUP, INC.

UROLOGY

800 Grand Central Mall
Vienna, WV 26105
304.485.7700

FAMILY PRACTICE

800 Grand Central Mall
Vienna, WV 26105
304.485.3300
www.movmg.com

BELPRE LOCATION

610 Washington Blvd.
Belpre, OH 45714
740.423.5055

Signature page attached:

Vickie Cox, D.O.

Randal Heavner, M.D.

Jason Barton, D.O.

Thomas Herrmann, M.D.

Heather Straight, D.O.

Darcy Conner, D.O.

Cathy Adkins, D.O.

Shari Vance, M.D.

J.T. Conner, D.O.

Dennis Newland, M.D.

Kim Stooke, M.D.

Jeffrey Braham, D.O.

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 28, 2008

Lilia Underwood, RN, MSN, FNP-BC
324 Casey Lane
Washington, WV 26181

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Underwood:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

BLUEFIELD HEMATOLOGY-ONCOLOGY ASSOCIATES, INC.

1027 FREDERICK STREET
BLUEFIELD, WEST VIRGINIA 24701

TELEPHONE (304) 325-8104

MUHAMMAD S. AHMED, M.D.
June 6, 2008

SHEILA SNIDOW, N.P.

JOEL A. SCHOR, M.D.

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Joel A. Schor MD

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email: rnboard@state.wv.us
web address: www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Joel A. Schor, MD
Bluefield Hematology-Oncology Associates
1027 Frederick Street
Bluefield, WV 24701

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Schor:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a volunteer physician and a member of the Board of Directors of Mercer Health Right, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I have been a member of the Board for many years, during which our clinics have been staffed by nurse practitioners. Physicians volunteer at the clinic, but there are many times that our clinic is staffed solely by nurse practitioners.

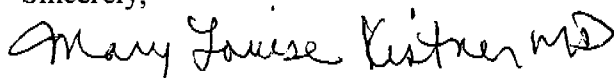
I am in complete disagreement with the WV Board of Medicine's current opposition to these rule changes.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medications, these indigent patients are forced into the already overcrowded emergency rooms, where they will take up valuable physician time—receiving the most expensive type of care, to be paid for by the citizens of the state.

The proposed rule will allow nurse practitioners to care for patients in a more effective and efficient manner. Patients will receive better care and the cost will be lower. Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

A handwritten signature in cursive script that reads "Mary Louise Kistner MD". The signature is written in dark ink and is positioned above the printed name.

Mary Louise Kistner, MD

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Mary Louise Kistner, MD
RR 2, Box 378
Bluefield, WV 24701

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Kistner:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 6, 2008

4-Dr.'s
I couldn't
find.

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

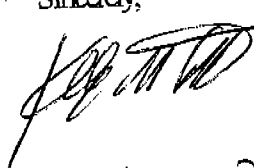
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Dr. Kelly Pitsenbarger

314 George St.
Martinsburg, WV 25401-2001
703-251-1111

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

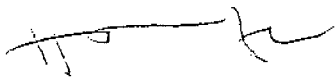
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Husam Nazeem, MD

P.O. Box 1189

Beetley WV 25802

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

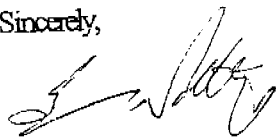
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Dr. Syeda Siddiqi

Dr. Syeda Siddiqi

93 Hickory Drive
Freeport, WV 25061

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

S. Dhaliwal
Dhaliwal
6-25-08
Dr. S. Dhaliwal

105 Home road Dr.
R. P. S. W. 25311
SARAF - Dhaliwal, Dr.

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,


As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,


MOHAMMAD AMJAD, M.D.
06/25/08

105 Notation was
MC. Date 06/25/08

Stamp: JUN 25 2008
Stamp: 10:10 AM
Stamp: 105

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Dr. Andrew Thymius

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

K. Tuminala
KRISTINA TUMINALA
6/25/08

Dr. K. Tuminala

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

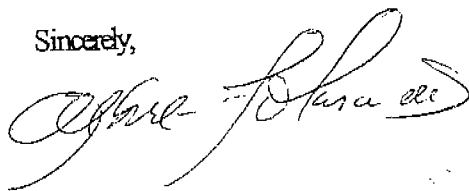
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Dr. Olivier

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Dr. M. Villaneuva

Dr. M. Villaneuva

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Frederick D. Jimenez, MD
767-5083

537 Clubhouse
25832

Dr. T. Jimenez

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

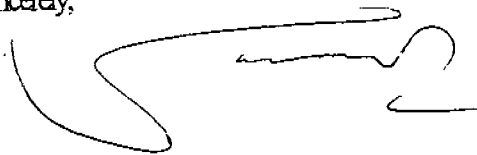
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Dr. L. Maramba

30 June 2008
Checked by 25801

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Dr. Kelly Pitsenbarger
314 George Street
Beckley, WV 25801-2653

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Pitsenbarger:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Dr. Husam Nazer
PO Box 1189
Beckley, WV 25802

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Nazer:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Dr. Syed Siddiqi
93 Hickory Drive
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Siddiqi:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Dr. S. Dhaliwal
105 Homewood Drive
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Dhaliwal:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Dr. Mohammad Amjad
105 Nothern Way
Mt. Hope, WV 25880

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Amjad:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Dr. T. Jimenez
557 Club Circle
Daniels, WV 25832

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Jimenez:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Dr. L. Maramba
106 Pineridge Drive
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Maramba:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

209 East Grandview Addition
Princeton, West Virginia 24740
nathaniel@citlink.net
June 10, 2008

Laura Skidmore Rhodes, MSN
West Virginia Board of Examiners for
Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

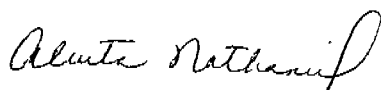
As an ethicist, educator, and nurse practitioner, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. In addition, I was participated with others in establishing the original law and rule that regulates nurse practitioner prescribing. In all of my roles, it has been my goal to improve and protect the health of people in West Virginia. I have a depth of knowledge about nationally established standards of practice and contemporary practice patterns the state of West Virginia, so I am prepared to comment on the rule change.

As you know, the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. It restricts certain drug classes, numbers of refills, and routes of administration. Nurse practitioners programs of instruction prepare graduates to prescribe drugs with much more independence than is currently allowed. Easing restrictions is supported by established current standards and allowable in most other states. Additionally, there is formal research indicates that nurse practitioners prescribe appropriately and their outcomes are comparable to those of physicians. Enclosed is a document I prepared, that highlights problems with the present rule and advantages of the proposed rule change.

In conclusion, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base this opinion upon current practice patterns, established national standards of practice, and the health care needs of West Virginia Citizens.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Alvita Nathaniel, PhD, FNP-BC

Proposed Rule Change

Limited Prescriptive Authority for Nurses in Advanced Practice

The Purpose of the Rule Change: To remove unnecessary and burdensome barriers to health care access and quality through easing restrictions on prescriptive practice of advanced nurse practitioners.

An Overview: Proposed changes in the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice* aims to improve health care of West Virginia citizens by making patient-centered, health care more accessible and affordable by reducing duplication of services, unnecessary paperwork, and regulatory burden, and to more closely align health care services with federal regulations and national scope of practice statements.

The Current Rule: The current rule, while allowing advanced nurse practitioners to practice, also creates unnecessary burdens on patients, physicians, nurse practitioners, and the state of West Virginia.

- **Restriction of drug classes:** Our existing rule restricts the kind and amount of certain primary care medications that the nurse practitioner can prescribe. For example, antidepressants and certain pain medications, which are common and appropriate drugs for nurse practitioners in primary care, are restricted.
- **Restriction of drug formulations:** Our existing rule prohibits nurse practitioners from prescribing most injectable drugs. This significantly impairs their ability to order immunizations, injectable antibiotics, injectable contraceptives, and so forth—all appropriate for nurse practitioners in primary care.
- **Restriction of drug refills:** The rule also restricts the number of refills that a nurse practitioner may prescribe.

Who will Benefit from the rule change?

- **The rule change will benefit patients in the following ways:**
 - It will improve access to health care services.
 - Patients will not need to make extra visits to get refills
 - Patients will not need to make unnecessary appointments with physicians for medications that are currently restricted
 - More nurse practitioners will be available and appointments will be easier to get since this rule will make their workdays more time efficient
 - Reduction in the unnecessary burden of the present rule will reduce the overall cost of health care—a cost that should be passed on to all WV citizens
 - It will allow patients with certain health care plans to receive mail-order medications.
 - Patients, such as those with AARP medication coverage, will be able to receive multi-month prescriptions
 - It will allow nurse practitioners to honor existing state and federal laws and best-practice guidelines
 - Family planning patients will be able to receive year-long supplies of contraceptives as is stipulated in current regulations
 - Children will be able to receive immunizations as required by professional and government guidelines
 - It will allow nurse practitioners to more effectively treat primary care mental health problems such as depression and anxiety
 - Patients will be able to receive efficient, holistic primary care from one provider since restrictions on primary care mental health drugs will be eased

➤ **The rule change will benefit physicians in the following ways:**

- Financially
 - Decreased paperwork translates to more time, which equals more income.
 - Unnecessary, duplicative patient visits will be decreased
 - Physicians who employ nurse practitioners will benefit from the nurse practitioners' increased profitability

➤ **The rule change will benefit the State of West Virginia in the following ways:**

- Cost
 - The state is a third-party payer. Reducing paperwork, reducing unnecessary visits, and increasing provider efficiency will decrease the cost of public health care programs.
 - Some state programs reimburse patients for mileage to health care appointments. With a decrease in the number of health care visits, the state will save money.
 - Administrative costs of the current system would be reduced.
- Improved health care of citizens
 - Increased efficiency will essentially increase the number of licensed independent providers in the state. This is especially important in the rural and underserved areas that many nurse practitioners serve.
 - Increased efficiency will help to fill in the gaps of the current MD shortage

Prepared by: Alvita Nathaniel, PhD, FNP-BC



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Alvita Nathaniel, PhD, FNP-BC
209 East Grandview Addition
Princeton, WV 24740

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Nathaniel:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Box 367
Quinwood, WV 25981
June 6, 2008

West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102,
Charleston, WV 25311-1620

Dear Board,

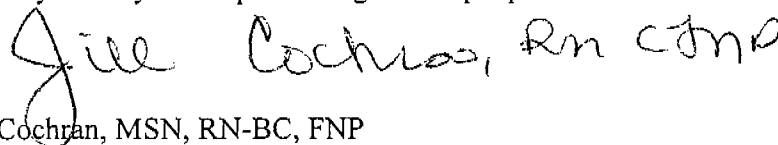
I fully support the proposed changes in the Title 19, Legislative Rule for Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*.

I have been a nurse practitioner in West Virginia for 17 years. I have been a clinical educator for nurse practitioners for 16 years. During my career as a NP, I have care for clients in rural clinics that were 30 or more miles from a hospital. I have care for patients that were not insured and could not see specialty providers. Having the changes would help the patients not have repeated visits and gaps in care due to inability to come in for extra visits due to gas prices and poor transportation.

The last 7 years I have worked in Pediatrics at Robert C. Byrd Clinic. When I started, there were 3 other pediatricians in the practice. They all left last year. All of the children with ADD and ADHD had to be referred out of the practice so that they could obtain the medications because I could not write for the meds. Their care was fragmented and many had to see a psychiatrist for meds. This further congested the mental health system with patients that did not need to see a psychiatrist and cost the state and insurance companies unnecessary charges.

The crisis in health care has been especially difficult for West Virginia. The changes will help the people of WV have the health care they deserve from nurse practitioners that have the knowledge and ability to care for them.

Thank you for your help in caring for the people of our state.

Jill Cochran, RN CPHQ

Jill Cochran, MSN, RN-BC, FNP

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Jill Cochran, Msn, RN-BC, FNP
Box 367
Quinwood, WV 25981

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Cochran:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director



June 6, 2008

Laura Skidmore Rhodes, MSN
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms Rhodes:

As Dean of the West Virginia University School of Nursing, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. It is the goal of the West Virginia University School of Nursing to prepare advanced practice nurses improve and protect the health of people in West Virginia. As Dean, it is my responsibility to know nationally established standards of practice and contemporary practice patterns in order to oversee the curriculum and instruction of students in the advance practice programs. Therefore, I believe I am uniquely prepared to comment on the appropriateness and timeliness of the proposed rules.

The current rule is restrictive and by limiting our practice more than laws and policies in other states, it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. The current rule restricts certain drug classes, numbers of refills, and routes of administration. Nurse practitioner programs of instruction prepare graduates to prescribe drugs with much more independence than is currently allowed in West Virginia. Easing restrictions is supported by established current standards for NP practice as legislated in most other states. Additionally, there is formal research indicates that nurse practitioners prescribe appropriately and their outcomes are at least comparable to those of physicians.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base this opinion upon current practice patterns, established national standards of practice, and the health care needs of West Virginia citizens.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

A handwritten signature in cursive script that reads 'Georgia Narsavage'.

Georgia Narsavage, PhD, ANP-BC, FAAN
Dean and Professor

Office of the Dean

6700 Health Sciences South
PO Box 9600
Morgantown, WV 26506-9600

Phone: 304-293-4831
Fax: 304-293-6826

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Georgia Narsavage, PhD, ANP-BC, FAAN
Dean and Professor
West Virginia University School of Nursing
Office of the Dean
6700 Health Sciences South
PO Box 9600
Morgantown, WV 26506-9600

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Narsavage:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

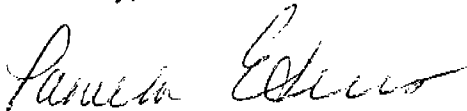
As a Family Nurse Practitioner, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I have been a nurse practitioner in practice for over seven years, and my patients are dependent upon me to provide for their entire care.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medications, these indigent patients are forced into the already overcrowded emergency rooms, where they will take up valuable physician time—receiving the most expensive type of care, to be paid for by the citizens of the state.

The proposed rule will allow nurse practitioners to care for patients in a more effective and efficient manner. Patients will receive better care and the cost will be lower. Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Pamela L. Edens, APRN, FNP-BC, BC, ADM
Robert C. Byrd Clinic
400 N. Jefferson St
Lewisburg, WV 25984
(304) 645-3220



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Pamela L. Edens, APRN, FNP-BC, BC, ADM
Robert C. Byrd Clinic
400 N. Jefferson Street
Lewisburg, WV 25984

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Edens:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

DONLEY W HUTSON RPH
319 THIRD STREET
NUTTER FORT, WV 26301

June 12, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 253112-1620

Dear Ms. Rhodes;

As a member of the Board of Directors of Health Access, Incorporated, the Free Clinic in Clarksburg, WV, I am writing to support proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***. I have been a member of the Board of Directors at this clinic for some time, during which our clinics have been staffed by Nurse Practitioners. Physicians volunteer at the clinic, but there are times that our clinic is staffed solely by Nurse Practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I also understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medication, these uninsured low-income patients are forced into the already overcrowded hospital emergency departments, where they take up valuable physician time – receiving the most expensive type of care, to be paid by the citizens of the state.

The proposed rule will allow nurse practitioner to care for patients in a more efficient and effective manner. Patients will receive better care and the cost will be lower. Therefore, I support the proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,


D. W. Hutson RPh

Board Member

Health Access, Incorporated

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Donley W. Hutson, RPH
319 Third Street
Nutter Fort, WV 26301

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Mr. Hutson:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director



WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE
ROBERT C. BYRD CLINIC

400 North Jefferson Street, Lewisburg, West Virginia 24901 (304) 645-3220 Fax (304) 645-4103

June 10, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes:

I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses in Advanced Practice*. There are many times that our clinic is staffed solely by nurse practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medications, these indigent patients are forced into the already overcrowded emergency rooms, where they will take up valuable physician time—receiving the most expensive type of care, to be paid for by the citizens of the state.

The proposed rule will allow nurse practitioners to care for patients in a more effective and efficient manner. Patients will receive better care and the cost will be lower. Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Michael J. Painter
Administrator

WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE CLINIC, INC.

• A Not For Profit Corporation •

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Michael J. Painter
West Virginia School of Osteopathic Medicine
Robert C. Byrd Clinic
400 North Jefferson Street
Lewisburg, WV 25311-1620

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Mr. Painter:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Tuesday, July 08, 2008 8:07 AM
Subject: FW: RXA Rule

-----Original Message-----

From: Tammy Crookshanks [mailto:tammycrookshanks@hotmail.com]
Sent: Tuesday, July 08, 2008 7:53 AM
To: rnboard@state.wv.us
Subject: RXA Rule

To the Board of Registered Professional Nurses:

This letter is in response to the proposed changes regarding prescriptive privileges for advanced practice nurses in West Virginia. I have been a family nurse practitioner for the past 3 years working in a busy family practice in Parkersburg, WV. On a daily basis I see approximately 23-27 patients. A significant portion of these patients need refills on already prescribed antidepressants or benzodiazepines. Unfortunately, with the current legislative rules, I am unable to write the antidepressants for 90 day prescriptions which some people need for their insurance companies, or to give refills of antidepressants for more than the current month. With benzodiazepines, I am only permitted to give 72 hours worth of the medication which will typically not last until they can get an appointment with the physician. The wait time to see most of our physicians is three to four weeks. The way I currently handle this is to e-mail the physician and ask the physician to call in or mail in the prescription for the patient. Sometimes this works well, but if the physician is out of the office for any period of time, the patient must wait for the physician to return.

Additionally, the rule preventing advanced nurses from writing prescriptions with combinations of Schedule II drugs, ie phenergan with codeine and other cough medications, is especially cumbersome. Our doctors have been supportive but this does not provide the optimum care for our patients.

Please accept this letter in support of the proposed revisions for the prescriptive privileges for advanced practice nurses.

Sincerely,

Tammy Crookshanks, MSN, RN, FNP-BC.

The i'm Talkaton. Can 30-days of conversation change the world? [Find out now.](#)

7/16/2008

Cyndy Haynes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Tuesday, July 08, 2008 8:07 AM
Attach: ATT00023.htm
Subject: FW: RXA Rule

-----Original Message-----

From: Tammy Crookshanks [mailto:tammycrookshanks@hotmail.com]
Sent: Tuesday, July 08, 2008 7:53 AM
To: rnboard@state.wv.us
Subject: RXA Rule

To the Board of Registered Professional Nurses:

This letter is in response to the proposed changes regarding prescriptive privileges for advanced practice nurses in West Virginia. I have been a family nurse practitioner for the past 3 years working in a busy family practice in Parkersburg, WV. On a daily basis I see approximately 23-27 patients. A significant portion of these patients need refills on already prescribed antidepressants or benzodiazepines. Unfortunately, with the current legislative rules, I am unable to write the antidepressants for 90 day prescriptions which some people need for their insurance companies, or to give refills of antidepressants for more than the current month. With benzodiazepines, I am only permitted to give 72 hours worth of the medication which will typically not last until they can get an appointment with the physician. The wait time to see most of our physicians is three to four weeks. The way I currently handle this is to e-mail the physician and ask the physician to call in or mail in the prescription for the patient. Sometimes this works well, but if the physician is out of the office for any period of time, the patient must wait for the physician to return.

Additionally, the rule preventing advanced nurses from writing prescriptions with combinations of Schedule II drugs, ie phenergan with codeine and other cough medications, is especially cumbersome. Our doctors have been supportive but this does not provide the optimum care for our patients.

Please accept this letter in support of the proposed revisions for the prescriptive privileges for advanced practice nurses.

Sincerely,

Tammy Crookshanks, MSN, RN, FNP-BC.

 The i'm Talkaton. Can 30-days of conversation change the world? Find out now.

7/8/2008

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Tammy Crookshanks, MSN, RN, FNP-BC
17 2nd Avenue
Murraysville, WV 26164

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Crookshanks:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Shauna Lively Popson, RN EdD
88 Fayette Street
Buckhannon, WV 26201

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Popson:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 5, 2008

West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311

To Whom It May Concern:

I am writing to express my support and encouragement of the rule change for the prescriptive authority for nurses in advanced practice. I write for two reasons—as a professional nurse and educator, and as a patient of a nurse practitioner. I believe that the nurse practitioners and nurse midwives must be allowed to practice without the unnecessary burdens of the restriction of the number of drug refills permitted; prohibition of the ability to prescribe injectable contraceptives, injectable antibiotics and immunizations; and the restriction of the type of drugs commonly used for pain and depression.

Nurse Practitioners and Nurse Midwives are bright and educated people who have a BSN as basic preparation, and a master's degree with many hours of practice prior to sitting for their certification examinations. A Nurse midwife delivered my baby (29 years ago!) and it is great to see that they are still in practice in this state. They provide excellent primary care for maternity patients. Recently, both my husband and I had a nurse practitioner perform our annual physical examination. She was extremely thorough and thought to ask us all of the appropriate primary prevention questions for our age group. She then thoughtfully made arrangements for our colonoscopies. Believe me, no stone was left unturned. She also made me an appointment to see an orthopedist for my bursitis. When I went for the scheduled appointment, a Physician's Assistant examined me and set me up for a steroid injection for my ailing shoulder. I felt that if my minor problems and annual exam could be done by a mid-level provider, then that would free-up the physician and specialist for those that truly needed a more advanced level of care.

Needless to say, I support the change in the language of the code in order to promote health and well-being of the citizens of the state of West Virginia. It is good to allow these practitioners more room in which to practice their chosen profession.

Very Sincerely Yours,

Shauna Lively Popson, RN EdD
Associate Professor
West Virginia Wesleyan College
Buckhannon, WV 26201

88 For the
West Virginia Board of Examiners



June 5, 2008

West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311

To Whom It May Concern:

I am writing to express my support and encouragement of the rule change for the prescriptive authority for nurses in advanced practice. I write for two reasons—as a professional nurse and educator, and as a patient of a nurse practitioner. I believe that the nurse practitioners and nurse midwives must be allowed to practice without the unnecessary burdens of the restriction of the number of drug refills permitted; prohibition of the ability to prescribe injectable contraceptives, injectable antibiotics and immunizations; and the restriction of the type of drugs commonly used for pain and depression.

Nurse Practitioners and Nurse Midwives are bright and educated people who have a BSN as basic preparation, and a master's degree with many hours of practice prior to sitting for their certification examinations. A Nurse midwife delivered my baby (29 years ago!) and it is great to see that they are still in practice in this state. They provide excellent primary care for maternity patients. Recently, both my husband and I had a nurse practitioner perform our annual physical examination. She was extremely thorough and thought to ask us all of the appropriate primary prevention questions for our age group. She then thoughtfully made arrangements for our colonoscopies. Believe me, no stone was left unturned. She also made me an appointment to see an orthopedist for my bursitis. When I went for the scheduled appointment, a Physician's Assistant examined me and set me up for a steroid injection for my ailing shoulder. I felt that if my minor problems and annual exam could be done by a mid-level provider, then that would free-up the physician and specialist for those that truly needed a more advanced level of care.

Needless to say, I support the change in the language of the code in order to promote health and well-being of the citizens of the state of West Virginia. It is good to allow these practitioners more room in which to practice their chosen profession.

Very Sincerely Yours,

Shauna Lively Popson
Shauna Lively Popson, RN EdD
Associate Professor
West Virginia Wesleyan College
Buckhannon, WV 26201

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Tuesday, June 10, 2008 10:27 AM
Subject: FW: RXA rule

-----Original Message-----

From: lynne welch [mailto:lynnewelch@mac.com]
Sent: Tuesday, June 10, 2008 9:33 AM
To: mboard@state.wv.us
Subject: Fwd: RXA rule

Begin forwarded message:

From: lynne welch <lynnewelch@mac.com>
Date: June 10, 2008 9:20:28 AM EDT
To: m-board@state.wv.us
Subject: RXA rule

Dear WV Board of Examiners for Registered Professional Nurses:

I fully support the proposed changes to West Virginia Title 19 Legislative Rule Registered Professional Nurses, Series 8 Limited authority for Nurses in Advanced Practice. Current rules are among the most limiting in the USA.

The rule changes would allow me to better meet the needs of my patients, many of whom have psychiatric or behavioral health issues. Often these patients are medically indigent or under served, and have transportation difficulties and increasing economic issues, in addition to their physical and mental health problems. Thus, their ability to come frequently to a health care provider is difficult for them at best. Refills for prescriptions, as appropriate, would assist me in providing the best possible care for my patients. There is no evidence from other states who have broadened prescribing privileges that there was any effect upon substance abuse.

I further believe that the current rules are a restraint of trade on my practice as an Advanced Practice, Board Certified Nurse.

Sincerely yours,

Lynne B. Welch, Ed.D, APRN, FNP-BC
Emeritus Dean, College of Health Professions, Marshall University
Emeritus Professor of Nursing, Marshall University

University

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Lynne B. Welch, Ed.D, APRN, FNP-BC
3200 Orchard Drive
Huntington, WV 25701-9534

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Welch:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "Judy Cooper" <jcooper@wvsos.com>
To: <dpeasak2@ma.rr.com>; <dgreynolds2505@yahoo.com>; <jminard@mail.wvnet.edu>; <bbrown1@mail.wvnet.edu>; "WV Secretary of State" <wvsos@wvsos.com>
Cc: <ebaldwin@wvuh.com>; <lrhodes@state.wv.us>; <anathaniel@hsc.wvu.edu>; <caputo@mail.wvnet.edu>; <whocann@mail.wvnet.edu>; <jdelong@mail.wvnet.edu>; <rfragale@mail.wvnet.edu>; <tmanchin@mail.wvnet.edu>; <timmiley@mail.wvnet.edu>; <iaquinta@mail.wvnet.edu>; <wsharpe@mail.wvnet.edu>; <speaker.thompson@verizon.net>; "cgoode: hsc.wvu.edu" <cgoode@hsc.wvu.edu>; "christygain: yahoo.com" <christygain@yahoo.com>; "docgeewvu: aol.com" <docgeewvu@aol.com>; "doczog: comcast.net" <doczog@comcast.net>; "drff12tp: yahoo.com" <drff12tp@yahoo.com>; "Heather_Potter: teamhealth.com" <Heather_Potter@teamhealth.com>; "jchillers: hsc.wvu.edu" <jchillers@hsc.wvu.edu>; "jimmo1994: hotmail.com" <jimmo1994@hotmail.com>; "mlacaria: hsc.wvu.edu" <mlacaria@hsc.wvu.edu>; "rvmonseau: att.net" <rvmonseau@att.net>; "rvmonseau: comcast.net" <rvmonseau@comcast.net>; "sbrown: hsc.wvu.edu" <sbrown@hsc.wvu.edu>; "stalnakerdp: mail.ab.edu" <stalnakerdp@mail.ab.edu>; <deborahrodecker@wvdhhr.org>; <bobknittle@wvdhhr.org>
Sent: Wednesday, June 18, 2008 4:56 PM
Subject: RE: WV BON and WV BOM Proposed Rule Changes

Thank you for your comments concerning these 2 rules. If you have not already done so, you should forward your comments to the Board of Medicine & the Registered Professional Nurses. The Secretary of State's office has no ability to approve or disapprove a Legislative rule that has not been filed as an Emergency. If changes are not made to satisfy you, I recommend that you contact the Legislative Rule Making Review Committee as well as your local Legislators with your concerns. The phone number for Rule Making is 304-347-4840.

-----Original Message-----

From: dpeasak2@ma.rr.com [mailto:dpeasak2@ma.rr.com]
Sent: Wednesday, June 18, 2008 2:33 PM
To: dgreynolds2505@yahoo.com; jminard@mail.wvnet.edu; bbrown1@mail.wvnet.edu; WV Secretary of State
Cc: ebaldwin@wvuh.com; lrhodes@state.wv.us; anathaniel@hsc.wvu.edu; caputo@mail.wvnet.edu; whocann@mail.wvnet.edu; jdelong@mail.wvnet.edu; rfragale@mail.wvnet.edu; tmanchin@mail.wvnet.edu; timmiley@mail.wvnet.edu; iaquinta@mail.wvnet.edu; wsharpe@mail.wvnet.edu; speaker.thompson@verizon.net; cgoode: hsc.wvu.edu; christygain: yahoo.com; docgeewvu: aol.com; doczog: comcast.net; drff12tp: yahoo.com; Heather_Potter: teamhealth.com; jchillers: hsc.wvu.edu; jimmo1994: hotmail.com; mlacaria: hsc.wvu.edu; rvmonseau: att.net; rvmonseau: comcast.net; sbrown: hsc.wvu.edu; stalnakerdp: mail.ab.edu; deborahrodecker@wvdhhr.org; bobknittle@wvdhhr.org
Subject: WV BON and WV BOM Proposed Rule Changes

June 17, 2008

To: West Virginia Board of Medicine

7/1/2008

Attention: John Wade, M.D.

Dr. Wade:

This letter is in reference to recent proposed rule changes submitted by the West Virginia Board of Medicine regarding changing the "Definition of Surgery" and the West Virginia Board for Registered Professional Nurses "Prescriptive Authority Rule Changes".

I, as well as several of my colleagues, am concerned and more so opposed to the proposed change to the "Definition of Surgery". This change will in fact be detrimental to all Nurse Practitioners and Physician Assistants Practicing in West Virginia. This law has the potential to eliminate the role of all Mid-level Providers. It certainly has the potential to make it illegal for any Advanced Practice Nurse to suture wounds, order injections, and remove skin lesions and so on. The proposed rule defines the practice of medicine and surgery as, "the diagnosis or treatment of, or operation or prescription for, any human disease, pain, injury, deformity or other physical or mental condition". Further the rule requires the nurse to be closely supervised by the physician. "The physician must be in attendance in the room throughout the performance of the procedure by a non-physician healthcare provider." This rule change goes on to essentially make it illegal for anyone, other than a physician, to conduct almost any procedure. This will void years and years of collaborative work between the disciplines of medicine and most importantly adversely affect the health and well being of all West Virginians.

In reference to the West Virginia Board for Registered Professional Nurses "Prescriptive Authority Rule Changes". There are very subtle changes to this rule, where most of the states in this country have nearly eliminated any restrictions on practice. Many insurances provide cheaper prescriptive coverage for 3-month supplies of medications for chronic conditions which is clearly to the advantage of the patient. There was also concern expressed regarding a very slight expansion on prescribing of controlled substances in which there has been no evidence supporting the idea that this would increase the abuse of prescription drugs in West Virginia as other states can attest to. Please feel free to review many of the other state laws and you may find yourself quite surprised.

Mid-Level Providers (MLPs), including both Nurse Practitioners and Physician Assistants, play a key role in the delivery of quality healthcare across West Virginia. In rural areas, MLPs serve as sole primary care providers to individuals who would otherwise be without healthcare services or who would have to travel miles and miles to receive these healthcare services which they are receiving in their own community.

As I mentioned the importance of the MLPs existence in rural areas, an equally important role is provided in the more urban or near-urban areas in our state as well. MLPs have been in existence for years, working in the majority of the emergency departments, local family physicians offices, and specialty areas such as psychiatry,

7/1/2008

surgery, and pediatrics across the State of West Virginia as well as the United States.

MLPs are in no way attempting to replace the physician, but work in a collaborative fashion to continue to provide quality and effective preventative medicine and healthcare to the people of West Virginia. In May 2008, Clinician Reviews discussed Fast Tracking NPs and PAs through medical school and cited an educational comparison and the big difference were not so much in the core content but the time in school. NP and PA programs run between 80 and 110 weeks where medical school is typically 155 weeks. Although there is no internship or residency, the clinical education for NPs and PAs amounts to 1,500 to 2,000 hours of direct patient contact. In addition, many NPs and PAs have up to several years of clinical experience before they even begin their educational programs. Please do not assume I am comparing physicians and MLPs, but simply noting MLPs are well educated to provide quality healthcare...

In summary, the majority of MLPs work autonomously in their respective practice with a collaborating or supervising physician under periodic review and as needed. MLPs are well educated in all aspects of patient education and care and the procedures the Board of Medicine are proposing to change have been performed for years without any documented negative outcomes and will undoubtedly be detrimental to practice and possibly the extinction of Mid-Level Practice. Furthermore, the changes proposed through the Board of Nursing are for continuing and improved patient care rather than the benefit of the NP. I was taught to practice evidence-based medicine and have seen no clear evidence supporting the Board of Medicine rule change or any reason not to support the Board of Nursing change.

Please do not hesitate to contact me for further discussion or information. I can be reached at 304 622-4423 or 304 677-2312.

Sincerely,

David P. Peasak II, NP
82 Oak Ridge Drive
Mount Clare, WV 26408

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

David P. Peasak II, NP
82 Oak Ridge Drive
Mount Clare, WV 26408

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Mr. Peasak:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "Faith Tyler" <fatyler@live.com>
To: "laurarhodes" <lrhodes@state.wv.us>
Sent: Tuesday, June 10, 2008 5:27 PM
Subject: Re: RXA rule

Yes she was supposed to
 I work with Dr Karen Hultman D.O. with Family Medical Kare in Fayetteville, WV.

From: laurarhodes
Sent: Tuesday, June 10, 2008 4:28 PM
To: fatyler@live.com
Subject: Re: RXA rule

Dear Ms. Tyler,
 Thank you for your comments. Will the collaborative physician you work with also be sending in comments?

Thank you
 Laura Rhodes

----- Original Message -----

From: RNBoard
To: laura rhodeswork ; Cyndy Haynes
Sent: Tuesday, June 10, 2008 3:56 PM
Subject: FW: RXA rule

-----Original Message-----

From: Faith Tyler [mailto:fatyler@live.com]
Sent: Tuesday, June 10, 2008 3:21 PM
To: rnboard@state.wv.us
Subject: RXA rule

After reading through the proposed changes, I support the recommended amendment to Title 19, Series 8 regarding RXA. I have found the current limitations to be slightly frustrating at times for myself and the physician I work with especially regarding antidepressant medications.

Faith Tyler, APRN, BC



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Faith Tyler, APRN, BC
316 Fayette Avenue
Fayetteville, WV 25840

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Tyler:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Sandra E. Swisher

2712 Fairview Ave.
Parkersburg, WV 26104

WV Board of Examiners for RN's
101 Dee Drive
Charleston, WV 25331

Dear Sirs:

This letter is in support of the Proposed Rule Change for Limited Prescriptive Authority for Nurses in Advanced Practice and opposing the proposed changes in the Definition of Surgery.

I am a Family Nurse Practitioner working for Ritchie County Primary Care. As a Federally Qualified Health Center we accept any and all patients who request our services. Caring for the uninsured and working in rural areas of health care professionals shortages such as ours is a role that Advanced Practice Nurses fulfill very well. The majority of the time we are the only clinician on site. Changing the current role will allow APN's to continue to provide excellent care to our patient's but will increase efficiency, decrease visits to the clinic, and provide the patient with a less difficult and cumbersome system to navigate in order to fulfill their health care needs.

Changing the definition of surgery will severely limit our patient's ability to receive care. Nurse Practitioners are very capable of suturing simple wounds and removing simple lesions as well as destruction. It is not possible in our geographic area for patients to always receive these services from a physician.

Once again, I support the Proposed Rule Change for Limited Prescriptive Authority and oppose the change in the Definition of Surgery.

Respectfully,

Sandra E. Swisher APN, BC

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Sandra E. Swisher, APN, BC
2712 Fairview Avenue
Parkersburg, WV 26104

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Swisher:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Wednesday, June 18, 2008 2:53 PM
Subject: FW: RXA Rule

-----Original Message-----

From: Billy Davis [mailto:bdavis@int-res-inc.com]
Sent: Wednesday, June 18, 2008 12:32 PM
To: rnboard@state.wv.us
Subject: RXA Rule

Re: Prescriptive Authority

I am writing to add my support for the proposed changes to the WV Code regarding prescriptive authority for Advanced Practice Nurses (19CSR8).

West Virginia is about to enter a healthcare crisis. The Baby-boomer generation is quickly approaching the geriatric years, a time in life when chronic medical conditions begin to multiply and grow more severe.

West Virginia is not a healthy state, by any means. There is a remark that I hear often: "Thank God for Mississippi." This is a "popular" saying because of the poor health status of West Virginians in general. In several health-related issues, West Virginia has consistently ranked poorly, often with only one or two southern states that rate worse. This trend shows no sign of changing.

This is why it is important to expand the role of the Advanced Practice Nurse in West Virginia. Please, make no mistake--a healthcare crisis is on the way. The way that the West Virginia Legislature acts can have an impact on how badly we are all affected.

Please vote for the modification to allow Advanced Practice Nurses the ability to provide better services to the citizens of West Virginia.

Billy Davis, RN, BSN
Integrated Resources, Inc.
PO Box 2
Maben, WV 25870

Phone: 304-294-5610
Fax: 304-294-5617

This electronic message is intended only for the use of the addressee(s) named above and may contain legally privileged and/or confidential information. If you are not the intended recipient of this message, you are notified that any dissemination, distribution or copying of this message is strictly prohibited. If you received this message in error, please immediately notify the sender by telephone and delete the original message.

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Billy Davis, RN, BSN
Integrated Resources, Inc.
PO Box 2
Maben, WV 25870

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Mr. Davis:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,



Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Wednesday, July 02, 2008 9:54 AM
Subject: FW: RXA Rule

-----Original Message-----

From: shelly cottrill [mailto:scottrill@rtol.net]
Sent: Wednesday, July 02, 2008 8:11 AM
To: rnboard@state.wv.us
Subject: RXA Rule

Dear Cindy,

This is Lisa Cottrill writing again from Braxton County and this will find me on vacation and still thinking constantly on this matter. I did join my associations and contacted Mrs. Baldwin, no response. Another question, who makes this final decision and when?

I just wanted to share a few practice scenarios if it isn't too late. Unless I interpret my practice guidelines incorrectly,

- a woman choose DepoProvera for her birth control method, I cannot order that injectable, I have to get the physician to write the order and she goes as an out patient or he gives me a verbal order or a written order on his RX pad, my collaborative is usually making rounds on the other end of the hospital, in a patient room, or does not like to be disturb and can be in a patient room for some time and it is quite inconvenient to track him down and it is not patient friendly. PAs can write for it.
- a chronic migraine patient comes in my clinic with a headache and is out of her Imitrex and needs an injection NOW. I am not supposed to order injectables, I cannot order her a shot. PAs can, I really cannot write an RX for the medication. Now how do I explain that to a patient? I thought we were advanced? and progressing? I can't write for a injectable of a triptan and a PA can order Demerol? I think the Board of Medicine and Pharmacy need to take that into consideration as well. . What we need is not necessarily our narcotic privileges expanded it is the rest of our privileges expanded and the Boards are only focusing on the controlled substances. The whole picture is being left out??
- a pt comes if for a acute traumatic injury to our clinic such as a fracture which they do, I cannot order and administer injectable Toradol and Phenergan?? now how harmless is that? As an RN we double and triple check doses of Morphine the doctors order. Once again, the facility chases the doctor down, which he really appreciates, who is going to hire an NP that is so limited, so protocols can be written but why not just change practices? The PAs can write for them.
- you are an asthmatic your ill and present to the clinic. You do not need hospitalized however you need a shot of Rocephin and Solumedrol to speed your healing and keep you out of the hospital and the ER and then begin oral antibiotics and stay home. I can't order the Rocephin or the Solumedrol. PAs can. Have you seen the back of their PX pad? See what I am saying. There is NO reason I should not be able to order the injectable meds, write refills on SSRI, write refills on the birth control bills, and all the proposed changes that the nursing board made on the RX rules. I am not encouraging expanding the benzos and the narcotics, i know we have a problem US wide with addiction, I fear it daily. I fight it daily. But these other issues should not be a problem. My collaborative said that SSRIs couldn't build to a toxic level and refills should not be a problem. Yes, the MAOI, which we know. Yes just food for thought, email me with questions for comments, i am on vacation until the 8th of july. I would like to know you at least rec'd this letter.

Sincerely,
 Lisa M. Cottrill FNP-BC

7/3/2008

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>
Sent: Tuesday, June 17, 2008 8:33 AM
Subject: FW: RXA Rule

-----Original Message-----

From: shelley cottrill [mailto:scottrill@rtol.net]
Sent: Monday, June 16, 2008 11:08 AM
To: rnboard@state.wv.us
Subject: RXA Rule

Hello, my name is Lisa Cottrill FNP-BC and so hopeful that we might get some changes made to these prescriptive rules. I am being challenged multiple times daily by this pharmists on issues like the antidepressants. I think the Prozac and generic wellbutrin are just plain silly. I am sure you folks do too. I am waiting to get challenged on the Lexapro or Celexa or one of the scripts and the pharmacist refusing to fill it and i am going to report them to the pharmacy board, I know that is coming. Is there a clarification for that question? Can we write refills for Lexapro, Zoloft? Controlling our injectables make us usless as you know. The PAs write for tons of injectables, demerol, nubain, etc. once released by the physicians they have hardly an idea what the PA is ordering. I know i need to join the associations and support them to help push these issues is there anything else i can do to help strengthen us?

*12.6.08 Be 10
GASTON WY 2008*

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Lisa Cottrill, FNP-BC
HC 61 Box 13B
Gassaway, WV 26624

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Cottrill:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

RNBoard

From: Shekey, Michele [mshekey@cityhospital.org]
Sent: Friday, June 13, 2008 5:20 PM
To: rnboard@state.wv.us
Subject: RXA rule

From: Shekey, Michele
Sent: Thu 6/12/2008 2:00 PM
To: rn-board@state.wv.us
Subject: RXA rule

Hello. My name is Michele Shekey and I am an FNP at City Urgent Care Center in Martinsburg, WV.

I have read the proposed changes to our Rx authority. I have a few comments. Personally, schedule II drugs are not my big concern. What immediately affects my daily practice is the inability to give IM drugs and vaccines. The inability to order vaccines is a public safety threat. I work in a primary care and urgent care clinic and on a daily basis I need to order tetanus vaccine. Please address this issue. Also, often this past winter and still this spring I see febrile children. By following the fever rule out sepsis guidelines, IM rocephin is indicated to cover febrile infants pending cultures. <http://hsc.unm.edu/EMERMED/PED/physicians/residents/Fever%20Without%20a%20Source%20in%20Children%200%20to%2036%20Months%20of%20Age.pdf>

These issues impede my practice on a daily basis. Please address these with the upcoming changes to Rx authority. Inability to follow recommended guidelines because of limitations in RX authority only hampers quality patient care. Expanding our RX authority guidelines and allowing NPs to follow recommended guidelines only enhances our ability to provide SAFE care.

Please, if there is anything else I can do to help, let me know. I have enclosed the most current guidelines on pediatric fever rule out sepsis so you can refer to it. Also, I am certain that research exists on the benefits of vaccines. However, I can gather it if needed.

Michele Shekey

This communication and any files or attachments transmitted with it may contain information that is confidential, privileged and exempt from disclosure under applicable law. It is intended solely for the use of the individual or the entity to which it is addressed. If you are not the intended recipient, you are hereby notified that any use, dissemination, or copying of this communication is strictly prohibited and may be unlawful. If you have received this e-mail in error, please contact the sender immediately and delete the material from any computer.

*219 Clearfield Ave
 Berkeley, CA 94704
 415.863.1111*

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Michele Shekey
219 Clearfield Drive
Berkeley Springs, WV 25411

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Shekey:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Wednesday, July 02, 2008 12:19 PM
Subject: FW: RXA rule/surgery

-----Original Message-----

From: Lisa Bennett [mailto:lisabennett@wvdhhr.org]
Sent: Wednesday, July 02, 2008 11:48 AM
To: rnboard@state.wv.us
Subject: RXA rule/surgery

I had emailed you earlier. I also wanted to add that I think advanced practice nurses should be able to write a year supply of oral contraceptives and/or prenatal vitamins. I also wanted to ask to clarify if the ablative treatment under surgery definition includes treating genital warts with TCA. I do a great deal of this. Thanks.
Lisa

"Confidential Notice-This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply mail and destroy all copies of the original message."

Beckley-Raleigh County Health Department
1602 Harper Road
Beckley, WV 25801
304-252-8531
lisabennett@wvdhhr.org

7/3/2008

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Wednesday, July 02, 2008 9:55 AM
Subject: FW: RXA rule/surgery

-----Original Message-----

From: Lisa Bennett [mailto:lisabennett@wvdhhr.org]
Sent: Wednesday, July 02, 2008 9:31 AM
To: rnboard@state.wv.us
Subject: RXA rule/surgery

Hello, I am a Family Nurse Practitioner. I have tried from home and work to email about the RXA rule but the mail is undeliverable. I want to let you know that I support the 90 day supply changes. The changes will greatly benefit my patients. This has been a barrier for me and my friends. I was disappointed to see that the parental preparations are no longer there. I was hoping to see Depoprovera added.

I am greatly concerned about the rule of defining surgery as well as several of my NP friends. This would greatly hurt my practice and my patients. What can we do to see that this doesn't get passed? I am aware that the comment period ended last week. I don't think comments are enough. We need to unite and act to see this doesn't pass. Should we get a large group of NP's and PA's together and/or get a petition started? Do you have any suggestions? Thank you for your time. Please let me know what I can do.

Lisa

"Confidential Notice-This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply mail and destroy all copies of the original message."

Beckley-Raleigh County Health Department
1602 Harper Road
Beckley, WV 25801
304-252-8531
lisabennett@wvdhhr.org

7/3/2008

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Lisa Bennett
Beckley-Raleigh County Health Department
1602 Harper Road
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Bennett:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

I am a Certified Family Nurse Practitioner.

I have reviewed WV 19CSR 8 Limited Prescriptive Authority for Nurses in Advanced Practice and I support and agree with the purposed changes.

Please let me know if there is anything I can do to help get these needed changes approved.

Carolyn J. Carter, FNP-BC

[Handwritten signature]

I am using the free version of SPAMfighter for private users.
It has removed 106 spam emails to date.
Paying users do not have this message in their emails.
Try SPAMfighter for free now!

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Carolyn J. Carter, FNP-BC
PO Box 1002
Crab Orchard, WV 25827

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Carter:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Cyndy Haynes

From: "RNBoard" <rnboard@state.wv.us>
To: "Laura Rhodes" <wvrhodes@verizon.net>; "Cyndy Haynes" <chaynes@state.wv.us>; "laura rhodeswork" <lrhodes@state.wv.us>
Sent: Thursday, July 10, 2008 8:25 AM
Attach: UTF-8.HTM
Subject: FW: RXA Rule

-----Original Message-----

From: cindymfnp@verizon.net [mailto:cindymfnp@verizon.net]
 Sent: Wednesday, July 09, 2008 11:40 PM
 To: rnboard@state.wv.us
 Subject: RXA Rule

To the West Virginia Board of Examiners for Registered Professional Nurses,

I first wanted to thank you for your consideration of changes in the prescriptive authority rules. I have been a practicing family nurse practitioner in the state of WV for eight years, and have worked in health care for eighteen years. During that time, I have seen many changes in health care. Indeed, we strive in health care to provide the best care we can for our patients which often means new recommendations or thinking and new medications.

One of the changes in health care has been the popularity of mail-in pharmacy drug coverage. I often have patients ask me about ninety day mail in prescriptions, and have had to often explain about the six month refill limit on NPs. Patients often voice their frustration with this limit, and often express to me they want to know "why". I can understand this frustration with certain medications such as birth control pills which it is widely accepted can be prescribed safely for one year. I have often asked patients of their desire for a one year prescription, and have often been told it is due to pressure from their drug coverage provider for these prescriptions to help reduce health care costs. Compliance with medical treatment is a widely known problem in health care, and being able to prescribe appropriate refills for patients would be of great benefit as it is widely known patients often do not call back in for refills or wait until they are out of medications. In the case of certain medications such as powerful blood pressure medications or those to regulate heart rate, lack of these medications could prove to be of real concern for the patient's health.

It is widely known vaccinations can play a large role in maintaining the health of a community. I was so pleased to see the inclusion of vaccinations and appropriate injectable medications to the considered rule changes. As a provider, it is repulsive to hear how influenza is considered a leading cause of vaccine preventable death. To be able to prescribe influenza injections and other injections such as a tetanus shot would be of such benefit for our patients. In addition, there are many wonderful medications available to patients now such as Byetta for diabetes and Depo-Provera for contraception.

Having worked with depressed and anxious patients for many years, I have often prescribed the newer safer medications for their treatment such as SSRIs. I often attend continuing education conferences and continue to hear how those of us in health care continue to underdiagnose and not fully treat

7/10/2008

these often debilitating conditions. As a prescribing provider, I have tried to be diligent in asking about mental health issues and diagnosing these disease states. I have often found it frustrating to only be able to prescribe a one month prescription of a medication such as Lexapro or Celexa. Studies have born out these patients often do not refill their medications even though they are helping, and not being able to prescribe refills does hinder compliance even more in my experience.

In regards to the increased ability to write for a larger amount of certain controlled substances, I do understand the concerns that this may increase drug addiction/abuse in the state. Having worked in areas such as Cabin Creek where these were often significant health care problems, I have seen the devastating effects drug addiction can have. However, it must not be forgotten these medications do have a place in treatment. For example, it is thought to be very appropriate to give a limited supply of a benzodiazepine to a patient being started on a treatment for anxiety such as with an SSRI to help assist with symptom control while this much safer medication reaches therapeutic level. Often a seventy two hour prescription isn't quite enough as these patients often not present to the provider until the symptoms are quite significant. In addition, there have been many new medications available which are class 4 controlleds which offer real benefit for many patients. For example, Lyrica, a class 4, can be of significant help for patients for fibromyalgia, and being able to prescribe a ninety day prescription would be of real aid in compliance and assisting with pain.

Again, I wanted to thank you for your time and attention to this matter as health care does continue to evolve. Nursing's core goal is to assist our patients, and the Board's recognition there have been changes in how best to do this is greatly appreciated. I hope my thoughts have been of assistance to you in your deliberations. Please do not hesitate to call on me if you have any questions, or if I can be of any assistance.

Sincerely,
Cynthia Smith, FNP-BC, RN, MSN
RXA 1351, RN # 56329

5011 2-10-08
C. Smith, FNP-BC, RN, MSN
RXA 1351, RN # 56329

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

email: rnboard@state.wv.us
web address: www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Cynthia Smith, FNP-BC, RN, MSN
5011 Renard Street
Sissionville, WV 25320

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Smith:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 25, 2008
4011 Shadybrook Circle
Morgantown, WV 26508

To Whom It May Concern:

I am writing in response to the proposed rule changes regarding Advance Practice Nursing (APN). I am an Adult Nurse Practitioner recently moved to West Virginia after working for 4 years in an Interventional Radiology Practice. I worked in collaboration and incredible support of my five physician colleagues who recognized the value add of a nurse practitioner. In this practice I cared for many underserved patients in addition to very ill oncology patients that would have been delayed in receiving care if it was not for my practice. I performed venous access procedures such as dialysis catheters, Hickman catheters and implanted ports which require surgical cut-down and suturing. My practice allowed patients that previously needed to undergo surgical placement to have these procedures done in an ambulatory setting. The patients received holistic care with great professionalism. I anticipate implementing an equally successful practice here in West Virginia and have already have support of physician colleagues. In this state more than others there are underserved populations that rely on the support and professional practice of advanced practice nurses.

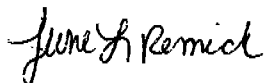
In addition to my surgical care I also prescribed accordingly within the Ohio BON requirements. This was also supported by my physician colleagues and recognized as an asset to the practice.

I am in support of the changes proposed by the WV RN Board regarding the Prescriptive Authority. I believe as APN professionals we already are held to the highest standard and work within our clinical guidelines and educational limits. I am unaware of any research supporting the WV Medical Boards concerns. In fact, I have read a study that advance practice nurses prescribe less than their physician colleagues and are more likely to pursue alternative therapies.

I am opposed to the Board of Medicine submitted rules regarding redefining 'surgery'. This obstacle will only further healthcare access at a time when access is already an issue especially here in WV. It is critical that we are able to continue caring for patients in collaboration with our physician colleagues. These proposed limitations would not only impede our nursing practice but add unnecessary 'monitoring' of APN by their collaborating physician increase his/her workload.

Lastly, I feel that a nurse who has received a Doctor of Nursing should be recognized as the professional she has worked to become. This recognition is not different than the acknowledgement of a podiatrist, veterinarian, chiropractors or dentist. Their training varies greatly from a medical doctor and it is reflected in their title.

Sincerely,



June L. Remick, RN, MSN, APN-C



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

June L. Remick, RN, MSN, APN-C
4011 Shadybrook Circle
Morgantown, WV 26508

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Remick:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Carmie Green-Warren RN-CPNP

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Connie Green-Warren, CFNP
Beaver Family Clinic
Po Box 2028
Beaver, WV 25813-2028

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Green-Warren:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 17, 2008

West Virginia Board of Examiners
For Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV, 25311

Honorable Board Members:

I am writing to express my support for the board of nursing's proposed rule changes to West Virginia Legislative Rule 19-8-1. This charge is to update prescriptive authority regulations for advanced practice nurses in West Virginia. I have reviewed these changes and feel they will help improve the health care of West Virginia citizens by making health care more accessible and affordable with a reduction of duplication of services, unnecessary paperwork, and regulatory burden. I think these proposed changes will more closely align health care services with federal regulations and the national scope of practice of nurse practitioners.

I am a Certified Pediatric Nurse practitioner at West Virginia University Children's Hospital. I have work as a bachelor prepared nurse for 10 years and then returned for my master's degree and pursued my pediatric nurse practitioner degree. I have more than 7 years of graduate education. I work with the only certified Pediatric Neurosurgeon in our state. I perform his post op clinics and arrange all his pre-op surgeries. This allows him to be in surgery more caring for the needs of West Virginia's most vulnerable population. He is frequently in surgery over night trying to deliver care to the needy. The neurosurgery department needs Nurse Practitioners to perform follow-up clinics so that the surgeons' skills can be used in the most valuable ways. This includes writing for medications for pain and muscle spasms pre and post-operatively and ordering IV antibiotics as needed. Many of our families travel 4 hours for annual neurosurgery follow-ups for chronic conditions like spina bifida and cerebral palsy. I am often called upon to independently write prescriptions for these chronic illnesses and life long medication that should be evaluated annually. I am currently not permitted to write for more than 5 refills. This is a waste of the patient's time and money, which is often reimbursed by the state programs. Mail order prescriptions are also restricted by prescription limitations in the current rule regulations. This is detrimental to the patient's time and financial status which may cause a lack in compliance.

Nurse practitioners have been providing safe and effective care in the state of West Virginia for years. They often practice in underserved areas and improved the quality of health for those patients who previously had no access to healthcare. Public health has been improved by immediate attention to injuries and illnesses requiring same-day care. Research has documented that patients who see nurse practitioners do just as well as those who see physicians. It has further shown that patients who see nurse practitioners about minor illnesses or injuries are as healthy in the six months following the treatment

as those who see physicians. Nurse practitioners have relatively few malpractice law suits and provide safe high quality care with evidence proven quality outcomes.

Nurse practitioners are very effective in health promotion and management as well. Research shows nurse practitioners are able to help patients with a range of chronic problems. Nurse practitioners tend to ask more questions and offer more information and choices. They also tend to spend slightly longer with their patients. Studies indicate patients appreciate the nurse practitioners' communication skills and the extra time spent. Prescriptive limitations imposed by some states such as West Virginia require patients to see a nurse practitioner more often than they would see a physician for their prescriptions. This prescriptive limitation prevents those patients from taking advantage of cost savings offered if they mail order their medication for 90 days at a time and requires additional office visits leading to additional costs, co pays and so forth.

The skyrocketing cost of health care has changed the focus of medical practice to that of health promotion and wellness. The American Nursing Association estimates that between 60 percent and 80 percent of primary and preventative care traditionally performed by doctors can be handled by a nurse practitioner less expensively. Chronic illness is also estimated to be 80% of the patient care dollars spent in the US. Nurse Practitioners are extremely well positioned and trained in primary care to provide management of chronic illness, which often results in poly pharmacy. The oversight required to manage these complex chronically ill patients, is more cost effective if the number and cost of medications prescribed are well managed. I personally have witnessed patients on 15-20 medications many often over lapping and duplicated that I immediately identify and have requested medication to be managed by one Primary care Provider for this patient's care. I personally see 20 patients independently each week. Of those patients I have to have them wait or send scripts in the mail 2-3 times, unnecessarily. I worry about follow-up and compliance when this happens.

For these reasons I am in full support for the board of nursing's proposed rule changes to West Virginia Legislative Rule 19-8-1. These changes are necessary to update prescriptive authority regulations for advanced practice nurses in West Virginia. Allowing Nurse Practitioners to provide timely, safe efficient care to West Virginia citizens and supporting in cost effect and personal health care to those in the most need.

Thanks for your consideration;



Elizabeth Baldwin, CPNP
WVNA Chair APN Congress
(W) 304-293-3751
(H) 304-265-3029
(F) 304-293-4819

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Elizabeth Baldwin, CPNP
WVNA Chair APN Congress
Rt. 1 Box 277
Grafton, WV 26354

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Baldwin:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

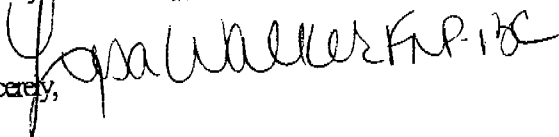
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Laura S. Rhodes, M.S.N., R.N.
Executive Director



email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Lisa Walker, FNP-BC
Alleghany Medical Services, P.C.
310 George Street
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Walker:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Gautier, Julie T.

From: Gautier, Julie T.
Sent: Thursday, June 26, 2008 2:40 PM
To: 'juliegautier2003@yahoo.com'
Subject: FW: Prescriptive authority

-----Original Message-----

From: Gautier, Julie T.
Sent: Thursday, June 26, 2008 2:38 PM
To: 'wvrnboard@state.wv.us'
Subject: Prescriptive authority

My name is Julie Gautier. I practice as a nurse practitioner in Women's Health at a rural clinic. I would like to give my support the WV 19CSR 8 Prescriptive Authority for Nurses in Advanced Practice. I feel it is appropriate for nurse practitioners to be able to prescribe injectable medications such as Depo-Provera or Rocephin. I feel like these medications are much safer than the injectables that we are able to prescribe, insulin and epinephrine. I do feel it is appropriate for us to prescribe a one year supply of birth control pills. If patient's are recommended to have a pap smear yearly, not every 6 mths, then I think it is reasonable for them to get a prescription that will last until they need another pap smear. I also would like to see rules changed related to the prescribing for antidepressants. I have many patients who suffer from postpartum depression and I sometimes think that my limited prescriptive authority results in patient noncompliance with medications. I feel like they sometimes run out of their medications before their next appointment so rather than calling to get a refill, they sometimes just stop their medications. I feel that I could give my patients better care if our prescriptive authority was changed and I would like to thank the nursing board for these proposed changes.

RECEIVED
JUN 26 2008
2:54 PM

NEW RIVER HEALTH ASSOCIATION, INC.

RR 2 Box 615A, Scarbro, WV 25917
(304) 469-3345 FAX (304) 469-2981

FAX TRANSMISSION SHEET

DATE: 6/26/08

FROM: Julie Cantier

TO: State Board of Nursing

RECEIVING FAX NUMBER: (304) 558-3666

TOTAL PAGES INCLUDING COVER SHEET: 2

Could not send by email - Received delivery failure
notification

"Confidentiality Notice"

If you are not the intended recipient, you are hereby notified that any disclosure, copy, distribution or action taken in reliance on the content of these documents is strictly prohibited.

If you receive this in error please return to below fax number and destroy original fax.

Thank you

Return Fax 1-304-469-2981

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Julie Gautier
148 Beckett Drive
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Gautier:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 11, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for RN's
101 Dee Drive, Suite 102
Charleston, WV 25311-1620


Dear Ms. Rhodes,

I am a member of the Board of Directors, as well as a nurse practitioner for Mercer Health Right, the free clinic in Bluefield, West Virginia. This letter is to express my support, as a practicing WV health care provider, for the proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority for Nurses in Advanced Practice*.

I completed my Masters in Nursing and certification for family nurse practitioner in 1979 and have been caring for the indigent and the uninsured in West Virginia since 1981. I know, first hand, how vitally important nurse practitioners are to the poor and uninsured in this state. In fact, circumstances have not improved, but have worsened for this population in the past 27 years. Nurse practitioners provide assessment, diagnosis, and treatment for thousands of West Virginians who would not otherwise have access to health care. The current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients and nurse practitioners. In addition, the current rule restricts drug classes, numbers of refills, and routes of administration. To receive the appropriate medications, these indigent patients are forced to go to overcrowded and overburdened emergency rooms, where they incur expensive charges for care that should be routine.

The proposed rule will allow nurse practitioners to care for patients in a more effective and efficient manner. With this proposed rule, patients will receive better care at lower cost to the community, therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority for Nurses in Advanced Practice*.

Thank you for the opportunity to comment on this proposed rule change.

Sincerely,

Beth Pritchett, APRN, B.C.

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email: rnboard@state.wv.us
web address: www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Beth Pritchett, APRN, B.C.
Mercer Health Right
Bluefield, WV 24701

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Pritchett:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 3, 2008

West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV, 253111

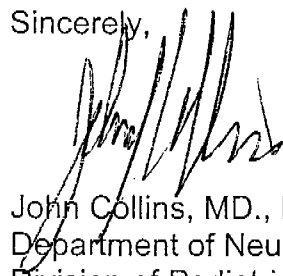
Honorable Board Members:

Please take note of the fact that strongly support for the Board of Nursing's proposed rule changes to West Virginia Legislative Rule 19-8-1 that limited prescriptive authority for advanced practice nurses. I have reviewed these changes and feel they will improve the health care of West Virginia citizens by making health care more accessible and affordable with a reduction of duplication of services, unnecessary paperwork, and regulatory burden. I think these proposed changes will more closely align health care services with federal regulations and the national scope of practice of nurse practitioners.

I am a Pediatric Neurosurgeon currently working at WVU Children's hospital I work very closely with many nurse practitioners and have a nurse practitioner in my department. My experience has been that nurse practitioners are safe in their prescription writing practices and would not hesitate to have these change implemented. I feel expanding prescriptive privileges will help extend high quality primary care to many of West Virginia children.

I implore the board of medicine to promote health care access and support the rule changes as proposed by the West Virginia Board of Nursing.

Sincerely,



John Collins, MD., FACS
Department of Neurosurgery,
Division of Pediatric Neurosurgery
West Virginia University Health Science Center
Morgantown, West Virginia 26505

Department of Neurosurgery
Pediatric Neurosurgery Division

Robert C. Byrd Health Sciences Center South
PO Box 9183
Morgantown, WV 26506-9183

Wheeling 304-243-7676
Martinsburg 304-264-2020
Morgantown 304-293-7499

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email: rnboard@state.wv.us
web address: www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

John Collins, MD., FACS
Department of Neurosurgery
Division of Pediatric Neurosurgery
West Virginia University Health Science Center
PO Box 9183
Morgantown, WV 26506-9183

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Collins:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director



UNIVERSITY PSYCHIATRIC ASSOCIATES
1600 MEDICAL CENTER DRIVE, SUITE B500
HUNTINGTON, WEST VIRGINIA 25701
304/691-1500 1-877-691-1600 FAX 304/691-1510

June 17, 2008

WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

To Whom It May Concern:

I fully support the proposed changes to West Virginia Title 19 Legislative Rule Registered Professional Nurses, Series 8 Limited authority for Nurses in Advanced Practice. Current rules are among the most limiting in the USA. The rule changes would allow Nurse Practitioners to better meet the needs of patients, many of whom have psychiatric or behavioral health issues. Often these patients are medically indigent or under served, and have transportation difficulties and increasing economic issues, in addition to their physical and mental health problems. Thus, their ability to come frequently to a health care provider is difficult for them at best. Refills for prescriptions, as appropriate, would assist Nurse Practitioners in providing the best possible care for patients. There is no evidence from other states which have broadened prescribing privileges that there was any effect upon substance abuse.

Sincerely Yours,

Samuel Januszkiewicz, M.D.
Chairman, Department of Psychiatry
Marshall University School of Medicine

Rw

Laura S. Rhodes, M.S.N., R.N.
Executive Director



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

email:rnboard@state.wv.us
web address:www.wvrnboard.com

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Samuel Januszkiewicz, M.D.
Chairman, Department of Psychiatry
Marshall University School of Medicine
1600 Medical Center Drive, Suite B500
Huntington, WV 25701-3655

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Dr. Januszkiewicz:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 18, 2008

West Virginia Board of Examiners for Registered Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

RE: RXA Rule

I am writing to add my support for the proposed changes to the WV Code regarding prescriptive authority for Advanced Practice Nurses.

Due to the healthcare crisis that I personally believe that West Virginia is about to enter, I believe that it is important to expand the role of the Advanced Practice Nurse in West Virginia.

Please vote for the modification to allow Advanced Practice Nurses the ability to provide better services to the citizens of West Virginia.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Goins, LSW".

Lisa Goins, LSW
300 Old Soak Road
Beckley, WV 25801

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Lisa Goins, LSW
300 Old Soak Road
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Goins:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 12, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25312-1620

Dear Ms. Rhodes;

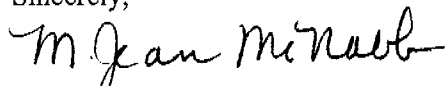
As a member of the Board of Directors of Health Access, Incorporated, the Free Clinic in Clarksburg, WV, I am writing to support proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***. I have been a member of the Board of Directors at this clinic for some time, during which our clinics have been staffed by Nurse Practitioners. Physicians volunteer at the clinic, but there are times that our clinic is staffed solely by Nurse Practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I also understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medication, these uninsured low-income patients are forced into the already overcrowded hospital emergency departments, where they take up valuable physician time – receiving the most expensive type of care, to be paid by the citizens of the state.

The proposed rule will allow nurse practitioner to care for patients in a more efficient and effective manner. Patients will receive better care and the cost will be lower. Therefore, I support the proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



M. Jean McNabb, VP/ BB&T
Board Member
Health Access, Incorporated

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

M. Jean McNabb, VP/ BB&T
100 South Fourth Street
Clarksburg, WV 26301

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. McNabb:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 12, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes;

As a member of the Board of Directors of Health Access, Incorporated, the Free Clinic in Clarksburg, WV, I am writing to support proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***. I have been a member of the Board of Directors at this clinic for some time, during which our clinics have been staffed by Nurse Practitioners. Physicians volunteer at the clinic, but there are times that our clinic is staffed solely by Nurse Practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I also understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medication, these uninsured low-income patients are forced into the already overcrowded hospital emergency departments, where they take up valuable physician time – receiving the most expensive type of care, to be paid by the citizens of the state.

The proposed rule will allow nurse practitioner to care for patients in a more efficient and effective manner. Patients will receive better care and the cost will be lower. Therefore, I support the proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Andrew Barber, CPA

Board Member
Health Access, Incorporated



Health Access, Inc.

489 Washington Avenue • Clarksburg, West Virginia 26301
Phone: 304-622-2708 • Fax: 304-623-9302 • E-mail: healthac@ma.n.com • Web: www.healthaccessinc.org

June 12, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25312-1620

Dear Ms. Rhodes;

As a member of the Board of Directors of Health Access, Incorporated, the Free Clinic in Clarksburg, WV, I am writing to support proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***. I have been a member of the Board of Directors at this clinic for some time, during which our clinics have been staffed by Nurse Practitioners. Physicians volunteer at the clinic, but there are times that our clinic is staffed solely by Nurse Practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I also understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medication, these uninsured low-income patients are forced into the already overcrowded hospital emergency departments, where they take up valuable physician time – receiving the most expensive type of care, to be paid by the citizens of the state.

The proposed rule will allow nurse practitioner to care for patients in a more efficient and effective manner. Patients will receive better care and the cost will be lower. Therefore, I support the proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Board Member
Health Access, Incorporated

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email: rnboard@state.wv.us
web address: www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Andrew Banko
Health Access, Inc.
489 Washington Avenue
Clarksburg, WV 26301

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Mr. Banko:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director



Health Access, Inc.

489 Washington Avenue • Clarksburg, West Virginia 26301
Phone: 304-622-2708 • Fax: 304-623-9302 • E-mail: healthac@ma.net • Web: www.healthaccessinc.org

June 12, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25312-1620

Dear Ms. Rhodes;

As a member of the Board of Directors of Health Access, Incorporated, the Free Clinic in Clarksburg, WV, I am writing to support proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***. I have been a member of the Board of Directors at this clinic for some time, during which our clinics have been staffed by Nurse Practitioners. Physicians volunteer at the clinic, but there are times that our clinic is staffed solely by Nurse Practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I also understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medication, these uninsured low-income patients are forced into the already overcrowded hospital emergency departments, where they take up valuable physician time – receiving the most expensive type of care, to be paid by the citizens of the state.

The proposed rule will allow nurse practitioner to care for patients in a more efficient and effective manner. Patients will receive better care and the cost will be lower. Therefore, I support the proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Board Member
Health Access, Incorporated

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Joann Deuericks
Health Access, Inc.
489 Washington Avenue
Clarksburg, WV 26301

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Deuericks:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director



Health Access, Inc.

489 Washington Avenue • Clarksburg, West Virginia 26301

Phone: 304-622-2708 • Fax: 304-623-9302 • E-mail: healthac@ma.rr.com • Web: www.healthaccessinc.org

June 12, 2008

WV RN Board of Nursing,

Having read the proposed rule changes for WV 19CSR 8 Limited Prescriptive Authority for Nurses in Advanced Practice, I am writing in support of the rule changes.

I currently practice primary care in a free clinic in Clarksburg, WV which serves Harrison and Doddridge Counties. Five physicians (two are retired) provide care with part-time hours from four to eight hours each week. Our Executive Director has been actively engaged in recruiting other physicians; at this time, however, no other physicians volunteer at our clinic.

I work fulltime and see a case load of scheduled patients and some walk-ins; women are scheduled each Wednesday for the Breast Cancer Cervical Screening Program.

I support the rule changes for the following reasons:

1. Currently, according to Title 19, "prescriptions for specific antidepressantsshall be limited to non toxic quantities and shall be non refillable". Most patients who take SSRI antidepressants and who benefit from them, take the medication for at least six months. This is an unnecessary inconvenience for me as an advanced practice nurse to have one of our part-time physicians write refills for my patients.
2. "Advanced nurse practitioners shall not prescribe other prescription drugs or refill for a period for a period exceeding six months". Again, many of my patients will require prescriptions on a long-term basis past six months and physicians as well as NPs are inconvenienced when NPs cannot write for more than six months. For example, this affects prescriptions written for diabetes, hypertension and hyperlipidemia that are often required on a long-term basis.
3. Advanced practice nurses many times need to administer parenteral meds such as vaccines, cyanocobalamin, etc. Currently, Title 19 only covers insulin and epinephrine as allowable parental preparations for APRNs to administer; this is more prohibitive than the rules promulgated for RNs and LPNs who administer parenteral medications.
4. Additionally, it is difficult to determine which "less commonly used drugs and the maximum dosage in primary care outpatient settings shall be indicated in the protocol".

Please seriously consider my request to support the proposed rule changes as outlined by the WV Board of Nursing.

Thank you,
Rose Clark, CFNP

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Rose Clark, CFNP
Health Access, Inc.
489 Washington Avenue
Clarksburg, WV 26301

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

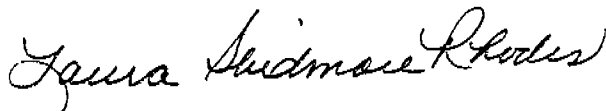
Dear Ms. Clark:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,



Laura Skidmore Rhodes, MSN, RN
Executive Director



Health Access, Inc.

489 Washington Avenue • Clarksburg, West Virginia 26301
Phone: 304-622-2708 • Fax: 304-623-9302 • E-mail: healthac@mar.com • Web: www.healthaccessinc.org

June 12, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25312-1620

Dear Ms. Rhodes;

As a member of the Board of Directors of Health Access, Incorporated, the Free Clinic in Clarksburg, WV, I am writing to support proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***. I have been a member of the Board of Directors at this clinic for some time, during which our clinics have been staffed by Nurse Practitioners. Physicians volunteer at the clinic, but there are times that our clinic is staffed solely by Nurse Practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I also understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medication, these uninsured low-income patients are forced into the already overcrowded hospital emergency departments, where they take up valuable physician time – receiving the most expensive type of care, to be paid by the citizens of the state.

The proposed rule will allow nurse practitioner to care for patients in a more efficient and effective manner. Patients will receive better care and the cost will be lower. Therefore, I support the proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Board Member
Health Access, Incorporated

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Lillian K. Rudolph
Health Access, Inc.
489 Washington Avenue
Clarksburg, WV 26301

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Rudolph:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

*R. Kay Cottrill LSW NHA
Rt. 3 Box 815
Lost Creek, WV 26385
304-745-3634*

June 12, 2008

Laura Skidmore Rhodes, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 253112-1620

Dear Ms. Rhodes;


As a member of the Board of Directors of Health Access, Incorporated, the Free Clinic in Clarksburg, WV, I am writing to support proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***. I have been a member of the Board of Directors at this clinic for some time, during which our clinics have been staffed by Nurse Practitioners. Physicians volunteer at the clinic, but there are times that our clinic is staffed solely by Nurse Practitioners.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, and nurse practitioners. I also understand that established standards of practice call for certain drugs in certain formulations for particular illnesses. The current rule restricts drug classes, numbers of refills, and routes of administration. This means that patients often cannot receive the most appropriate medication such as an immunization, an injectible antibiotic for serious infections or a steroid for an asthma attack. To receive the appropriate medication, these uninsured low-income patients are forced into the already overcrowded hospital emergency departments, where they take up valuable physician time -- receiving the most expensive type of care, to be paid by the citizens of the state.

The proposed rule will allow nurse practitioner to care for patients in a more efficient and effective manner. Patients will receive better care and the cost will be lower. Therefore, I support the proposed changes to the Title 19, Legislative Rule, ***Registered Professional Nurses Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice***.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,


Vice-President, Board of Directors
Health Access, Incorporated

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

R. Kay Cottrill, LSW, NHA
Rt. 3 Box 815
Lost Creek, WV 26385

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Cottrill:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Deborah Casdorph

From: "Deborah Casdorph" <deborahcasdorph@msn.com>
To: <deborahrodecker@wvdhr.org>
Cc: <dgreynolds2505@yahoo.com>
Sent: Tuesday, June 10, 2008 9:55 PM
Subject: Prescriptive privileges/surgical procedures for APNs

I am a Master's prepared Family Nurse Practitioner who recently moved back to my home state of WV after practicing in Idaho where my husband is from. I had my own practice for 15 years in ID with over 3800 patients and had a wonderful collaborative working relationship with specialists as well as Family Practice Physicians in surrounding counties. APNs in ID have the same prescriptive privileges as physicians and there are many states in the US with similar privileges. I can tell you from experience, we practice safely and within our scope.

When I moved back to WV, I was appalled and disappointed that APNs in this state have as many restrictions as they have on their ability to totally care for their patients. Not only is WV in dire need of health care providers, but the people of this state deserve to not have to make appointments with 2-3 different providers in order to get help with pain management, mental health problems, and minor surgical procedures. Some can hardly afford one office visit.

We need to be able to prescribe Schedule II through V medications as we are very cautious in the use of these meds and have been educated to make decisions involving the use of these meds. Many clinics do not have physicians on site or only have one there 1-2 days a week. We NPs must make adjustments to coumadin and refill many narcotics and other meds we cannot order in our own names. I know, due to the shortage of physicians everywhere, this is the only way to keep patients on track and meet their medical needs. Some schools will not let children attend if their ADD meds are not refilled. I cannot understand why we are able to make these decisions under a physician's name and not our own.

Regarding the proposed limits to surgical procedures, I am understanding this as the BOM's intent to restrict these procedures to be done only if a physician oversees them. How is this going to work when there are so many situations which arise and so few physicians? We have been trained to practice minor surgical procedures that are within our scope of practice. I see an average of 25 patients a day. I am overwhelmed with the Board's proposed restrictions on APNs.

I believe there is a misconception with physicians feeling they will be "sued" or accountable for our actions. We as APNs are accountable for our own actions and answer to the Board of Nursing not the Board of Medicine. The Board of Nursing should independently be able to make changes to our Practice Act according to our education and certification levels.

WV already has a reputation of being behind the times and backward. Let us move forward and make positive changes that will allow the good people of this state to receive the best medical care from professionals who work together to deliver this care. I am going to work with my colleagues to ensure that legislators in this state understand what APNs are contributing to health care. I ask that members of the Board of Medicine support us and not introduce these proposed changes.

Sincerely,

Deborah Casdorph MSN, FNP-C

6/10/2008

RIVER VALLEY HEALTH & WELLNESS CENTER

Facsimile Cover Page

Date:

6-12-08

Time:

3:30

of pages (incl.
Cover):

2

Recipient Information

To:

Laura Rhodes

Attention:

Fax Number:

304-558-3666

Sender Information

From:

River Valley Health & Wellness Center * P.O. Box 157 * Ravenswood, WV 26164

Telephone:

304-273-1033

Fax:

304-273-1034

Name of our staff
sending facsimile

Deborah Casdorph

Message:

Laura - here is a copy of the letter
I faxed to Bom & McWade (I
could not get their E-mails to work)
I am networking with staff & oth
NPs in this area. Deborah

Notice: Confidential Protected Health Information Enclosed

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. As the recipient of this PHI, we ask that you use or maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality may be subject to federal and/or state law limitations and restrictions, including penalties for any such unauthorized use or disclosure.

IMPORTANT: This information is intended for the use of the person or entity to which it is addressed and may not be used or disclosed except as permitted by applicable law. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Deborah Casdorph, MSN, FNP-C
PO Box 157
Ravenswood, WV 26164

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Casdorph:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>; "Cyndy Haynes" <chaynes@state.wv.us>
Sent: Thursday, May 29, 2008 8:13 AM
Subject: FW: Proposed Changes to Limited Prescriptive Authority

-----Original Message-----

From: Mulich, Barbara [mailto:mulichb@wvuh.com]
Sent: Thursday, May 29, 2008 8:03 AM
To: rnboard@state.wv.us
Subject: Proposed Changes to Limited Prescriptive Authority

WV RN Board Members:

The proposed revisions for Limited Prescriptive Authority for Nurses in Advanced Practice are a major step in the right direction. As an APN, certified as FNP and Advanced Certified Palliative and Hospice Nurse, my abilities go far beyond the restrictions imposed by the limited prescriptive authority. Just expanding the use of parental drugs will make my work less cumbersome in the acute hospital setting providing palliative care. It is unfortunate however that the prescribing of schedule II and III cannot be expanded as is the case in neighboring states. I am faced with providing only recommendations to physicians even though they know my knowledge in pain management often exceeds theirs. I must rely on them to then follow through with the actual orders to implement for their patient to receive good pain control which can occur hours to even a day later unless I can reach them by phone and write a verbal order on their behalf.

Sincerely,

Barbara Mulich, MSN, FNP-BC, ACHPN
Palliative Medicine
PO Box 8227
Morgantown, WV 26506-8227
304-598-4446
fax 304-598-4255

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

7/1/2008

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email: rnboard@state.wv.us
web address: www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Barbara Mulich, MSN, FNP-BC, ACHPN
Palliative Medicine
PO Box 8227
Morgantown, WV 26506-8227

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Mulich:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: "Koster, Barbara J." <barbara.koster@camc.org>
To: <lrhodes@state.wv.us>
Sent: Thursday, June 05, 2008 2:24 PM
Subject: WVBOERN support letter.doc

June 6, 2008

Laura Rhodes, MSN,RN
 Executive Dir.
 WVBOERN

Laura,

Our nation faces the critical challenge of providing all Americans with access to quality cost-effective health care. The scope of the problem reveals:

- there are fewer physicians in rural areas in all regions of the US
- health manpower shortages and recruitment and retention of primary care providers are major health concern among state offices of rural health
- 15% of adults in the US do not have a preferred office, clinic, or other place in which they receive care
- Only 10% of physicians in the US practice in rural areas despite the fact that 1/4 of US population live in these areas

WV is the 2nd most rural state in the nation with 64% of the population living in communities of fewer than 2,500. Forty five of the 55 counties are designated as rural. Currently in WV there are 50 HPSA service areas that include all or part of 40 counties. Fifty counties are wholly or partially designated as medically underserved areas.

Despite these challenges, viable solutions exist through increased collaboration and motivating individuals and organizations into action. Groups and organizations working together can accomplish more than any one could achieve separately. There are strong advocates for distinct boundaries among all the health professions – these advocates support the idea that certain patients or conditions are the domain of a particular practitioner. However, I believe traditional boundaries among the roles of health professionals in delivering primary care services are blurring, and rightly so. There is growing recognition of increased effectiveness of ANPs in providing information, managing chronic conditions, and delivery of primary care services. In order to do this, the ANP needs to have less restriction of prescribing ability. The current prescriptive authority does not allow this. The proposed changes that the WVBOERN has outlined in this Legislative Rule should go forward as it is, intact, without any changes. Access to health care will be improved as the ANP will be able to write a prescription for refills on medications for patients thereby canceling unnecessary visits to the office, avoiding costly rescheduling of appointments with a physician for the specific reason to obtain currently restricted medications, and increased availability of a rural health care provider. I am in total support of easing these restrictions on prescriptive practice of ANPs in WV.

Barbara J Koster, MSN, CS-ANP
 Nurse Practitioner

7/1/2008

405 24th St.
Dunbar, WV 25064

Confidentiality Note: The information contained in this message may be privileged and confidential. If this e-mail contains protected health information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank you.

7/1/2008

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email: rnboard@state.wv.us
web address: www.wvrnboard.com



TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Barbara J. Koster, MSN, CS-ANP
405 24th Street
Dunbar, WV 25064

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Koster:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

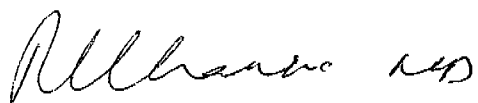
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,



Rajiv Khanna, MD

Raleigh Regional Cancer Center
275 Dry Hill Road
Beckley, WV 25801

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Carla Nalin Cox

Raleigh Regional Care Center
275 Day Hill Road
Beckley, WV 25801

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,


Carl S. Carson MD

Raleigh Regional Cancer Center
275 Dry Hill Road
Beckley, WV 25801

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Nancy S. Lynch FNP-BC
Nancy S. Lynch FNP-BC

Raleigh Regional Cancer Center
275 Dry Hill Road
Beckley, WV 25801

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

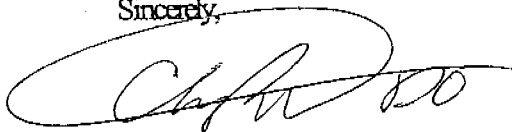
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ch Porterfield", enclosed within a large, loopy oval shape.

Dr Charles Porterfield

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

Kimberly Phillips, RN, MSN, C-FNP

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Raleigh Regional Cancer Center
275 Dry Hill Road
Beckley, WV 25801

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

To Whom It May Concern:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Attention: Rajiv Khanna, MD, Carla Nalin-Cox, Carl S. Larson, MD,
Nancy S. Lynch, FNP-BC, Charles Porterfield, MD
and Kimberly Phillin, RN, MSN, C-FNP

1494 Ravinia Rd
Charleston, WV 25314
July 3rd 2008

WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 201
Charleston, WV 25311

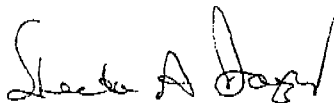
Ms Rhodes:

I am writing to you in support of the proposed changes to prescriptive authority for Advanced Practice nurses in West Virginia.

The current limitations imposed on prescriptive authority affect the quality and cost effective care that Advanced Practice Nurses provide to their patients. The inability to write for certain medications and long term scripts results in increased work for the office or clinic staff which could be devoted to other patients. It also incurs increased cost to the patients when they have to return to the office for a prescription refill and pay for an additional office visit. Many of these patients have limited access to care and resources, which adds to their financial burden.

Many of my colleagues have expressed frustration with these limits and know that patients are the people who ultimately suffer. As Advanced Practice Nurses our goal is to provide timely, safe and cost effective care to our patients.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheila A. Danzer". The signature is fluid and cursive, with a large initial "S" and a stylized "D".

Sheila A Danzer RN, MSN, C-FNP

*** RX REPORT ***

RECEPTION OK

TX/RX NO	7157
DESTINATION TEL #	304 388 5557
DESTINATION ID	
ST. TIME	07/07 09:23
TIME USE	00'35
PGS.	1
RESULT	OK



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 22, 2008

Sheila A. Danzer, RN, MSN, C-FNP
1494 Ravinia Road
Charleston, WV 25314

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Ms. Danzer:

Thank you for your comments regarding the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your support of the proposed changes. As a result of comments received from various organizations and individuals, the Board has made some changes to the proposed rule. These changes include: 1) further defining the requirements for pharmacotherapeutic education for initial application; 2) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 3) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; 4) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

Again, thank you for taking time to review the proposed rule and providing your comments and assistance to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Comments Recommending Changes and Responses
Comments are both in opposition and in support of the
proposed changes.

Damia Hayman CFNP
RR2 Box 510
Leon, WV 25123
April 21, 2008

Hello. I am a Nurse Practitioner from Mason County WV. As you know this part of WV is very rural and the access to healthcare is limited. I wanted to ask you for some help with bringing some much needed updated legislation. I am the main provider of healthcare at a rural health clinic in Gallipolis Ferry, WV. I do have a collaborating physician named Dr Curtis Pack. He has a clinic in Leon and comes to my clinic one day a week. He also saw a need for healthcare in this part of the county and together we are providing the best effective medicine to our patients.

To give the best and most efficient care to my patients Title 19 of the Legislative rules for Registered Professionals, Series 8 Limited Prescriptive Authority for Nurses in Advanced Practice needs to be updated. For clarity this legislation is noted in italic form. These rules are antiquated and many changes to healthcare have occurred since the effective date of June 15 1993. This is 15 yrs ago! Nurse Practitioners are often at the forefront of medicine especially in rural areas. Specifically I need your help with changing rules pertaining to "*19-8-6. Drugs Excluded from Prescriptive Authority.*" There are a few exceptions that I would like to bring to your attention. *b. Anticoagulants* are not allowed to be prescribed. Did you know that aspirin is an anticoagulant and members of the general public can pick this up at any store yet, I as a Nurse Practitioner cannot prescribe this. Does this make sense? I recommend ASA and Plavix be included in medicines that can be prescribed. Coumadin can be managed and refilled by the Nurse Practitioner.

c. Antineoplastics. I recommend an exception to this being 5FU which is a cream applied for the treatment of skin conditions such as actinic keratosis. Which are a precancerous condition and many primary care providers will use this medicine. There is also a medicine called Aldara which is also a medicine for genital warts and this is also a common medicine for primary care to use.

6.2. Drugs listed under schedule III are limited to a 72 hr supply without refill. What about patients with chronic or acute pain and they must return for an office visit every 3 days. This is unnecessary. Nurse Practitioners are safe prescribers and I recommend a 30 day supply with no refill. Just like the schedule II medications.

6.3. The advanced practice nurse practitioner... shall not prescribe drugs from schedule IV through V in excess of 30 days, shall not provide more than five refills, and shall provide that the prescription expires in 6 months. Many patients including yourself probably have a mail away drug prescriptive service where you can have your chronic

medications delivered to your home in 90 day quantities. This saves the patient and insurance company's money. Is it fair that my patients cannot take advantage of these savings? This puts more financial burden on them and also puts me at a disadvantage because even if I am giving excellent care I am not being cost effective.

6.5 The Board may revise the prescribing protocols annually; they shall include the following designated sections. This has not been updated in 15 years!

a. choice of drugs used less commonly in primary care outpatient settings not to be prescribed by advanced nurse practitioners... shall have the following limitations:

A. maximum dosage shall be indicated in the protocol and shall in no cases exceed manufactures average dosage for the drug. I recommend changing this to "Follow FDA Guidelines / Drug manufacturer dosages and indications and no off label usage.

D. The maximum amount of schedule IV or V drugs prescribed shall be no more than 90 units or 30 day supply whichever is less. This does not provide for proper care. Some medications are taken 4 times a day such as a common diabetic medication Glucophage which is written 500 mg 4 times per day so this would be 120 dispensed. There are several examples of medicines like these. I recommend saying to follow FDA dosage guidelines. Again this does not allow patients who have mail order or financial incentives to get 90 day supplies of their medications. It is a disadvantage for these people. When the rules were written in 1994, prescriptions were not generally mail order but now it is the norm.

E. Prescriptions for phenodiazepines and benzodiazepines shall be limited to a 72 hr supply and non-refillable. Nurse practitioners are safe prescribers. We are not going to write medications that are not appropriate. There are many cases that these medications are used in chronic anxiety and there is appropriate usage for these medications. Limiting these to a 72 hr supply is not beneficial to the patient and can become costly with office visits and such. I recommend a 30 day supply without refill.

F. Prescriptions for specific antidepressants, to include tricyclics, MAO inhibitors, and miscellaneous antidepressants of Buprophin, Fluoxetine, Maprotiline, Trazodone, shall be limited to non toxic quantities and be non-refillable. I recommend that Fluoxetine (Prozac), Buprophin- I am unable to find this drug and I am assuming it is Bupropion (Wellbutrin). I recommend that since these are non controlled substances and with the exception of MAO inhibitors which are not standard of care in primary care settings, should be limited to a 30 or 90 day prescription (for those with mail away) and limited to 6 month refills. These are very safe and very much a daily part of all family practice and have been utilized much more from when these medications were first arriving in the early 1990's. These medications were new in 1994 when these guidelines were written but now they are standard of care and need to be updated to reflect this.

G. Prescriptions for non-controlled substances of antipsychotics and sedatives prescribed by the advanced practice nurse ...should not exceed the manufacturers

recommendation of average therapeutic dosage for that drug, shall not exceed the quantity necessary for a 30 day supply, shall provide no more than 5...refills and shall expire in 6 months. This passage of legislation is so confusing. First of all in the above passage in "F" the drug Trazodone is a sedative also but in "F" it is non-refillable. These passages of "F and G" do not have to be so confusing. **These are non-controlled substances.** Why is the State of WV limiting these drugs more than the FDA does? These medications are safe and very common in family practice. Why limit like this? Nurse practitioners are very capable in treating mild to moderate anxiety and depression and should be allowed to do so. I recommend that the refills be for 30 or 90 days and be refillable for 6 months.

6.8 The form of prescriptions should be shall comply with all state and federal laws and regulations.

H. The Drug Enforcement Agency number of the prescriber.

d. An Advanced Nurse Practitioner ... shall not prescribe refills of controlled substances unless the refill prescription is in writing. This contradicts what has been previously stated in article 6.5 D, E, F, and G. These state no refills and this says only if in writing. Which is it? I recommend that these medications be either called into pharmacy or be allowed to be given in 30 day supply limits. Only the "controlled substances" should be limited like this.

Lastly, article 7.11. *An Advanced Nurse Practitioner ... with prescriptive authority shall not delegate the prescribing of drugs to another person.* It is a very common practice for Doctors and Nurse Practitioners to tell office staff what to call in to pharmacy when the Nurse Practitioner is busy seeing patients. This is an appropriate and very safe way of practice. It should be allowed for Nurse Practitioners in West Virginia to also practice like this. It is a poor use of resources for the Nurse Practitioner to be placed on hold to make that call to the pharmacist. Last year I saw over 4000 patients and saw approximately 8000 charts a year. This includes patient's lab results; consult reports, insurance papers but the majority being patients who needed drug refills. It would be impossible for me to call in 50+ patient refills daily.

As I have proven, the laws of 1994 are antiquated and need updated to best utilize healthcare and financial resources. My main concern is to change non-controlled medications for a 90 day supply so my patients can utilize and save money through their mail- away programs. Improve confusion on what can and can be written and clarify what the board says is a controlled drug. As I have shown you Zoloft and Wellbutrin are not controlled and are used every day in family practice for mild to moderate anxiety and depressive disorders but according to the Board they are not refillable but then in another paragraph it says can have refills but only if in written form. Which is it?

A Nurse Practitioner has excellent training, and in family practice can give as good or better care as another family practice physician but due to legislation restrictions are unable to do so. Many Physicians look at Nurse Practitioners as competition for the

healthcare dollar. It should not be this way. We are just another member of the healthcare team. The American Medical Association doesn't want Nurse Practitioners to be independent. Why? Because we are often better patient educators, and make patients more active in their healthcare decisions. The government and commercial insurances think enough of our health care practices to pay us at times 100% reimbursement that a physician would make. I do not understand why WV does not embrace Nurse Practitioners. We are such a rural state that healthcare is very limited in so many areas.

I also want you to know that there is a very common practice of "paying" the collaborative physician a fee either by productivity shares or in a monthly fee to attain a collaborative physician. I know many Nurse Practitioners who never see their collaborative physician and certainly their patients do not benefit from this doctor. Yet this physician gets up wards of 20-30 K per year just to be this collaborative physician. I have been very fortunate and have not had to partake in such wasteful financial practices. This is just another fee that is passed onto the healthcare system.

I am enclosing a copy of the proposed legislation changes and four pamphlets provided by the American Academy of Nurse Practitioners which provides evidence that Nurse Practitioners are very effective in providing good, prudent, cost effective, evidence based medicine. Can I please count on your support? I would love for you to visit me at my clinic, meet my patients. Better yet, go independently and go anonymously to a Nurse Practitioner and prove for yourself we are safe and effective health care providers.

Thank you for your time.

A handwritten signature in black ink, reading "MM Hayman C-FNP". The signature is written in a cursive, flowing style.

MM Damia Hayman C- FNP

Proposed Rule Change

Limited Prescriptive Authority for Nurses in Advanced Practice

The Purpose of the Rule Change: To remove unnecessary and burdensome barriers to health care access and quality through easing restrictions on prescriptive practice of advanced nurse practitioners.

An Overview: Proposed changes in the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice* aims to improve health care of West Virginia citizens by making patient-centered, health care more accessible and affordable by reducing duplication of services, unnecessary paperwork, and regulatory burden, and to more closely align health care services with federal regulations and national scope of practice statements.

The Current Rule: The current rule, while allowing advanced nurse practitioners to practice, also creates unnecessary burdens on patients, physicians, nurse practitioners, and the state of West Virginia.

- **Restriction of drug classes:** Our existing rule restricts the kind and amount of certain primary care medications that the nurse practitioner can prescribe. For example, antidepressants and certain pain medications, which are common and appropriate drugs for nurse practitioners in primary care, are restricted.
- **Restriction of drug formulations:** Our existing rule prohibits nurse practitioners from prescribing most injectable drugs. This significantly impairs their ability to order immunizations, injectable antibiotics, injectable contraceptives, and so forth—all appropriate for nurse practitioners in primary care.
- **Restriction of drug refills:** The rule also restricts the number of refills that a nurse practitioner may prescribe.

Who will Benefit from the rule change?

- **The rule change will benefit patients in the following ways:**
 - It will improve access to health care services.
 - Patients will not need to make extra visits to get refills
 - Patients will not need to make unnecessary appointments with physicians for medications that are currently restricted
 - More nurse practitioners will be available and appointments will be easier to get since this rule will make their workdays more time efficient
 - Reduction in the unnecessary burden of the present rule will reduce the overall cost of health care—a cost that should be passed on to all WV citizens
 - It will allow patients with certain health care plans to receive mail-order medications.
 - Patients, such as those with AARP medication coverage, will be able to receive multi-month prescriptions
 - It will allow nurse practitioners to honor existing state and federal laws and best-practice guidelines
 - Family planning patients will be able to receive year-long supplies of contraceptives as is stipulated in current regulations
 - Children will be able to receive immunizations as required by professional and government guidelines
 - It will allow nurse practitioners to more effectively treat primary care mental health problems such as depression and anxiety
 - Patients will be able to receive efficient, holistic primary care from one provider since restrictions on primary care mental health drugs will be eased

➤ **The rule change will benefit physicians in the following ways:**

- Financially
 - Decreased paperwork translates to more time, which equals more income.
 - Unnecessary, duplicative patient visits will be decreased
 - Physicians who employ nurse practitioners will benefit from the nurse practitioners' increased profitability

➤ **The rule change will benefit the State of West Virginia in the following ways:**

- Cost
 - The state is a third-party payer. Reducing paperwork, reducing unnecessary visits, and increasing provider efficiency will decrease the cost of public health care programs.
 - Some state programs reimburse patients for mileage to health care appointments. With a decrease in the number of health care visits, the state will save money.
 - Administrative costs of the current system would be reduced.
- Improved health care of citizens
 - Increased efficiency will essentially increase the number of licensed independent providers in the state. This is especially important in the rural and underserved areas that many nurse practitioners serve.
 - Increased efficiency will help to fill in the gaps of the current MD shortage

Prepared by: Alvita Nathaniel, PhD, FNP-BC

Proof/Evidence of value
of NP's for overall effective
healthcare
for our
Patients

American Academy
of
Nurse Practitioners

We are as
effective as
physicians?
In many cases
Better!

Quality of Nurse Practitioner Practice


Administration

P.O. Box 12846 • Austin, TX 78711
p 512.442.4262 • f 512.442.6469
www.aanp.org

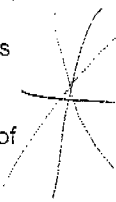
Office of Health Policy

P.O. Box 40130 • Washington, DC 20016
p 202.966.6414 • f 202.966.2856

Quality of Nurse Practitioner Practice



Nurse practitioners (NPs) are high quality health care providers who practice in primary care, ambulatory, acute care, specialty care, and long-term care. They are registered nurses with specialized advanced education and clinical competency to provide health and medical care for diverse populations in a variety of settings. A graduate degree is required for entry-level practice. The NP role was created in 1965. For over 40 years, research has consistently demonstrated the high quality of care provided by NPs. The body of evidence regarding the quality of NP practice supports that NP care is at least equivalent to that of physician care. This paper provides a summary of a number of important reports of research supporting the NP, the majority of which are published by observers and researchers outside of the discipline of nursing.



Avorn, J., Everitt, D.E., & Baker, M.W. (1991). The neglected medical history and therapeutic choices for abdominal pain. A nationwide study of 799 physicians and nurses. *Archives of Internal Medicine*, 151 (4), 694-698.

A sample of 501 physicians and 298 NPs participated in a study by responding to a hypothetical scenario regarding epigastric pain in a patient with endoscopic findings of diffuse gastritis. They were able to request additional information before recommending treatment. Adequate history-taking resulted in identifying use of aspirin, coffee, cigarettes, and alcohol, paired with psychosocial stress. Compared to NPs, physicians were more likely to prescribe without seeking relevant history. NPs, in contrast, asked more questions and were less likely to recommend prescription medication.

Brown, S.A. & Grimes, D.E. (1995). A meta-analysis of nurse practitioners and nurse midwives in primary care. *Nursing Research*, 44 (6) 332-9.

A meta-analysis of 38 studies comparing a total of 33 patient outcomes of NPs with those of physicians demonstrated that NP outcomes were equivalent to or greater than those of physicians. NP patients had higher levels of compliance with recommendations in studies where provider assignments were randomized and when other means to control patient risks were used. Patient satisfaction and resolution of pathological conditions were greatest for NPs. The NP and physician outcomes were equivalent on all other outcomes.

Congressional Budget Office (1979). Physician extenders: Their current and future role in medical care delivery. Washington, D.C.: US Government Printing Office.

As early as 1979, the Congressional Budget Office reviewed findings of the numerous studies of NP performance in a variety of settings and concluded that NPs performed as well as physicians with respect to patient outcomes, proper diagnosis, management of specified medical conditions, and frequency of patient satisfaction.

Cooper, M.A., Lindsay, G.M., Kinn, S., Swann, I.J. (2002). Evaluating emergency nurse practitioner services: A randomized controlled trial. *Journal of Advanced Nursing*, 40 (6).

A study of 199 patients randomly assigned to emergency NP-led care or physician-led care in the U.K. demonstrated the highest level of satisfaction and clinical documentation for NP care. The outcomes of recovery time, symptom level, missed work, unplanned follow-up, and missed injuries were comparable between the two groups.

Ettner, S.L., Kotlerman, J., Abdelmonem, A., Vazirani, S., Hays, R.D., Shapiro, M., Cowan, M. (2006). An alternative approach to reducing the costs of patient care? A controlled trial of the multi-disciplinary doctor-nurse practitioner (MDNP) model. *Medical Decision Making*, 26, 9-17.

Significant cost savings were demonstrated when 1207 patients in an academic medical center were randomized to either standard treatment or to a physician-NP model.

Horrocks, S., Anderson, E., Salisbury, C. (2002). Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *BMJ*, 324, 819-823.

A systematic review of 11 randomized clinical trials and 23 observational studies identified data on outcomes of patient satisfaction, health status, cost, and/or process of care. Patient satisfaction was highest for patients seen by NPs. The health status data and quality of care indicators were too heterogeneous to allow for meta-analysis, although qualitative comparisons of the results reported showed comparable outcomes between NPs and physicians. NPs offered more advice/information, had more complete documentation, and had better communication skills than physicians. NPs spent longer time with their patients and performed a greater number of investigations than did physicians. No differences were detected in health status, prescriptions, return visits, or referrals. Equivalency in appropriateness of studies and interpretations of x-rays were identified.

Larkin, H. (2003). The case for nurse practitioners. Hospitals and Health Networks Aug 2003, 54-59.

The author describes compelling statistics supporting the case of NPs, including several studies demonstrating decreased inpatient days, decreased ventilator days, improved heart failure outcomes, and decreased complications such as skin lesions, urinary tract infections, and pneumonia.

Laurant, M., Reeves, D., Hermens, R., Braspenning, J., Grol, R., & Sibbald, B. (2006). Substitution of doctors by nurses in primary care. Cochrane Database of systematic reviews. 2006, Issue 1.

This meta-analysis included 25 articles relating to 16 studies comparing outcomes of primary care nurses (nurses, NPs, clinical nurse specialists, or advance practice nurses) and physicians. The quality of care provided by nurses was as high as that of the physicians. Overall, health outcomes and outcomes such as resource utilization and cost were equivalent for nurses and physicians. The satisfaction level was higher for nurses. Studies included a range of care delivery models, with nurses providing first contact, ongoing care, and urgent care for many of the patient cohorts.

Lenz, E.R., Mundinger, M.O., Kane, R.L., Hopkins, S.C., & Lin, S.X. (2004). Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up. Medical Care Research and Review 61 (3), 332-351.

The outcomes of care in the study described by Mundinger, et al in 2000 (see below) are further described in this report including two years of follow-up data, confirming continued comparable outcomes for the two groups of patients. No differences were identified in health status, physiologic measures, satisfaction, or use of specialist, emergency room, or inpatient services. Patients assigned to physicians had more primary care visits than those assigned to NPs.

Lin, S.X., Hooker, R.S., Lenz, E.R., Hopkins, S.C. (2002). Nurse practitioners and physician assistants in hospital outpatient departments, 1997-1999. Nursing Economics, 20 (4), 174-179.

Data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) were used to identify patterns of NP and PA practice styles. NPs were more likely to see patients alone and to be involved in routine examinations, as well as care directed towards wellness, health promotion, disease prevention, and health education than PAs, regardless of the setting type. In contrast, PAs were more likely to provide acute problem management and to involve another person, such as a support staff person or a physician.

Mundinger, M.O., Kane, R.L., Lenz, E.R., Totten, A.M., Tsai, W.Y., Cleary, P.D., Friedewald, W.T., Siu, A.L., & Shelanski, M.L. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians: A randomized trial. JAMA, 283 (1), 59-68.

The outcomes of care were measured in a study where patients were randomly assigned either to a physician or to an NP for primary care between 1995 and 1997, using patient interviews and health services utilization data. Comparable outcomes were identified, with a total of 1316 patients. After six months of care, health status was equivalent for both patient groups, although patients treated for hypertension by NPs had lower diastolic values. Health service utilization was equivalent at both 6 and 12 months and patient satisfaction was equivalent following the initial visit. At six months, physicians rated higher on one component of the satisfaction scale.

Office of Technology Assessment (1986). Nurse practitioners, physician assistants, and certified nurse midwives: A policy analysis. Washington D.C.: US Government Printing Office.

The Office of Technology Assessment reviewed studies comparing NP and physician practice, concluding that, "NPs appear to have better communication, counseling, and interviewing skills than physicians have." (p. 19) and that malpractice premiums and rates supported patient satisfaction with NP care, pointing out that successful malpractice rates against NPs remained extremely rare.

Prescott, P.A. & Driscoll, L. (1980). Evaluating nurse practitioner performance. Nurse Practitioner, 1 (1), 28-32.

The authors reviewed 26 studies comparing NP and physician care, concluding that NPs scored higher in many areas. These included: amount/depth of discussion regarding child health care, preventative health, and wellness; amount of advice, therapeutic listening, and support offered to patients; completeness of history and follow-up on history findings; completeness of physical examination and interviewing skills; and patient knowledge of the management plan given to them by the provider.

Roblin, D.W., Becker, R., Adams, E.K., Howard, D. H., & Roberts, M.H. (2004). Patient satisfaction with primary care: Does type of practitioner matter? *Medical Care*, 42 (6), 579-590.

A retrospective observational study of 41,209 patient satisfaction surveys randomly sampled between 1997 and 2000 for visits by pediatric and medicine departments identified higher satisfaction with NP and/or PA interactions than those with physicians, for the overall sample and by specific conditions. The only exception was for diabetes visits to the medicine practices, where the satisfaction was higher for physicians.

Sackett, D.L., Spitzer, W. O., Gent, M., & Roberts, M. (1974). The Burlington randomized trial of the nurse practitioner: Health outcomes of patients. *Annals of Internal Medicine*, 80 (2), 137-142.

A sample of 1598 families were randomly allocated, so that two-thirds continued to receive primary care from a family physician and one-third received care from a NP. The outcomes included: mortality, physical function, emotional function, and social function. Results demonstrated comparable outcomes for patients, whether assigned to physician or to NP care. Details from the Burlington trial were also described by Spitzer, et al (see below).

Safriet, B. J. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. *Yale Journal on Regulation*, 9 (2).

The full Summer 1992 issue of this journal was devoted to the topic of advanced practice nursing, including documenting the cost-effective and high quality care provided, and to call for eliminating regulatory restrictions on their care. Safriet summarized the OTA Study concluding that NP care was equivalent to that of physicians and pointed out that 12 of the 14 studies reviewed in this report which showed differences in quality reported higher quality for NP care. Reviewing a range of data on NP productivity, patient satisfaction, and prescribing, and data on nurse midwife practice, Safriet concludes, "APNs are proven providers, and removing the many barriers to their practice will only increase their ability to respond to the pressing need for basic health care in our country." (p. 487).

Spitzer, W.O., Sackett, D.L., Sibley, J.C., Roberts, M., Gent, M., Kergin, D.J., Hackett, B.D., & Olynich, A. (1974). The Burlington randomized trial of the nurse practitioner. *NEJM*, 290 (3), 252-256.

This report provides further details of the Burlington trial, also described by Sackett, et al (see above). This study involved 2796 patients being randomly assigned to either one of two physicians or to an NP, so that one-third were assigned to NP care, from July 1971 to July 1972. At the end of the period, physical status and satisfaction were comparable between the two groups. The NP group experienced a 5% drop in revenue, associated with absence of billing for NP care. It was hypothesized that the ability to bill for all NP services would have resulted in an actual increased revenue of 9%. NPs functioned alone in 67% of their encounters. Clinical activities were evaluated and it was determined that 69% of NP management was adequate compared to 66% for the physicians. Prescriptions were rated adequate for 71% of NPs compared to 75% for physicians. The conclusion was that "a nurse practitioner can provide first-contact primary clinical care as safely and effectively as a family physician." (p. 255)

Position Statement on Nurse Practitioner Prescriptive Privilege

Why we need rx
auth

American Academy
of
Nurse Practitioners

The American Academy of Nurse Practitioners advocates that nurse practitioners have unlimited prescriptive authority (this include dispensing privileges) in their scope of practice.

Nurse practitioners are licensed independent advanced practice nurses who have completed a formal educational program beyond that of the registered nurse (AANP, 2007). Nurse practitioners have advanced education in pathophysiology, pharmacology and clinical diagnosis and treatment that prepares them to diagnose and prescribe medications and treatments in their specialty area. Nurse practitioners make independent and collaborative decisions about the health care needs of individuals, families, and groups across the life span.

Four decades of research conclude that nurse practitioners provide safe, cost-effective, high-quality health care. Prescribing medications and devices is essential to the nurse practitioner's practice. Restrictions on prescriptive authority limit the ability of nurse practitioners to provide comprehensive health care services.

Nurse practitioners are regulated by State Boards of Nursing or other State designated agencies. Nurse practitioners serve as state board of nursing members and as advisory councils for advanced practice nurses. This process promotes public safety and competent nurse practitioner practice.

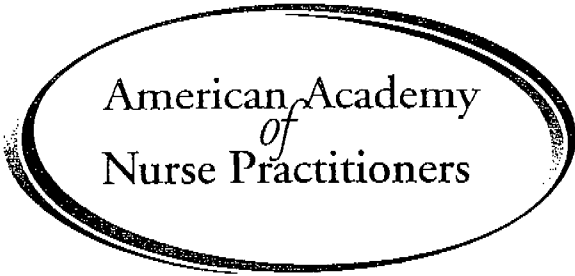
The American Academy of Nurse Practitioners recommends that state boards of nursing regulate nurse practitioner practice and prescriptive authority. The American Academy of Nurse Practitioners also advocates that nurse practitioners be nationally certified and obtain annual continuing educational credits in pharmacology.

The ability of nurse practitioners to prescribe, without limitation, legend and controlled drugs, devices, adjunct health/medical services, durable medical goods, and other equipment and supplies is essential to provide cost-effective, quality health care for the diverse populations they serve across the life span.

Administration
P.O. Box 12846
Austin, TX 78711
p 512.442.4262
f 512.442.6469
www.aanp.org

Office of Health Policy
P.O. Box 40130
Washington, DC 20016
p 202.966.6414
f 202.966.2856

- *
① Please help to amend the restrictions on NP practice now. Specifically Class III-V and legend drugs 90 day supply for P's to utilize Rx drug mail order benix
② ability to delegate staff to call Rx to pharmacy - this is a tedious, time
- © American Academy of Nurse Practitioners, 1992
Revised 1993, 1998, 2002, 2007



American Academy
of
Nurse Practitioners

Nurse Practitioner Cost-Effectiveness

Administration

P.O. Box 12846 • Austin, TX 78711

p 512.442.4262 • f 512.442.6469

www.aanp.org

Office of Health Policy

P.O. Box 40130 • Washington, DC 20016

p 202.966.6414 • f 202.966.2856

Cost-Effectiveness

Nurse Practitioners (NPs) are a proven response to the evolving trend towards wellness and preventive health care driven by consumer demand. For over four decades, NPs have been proven to be cost-effective providers of high-quality care.

Over 25 years ago, the Office of Technology Assessment (1981) conducted an extensive case analysis of NP practice and reported that NPs provided equivalent or improved medical care at a lower total cost than physicians. The authors determined that NPs could manage up to 80% of adult primary care and 90% of pediatric primary care needs at that time. NPs in a physician-practice were found to have the potential to decrease the cost per patient visit by as much as one-third, particularly when seeing patients in an independent, rather than complementary manner. Since that time, continued reports have supported ongoing cost-effectiveness of NP practice. When OTA later re-examined the role of NP practice, the positive analysis was confirmed (OTA, 1986)

In 1981, the OTA reported that the hourly cost of an NP was one-third to one-half the cost of a physician. The median total compensation for primary care physicians in 2004 ranged from \$130,000 to \$208,700, depending on type and size of practice (Lowes, 2005). The median 2004 salary for NPs across all specialties who practiced full-time was \$71,000, with a mean of \$73,630. (AANP, 2004). NP preparation currently costs 20-25% that of physician preparation (AACN, 2000). When productivity measures, salaries, and costs of education are considered, NPs are cost-effective providers of health services.

A recent study of 26 capitated primary care practices with approximately two million visits by 206 providers determined that the practitioner labor costs per visit and total labor costs per visit were lower in practices where NPs and physician assistants (PA) were used to a greater extent (Roblin et al, 2004).

A cost analysis comparing the cost of providing services at an NP managed center for homeless clients with other community alternatives showed earlier and less costly interventions by the NP managed center (Hunter, et al, 1999). NPs delivering care in Tennessee's state-managed MCO, TennCare, delivered health care at 23% below the average cost of other primary care providers with a 21% reduction in hospital inpatient rates and 24% lower lab utilization rates compared to physicians ((Spitzer, 1997). Jenkins & Torrisi (1995) performed a one-year study comparing a family practice physician managed practice with an NP managed practice within the same managed care organization. The NP managed practice had 43% of the total emergency department visits, 38% of the inpatient days, and a total annualized per member monthly cost that was 50% that of the physician practice.

A study conducted in a large HMO setting found that adding an NP to the practice could virtually double the typical panel of patients seen by a physician. The projected increase in revenue was \$1.28 per member per month, or approximately \$1.65 million per 100,000 enrollees per year (Burl, Bonner, & Rao, 1994).

Chenowith et al (2005) analyzed the health care costs associated with an innovative on-site NP practice for over 4000 employees and their dependents. Compared with claims from earlier years, the NP care resulted in significant savings of \$.8 to 1.5 million, with a benefit-to-cost ratio of up to 15 to 1. Paez and Allen (2006) compared NP and physician management of hypercholesterolemia following revascularization. Patients in the NP-managed group were more likely to achieve their goals and comply with prescribed regimen, with decreased drug costs.

When comparing the cost of physician-only teams with the cost of a physician-NP team in a long-term care facility, the physician-NP team's cost were 42% lower for the intermediate and skilled care residents and 26% lower for those with long-term stays. The physician-NP teams also had significantly lower rates of emergency department transfers, shorter hospital lengths of stays, and fewer specialty visits (Hummel & Pirzada, 1994).

A collaborative NP/physician team was associated with decreased length of stay and costs and higher hospital profit, with similar readmission and mortality rates (Cowan et al, 2006; Ettner et al, 2006). Larkin (2003) cites a number of studies supporting decreased costs, complication rates, and lengths of stay associated with NP-managed care. For instance, he cites University of Virginia health System's 1999 introduction of an NP model in the area of neuroscience, resulting in over \$2.4 million savings the first year and a return on investment of 1600 percent. The NP model has been expanded in this system, with similar savings and improved outcomes documented. Another example cited includes an NP model introduced at Loyola University Health System's cardiovascular area, with a decrease in mortality from 3.7% to 0.6% and over 9% decreased cost per case (from \$27,037 to \$24,511).

In addition to absolute cost, other factors are important to health care cost-effectiveness. These include illness prevention, health promotion, and outcomes. See Documentation of Quality of Nurse Practitioner Practice (AANP, 2007) for further discussion.

References

- AACN (2000). Nurse Practitioners: The Growing Solution in Health Care Delivery. Accessed online at: <http://www.aacn.nche.edu/Media/FactSheets/npfact.htm>.
- AANP (2004). 2004 national NP sample survey, Part III: NP income and benefits. *JAANP*, 18 (1), 2-5.
- AANP (2007). *Documentation of Quality of Nurse Practitioner Care*. Available online at: www.aanp.org.
- Burl, J., Bonner, A., Rao, M. (1994). Demonstration of the cost-effectiveness of a nurse practitioner/physician team in primary care teams. *HMO Practice*, 8 (4), 156-7.
- Chenowith, D., Martin, N., Pankowski, J., & Raymond, L.W. (2005). A benefit-cost analysis of a worksite nurse practitioner program: First impressions. *Journal of Occupational and Environmental Medicine*, 47 (11), 1110-6.
- Cowan, M.J., Shapiro, M., Hays, R.D., Afifi, A., Vazirani, S., Ward, C.R., et al (2006). The effect of a multidisciplinary hospitalist/physician and advanced practice nurse collaboration on hospital costs. *The Journal of Nursing Administration*, 36 (2), 79-85.
- Ettner, S.L., Kotlerman, J., Abdemonem, A., Vazirani, S., Hays, R.D., Shapiro, M., et al (2006). An alternative approach to reducing the costs of patient care? A controlled trial of the multi-disciplinary doctor-nurse practitioner (MDNP) model. *Medical Decision Making*, 26, 9-17.
- Hummel, J., Pirzada, S. (1994). Estimating the cost of using non-physician providers in an HMO: where would the savings begin? *HMO Practice*, 8 (4), 162-4.
- Hunter, J., Ventura, M., & Kearns, P. (1999). Cost analysis of a nursing center for the homeless. *Nursing Economics*, 17 (1), 20-8.
- Jenkins, M. & Torrisi, D. (1995). NPs, community nursing centers and contracting for managed care. *Journal of the American Academy of Nurse Practitioners*, 7 (3), 119-23.
- Larkin, H. (2003). The case for nurse practitioners. *Hospitals and Health Networks*. Aug 2003, 54-59.
- Lowes, R. (2005). Exclusive survey: The earnings freeze-now it's everybody's problem. *Medical Economics*, Sept 16, 2005.
- Office of Technology Assessment (1981). *The Cost and Effectiveness of Nurse Practitioners*. Washington, DC: US Government Printing Office.
- Office of Technology Assessment (1986). *Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives: A Policy Analysis*. Washington, DC: US Government Printing Office.
- Paez, K. & Allen, J. (2006). Cost-effectiveness of nurse practitioner management of hypercholesterolemia following coronary revascularization, *JAANP*, 18 (9), 436-444.
- Roblin, D.W., Howard, D.H., Becker E.R., Adams, E., & Roberts, M.H. (2004). Use of midlevel practitioners to achieve labor cost savings in the primary care practice of an MCO. *Health Services Research*, 39 (3), 607-26.
- Spitzer, R. (1997). The Vanderbilt experience. *Nursing Management*, 28 (3), 38-40.

Laura S. Rhodes, M.S.N., R.N.
Executive Director



email: rnboard@state.wv.us
web address: www.wvrnboard.com

TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

**STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES**

101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 30, 2008

Damia Hayman, RN, CFNP
RR2 Box 510
Leon, WV 25123

Re: Proposed Rule, 19 CSR 8 Limited Prescriptive Authority

Dear Physicians of the Mid-Ohio Valley Medical Group, Inc:

Thank you for your comments fully supporting the proposed changes to 19 CSR 8 Limited Prescriptive Authority. The West Virginia Board of Examiners for Registered Professional Nurses (Board) found them helpful and appreciates your taking time to send them.

Some of the changes made to the proposed rule after a review of the comments include: 1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Board also wants to respond to some of the other suggestions you made. Regarding anticoagulants and antineoplastics, these restrictions are in the current law which the Board is not changing at this time. Therefore, they cannot be excluded from the rule. Regarding 7.11 relating to "And Advanced Nurse Practitioner. . . with prescriptive authority shall no delegate the prescribing of drugs to another person", this section has been reviewed by the Board and an interpretative statement issued. This section of the rule does not preclude the advanced practice nurse or certified nurse midwife from delegating the phoning in or faxing of a prescription written by the advanced practice nurse or certified nurse midwife. This statement means that the act of prescribing may not be delegated to another by the advanced practice nurse or certified nurse midwife. Many if not all of the other changes you recommended have been incorporated in the proposed rule.

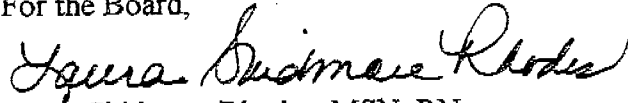
The Agency Approved Rule will be available for review on the Board's web site at www.wvrnboard.com as soon as it is filed with the Secretary of State. This should occur by the end of next week.

P9age 2

RxA Proposed Rule

Again, thank you for taking time to review the proposed rule and providing your suggestions and comments of support to the Board.

For the Board,

A handwritten signature in cursive script, reading "Laura Skidmore Rhodes". The signature is written in dark ink and is positioned above the printed name and title.

Laura Skidmore Rhodes, MSN, RN
Executive Director

laurarhodes

From: <nafa2@aol.com>
To: <lrhodes@state.wv.us>
Sent: Thursday, March 20, 2008 1:26 PM
Subject: Re: FNP Rx Privileges

Dear Laura,

Psychotropic medications are meds that need to be prescribed only by people that are trained to treat and manage all aspects of Psychiatric problems. While it is appropriate for FNP to be able to write Rx for a specific periods of time it is not proper to remove the restrictions that are already in place at present and be allowed to continue prescribing on an indifinate basis without consultation with a Psychiatrist. There should be clear limits on the dosages and amounts. The current legislation is in place for good reason and should not be changed. This is particularly important in view of the high number of people dying on prescription medications.

Ahmed Faheem

-Original Message-----

From: laurarhodes <lrhodes@state.wv.us>
 To: Steve McElroy <smcelroy@wvnurses.org>; Alice R Faucett <afaucett@state.wv.us>; Alvita Nathaniel <anathaniel@hsc.wvu.edu>; Amy Tolliver <amy@wvsma.com>; BaldwinE@wvuh.com; Barbara Koster <barbara.koster@camc.org>; Beth Baldwin <elbrn6e21@msn.com>; Pamela Alderman <PAMA@southern.wvnet.edu>; Linda Williams <lrwcra@cs.com>; Judy Nystrom <judynystrom@wvdhhr.org>; Diana Boyle <BMTEER@aol.com>; Cynthia Armstrong Persily <cpersily@hsc.wvu.edu>; Robin Walton <WALTON@MARSHALL.EDU>; Bob Knittle <bobknittle@wvdhhr.org>; David Potters <dpotters@wvbop.com>; Deborah Rodecker <deborahrodecker@wvdhhr.org>; Delegate Barbara Hatfield <hatfield@mail.wvnet.edu>; Delegate Don Perdue <dperdue@mail.wvnet.edu>; Dr. Ahmed Faheem <nafa2@aol.com>; Dr. Alex Skaff <askaff1ace@aol.com>; Dr. Dave Avery <drdaveavery@verizon.net>; Dr. Elizabeth Spangler <elizabeth.spangler@camc.org>; Gerry Stover <gerry.stover@wvaafp.org>; Jeff Johnson <jjohnso1@mail.wvnet.edu>; Sam Cotton <scotton@hsc.wvu.edu>; Senator D Foster <kathyfoster@suddenlink.net>; Senator Daniel Foster <dfoster@mail.wvnet.edu>; Senator Evan Jenkins <evan@wvsma.com>; Senator Jon Hunter <senhunter@mountain.net>; Senator Ron D. Stollings <rdstoll@mail.wvnet.edu>; Thom Stevens <Stevensgrs@aol.com>
 Sent: Wed, 19 Mar 2008 2:29 pm
 Subject: Clarification of Meeting Date

Dear Group,

The Stakeholder Meeting will be at 2:00 PM tomorrow, Thursday, March 20, 2008. We look forward to seeing you there.

Laura

Laura Skidmore Rhodes, MSN, RN
 Executive Director

West Virginia Board of Examiners
 for Registered Professional Nurses
 101 Dee Drive, Suite 102
 Charleston, WV 25311-1620

3/20/2008

laurarhodes

From: "laurarhodes" <lrhodes@state.wv.us>
To: "Dr. Ahmed Faheem" <nafa2@aol.com>
Sent: Thursday, July 24, 2008 4:23 PM
Subject: Proposed Changes to Limited Prescriptive Authority for Nurses in Advanced Practice

Dear Dr. Faheem:

Thank you for the comments related to the above referenced rule. They were very educational and helpful to the West Virginia Board of Examiners for Registered Professional Nurses (Board). As a result of comments received, some changes were made to the proposed rule. The full document will be posted on the Board's web site at www.wvrnboard.com after it is filed with the Secretary of State. We anticipate this to occur prior to August 1, 2008.

Some of the changes made to the proposed rule after a review of the comments include: 1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

Again, thank you for taking time to offer your comments. Should you have any questions about the proposed rule or desire more information I welcome the opportunity to talk with you about them.

For the Board,

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura Skidmore Rhodes, MSN, RN

7/24/2008

Executive Director

West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Phone: (304) 558-3596
e-mail: rnboard@state.wv.us
web: www.wvrnboard.com

laurarhodes

From: "RNBoard" <rnboard@state.wv.us>
To: "laura rhodeswork" <lrhodes@state.wv.us>
Sent: Monday, May 05, 2008 10:52 AM
Subject: FW: W Va Code '30-7-1 changes

-----Original Message-----

From: Junemarie Williams [mailto:junemarie_williams@yahoo.com]
Sent: Monday, May 05, 2008 10:44 AM
To: rnboard@state.wv.us
Subject: W Va Code '30-7-1 changes

Board Rule changes.

The last line of the WV series 8 proposed changes is not making any sense.

8.1. The Board _____ may subject to legislative approval to adopt and revise such rules and/or policies as may be necessary to enable it to carry into effect the provisions of W. Va. Code '30-7-1 et seq.

I think it should read,
The Board may, subject to legislative approval, adopt and revise such rules and/or carry into effect the provisions of W.Va. Code '30-7-1 et seq.

Junemarie William, MSN, FNP-BC
Minnie Hamilton Health Care Center
Glenville, WV 26351
304-462-7322

Junemarie Williams, MSN, APRN
Student - Walden University
PSYC 6225 & PSYC 8728 online
1013 Rafferty Road
Weston, WV 26452

H: 304-269-2014 Before 9pm
W: 304-462-7322 Mon, Wed, Fri
W: 304-462-8500 Tues & Thurs

7/1/2008

laurarhodes

From: "laurarhodes" <lrhodes@state.wv.us>
To: <junemarie_williams@yahoo.com>
Sent: Thursday, July 24, 2008 2:28 PM
Subject: Prescriptive Authority Proposed Changes

Dear Ms. Williams:

Thank you for the comment related to 19CSR 8 Limited Prescriptive Authority for Nurses in Advanced Practice. It was very to the West Virginia Board of Examiners for Registered Professional Nurses (Board). As a result of comments received, some changes were made to the proposed rule. The full document will be posted on the Board's web site at www.wvrnboard.com after it is filed with the Secretary of State. We anticipate this to occur prior to August 1, 2008.

Some of the changes made to the proposed rule after a review of the comments include: 1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

Again, thank you for taking time to offer your comments. Should you have any questions about the proposed rule or desire more information I welcome the opportunity to talk with you about them.

For the Board,

Laura Skidmore Rhodes, MSN, RN
Executive Director

Laura Skidmore Rhodes, MSN, RN

7/24/2008

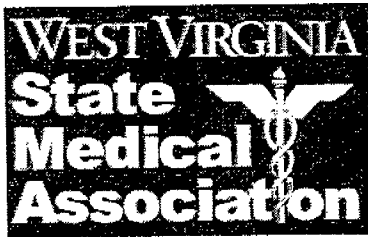
Executive Director

West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Phone: (304) 558-3596

e-mail: rnboard@state.wv.us

web: www.wvrnboard.com



WEST VIRGINIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR WEST VIRGINIA

June 30, 2008

Laura Skidmore Rhodes, MSN, RN
Executive Director
West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

**RE: Comment on proposed rule 19-CSR-8 Limited Prescriptive Authority for Nurses in
Advanced Practice**

Dear Ms. Rhodes,

On behalf of the West Virginia State Medical Association (WVSMA) and the West Virginia Academy of Family Physicians (WVAFP) we are submitting comment to your proposed rule which modifies and expands the limited prescriptive authority for advanced practice nurses. We would like to start by thanking you and the entire Board of Nurses for your openness and willingness to seek input from key stakeholders in advance of filing this rule. We appreciate having been asked to come to the table to provide advanced input and we recognize that you have incorporated some of our suggestions into this proposed rule. With this being said, we still have a few concerns with some of the modifications in the proposed rule as filed and aim to articulate those in this letter.

On page 4, section 4.5 discusses the process for renewal of prescriptive authority. There seems to be an omission of the term "certified nurse midwife". The term "advanced practice nurse" is used. However, as in previous sections where they are both used, "certified nurse midwife" is not contemplated here. Since they both would be applying for renewal of prescriptive authority it looks as if this was a simple oversight.

On page 4, section 4.3 discusses the requirement for 8 contact hours of pharmacology education every two years. We recommend that since the prescriptive privileges are being expanded, that the contact hours be increased to 15 every two years.

On page 4, section 19-8-5, 5.1 discusses the hours of instruction in clinical pharmacology and clinical management of drug therapy required for prescriptive privileges. There still is confusion surrounding what is meant by 45 "contact hours". We ask that the Board define contact hours to better clarify exactly what training is required.

On page 5, section 6.3 the Board has significantly rewritten this section and consolidated a number of sections into one.

- The first component of this section modifies the time limitation for prescribing schedule IV and V drugs by increasing the limitation from 30 days to 90 day prescriptions. We understand that this change is being made to better accommodate the patient by allowing for certain prescriptions to be filled in bulk so to achieve a better price as well as have access to the convenience of mail order which requires the longer prescription durations. Since the maximum length of time the prescription can be written is not being modified (current 6 months max.) we do not object to this modification.
- The second component is the first proviso which extends the time that "phenothiazines and benzodiazepines" may be written from the current 72 hours to 30 day prescriptions. This section was moved from "E" on page 6. We do not agree with the extension proposed and recommends that the language revert back to the current 72 hour time limit.
- The third component is the second proviso. We recommend it be rewritten as follows:
"...Provided, however that 2) Prescriptions for ~~non-controlled substances of~~ antipsychotics; and sedatives prescribed by the advanced nurse practitioner and/or certified nurse-midwife shall not exceed the FDA approved recommended average therapeutic dose for that drug based on standard prescribing guidelines, shall not exceed the quantity necessary for a thirty (30) day supply, shall provide for no more than five (5) prescription refills and shall expire in six (6) months."

On page 5, section 6.4 which prohibits the prescribing of parenteral preparations except insulin and epinephrine, is being fully deleted. Medications which would be allowed to be prescribed by the Board's deletion of this section include intravenous antibiotics and some cardiac drugs among others. We object to this notion and believes that in the cases where these medications need prescribed, the patient should be seen by a physician. However, we do see the value in loosening up the prescribing restrictions in some areas. Additionally, we note that there is a typo in the current document. The word "parental" should be spelled "perenteral". We suggest rewriting this section as follows:

"6.4. In addition, an advanced nurse practitioner or certified nurse-midwife may not prescribe any parenteral preparations except insulin, epinephrine, birth control, glucogen, and vaccines."

On page 5, section 6.4. A attempts to clarify the maximum dosage which can be prescribed by an advanced nurse practitioner or certified nurse-midwife. Consistent with the recommendation above under 6.3, we recommend that this section be rewritten as follows:

"The maximum dosage prescribed by the advanced nurse practitioner or certified nurse-midwife shall be indicated in the protocol and shall in no case exceed the standard prescribing guidelines manufacturer's FDA approved average for the therapeutic dose for that drug."

On page 5, sections 6.5 and a. are being fully deleted. We recognize that the current language is confusing and hard to enforce. It is important; however, to ensure the rule clarifies that the prescribing authority is subject to the limitations as set forth in the following sections.

On page 6, section C the entire section is being deleted. We understand that this provision is included in section 6.8a.8 on page 7 and agrees with the change.

On page 6, sections D and E are being deleted. We recognize these sections have been moved to 6.3 on page 5 and has commented above.

On page 6, section F is being fully deleted thereby allowing the antidepressant drugs listed to be refilled without limit. We have major concerns with the ability for advanced practice nurses to prescribe any MAO inhibitors. We recognize these drugs are extremely dangerous and require the oversight of a specialist with the proper training and experience to prescribe. Additionally, we do not agree with the proposed change to remove the prohibition of refills on the other drugs and finds it necessary to clarify the time limit for the initial prescription. We suggest the following changes be made to this section:

"F. Prescriptions for specific antidepressants, to include tricyclics, MAO inhibitors, and miscellaneous antidepressants of bupropion, fluoxetine, maprotiline, trazodone, shall be limited to non-toxic quantities limited to a thirty (30) day supply and shall be non-refillable. Except for when in a collaborative agreement with a psychiatrist, advanced nurse practitioners and certified nurse midwives shall not prescribe MAO inhibitors."

On page 6, section G is being fully deleted. We recognize this section is being moved to section 6.3 on page 5 and we have already commented above.

On page 6, section H is being fully deleted. We recognize that the current limitation on prescribing of birth control is limited and conflicts with the prescribing recommendations of the federal family planning program. We suggest the section be rewritten as follows:

"H. Advanced nurse practitioners and certified nurse midwives shall not prescribe other prescription drugs or refill for a period exceeding six (6) months; Provided that this limitation shall not include birth control."

On page 6, section I is being fully deleted. We recognize that the current language is confusing and agrees with the deletion.

On page 7, section 6.8.c the modifications being made regard the process for recording the plan for the patient's continued evaluation of the controlled substances prescribed. We are not quite clear on the intent of the modification being made. The plan for the patient's continued evaluation should be recorded *at the time the prescription is written*. We suggest the following modification to this section:

"6.8.c. An advanced nurse practitioner and/or certified nurse-midwife shall, ~~within thirty (30) days at the time of the initial prescription, record in the patient client record the plan for his or her continued evaluation of the effectiveness of the controlled substances prescribed, in accordance with current standards of care based upon the continued relationship with the client.~~"

On page 7, section 6.8.a.6.F appears to have a typo. The words "or certified nurse midwife" should be added after the word "practitioner" to be consistent with the document.

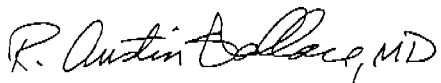
On page 7, section 6.8d the modification being made seems to reflect the recent state and expected federal changes regarding allowance of electronic prescriptions. We agree with this modification.

On page 8, section 7.10.14 there appears to be a typo. The word "and/" following the word "practitioner" should be struck through to be consistent with the modifications in the previous and subsequent sections.

We do not have any comments regarding the remaining changes on pages 7, 8 or 9.

We thank you for the opportunity to provide our comments on this proposed rule and hope that you find our suggestions to be helpful as you finalize your document.

Respectfully,



R. Austin Wallace, MD
President
WV State Medical Association



Dave Avery, MD
Chair, Government Relations Committee
WV Academy of Family Physicians



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 24, 2008

Dr. Dave Avery, MD
Chair, Government Relations Committee
West Virginia Academy of Family Physicians
PO Box 1090
Hurricane, WV 25526

RE: Comments on proposed rule 19-CSR-8 Limited Prescriptive Authority for Nurses in
Advanced Practice

Dear Dr. Avery:

Thank you for the comments related to the above referenced rule. They were very educational and helpful to the West Virginia Board of Examiners for Registered Professional Nurses (Board). As a result of comments received, some changes were made to the proposed rule including several recommended in your letter. The full document will be posted on the Board's web site at www.wvrnboard.com after it is filed with the Secretary of State. We anticipate this to occur prior to August 1, 2008.

Some of the changes made to the proposed rule after a review of the comments include:
1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Board appreciated the participation of the West Virginia Academy of Family Physicians in the stakeholder meetings. Again, thank you for taking time to offer your comments. Should you have any questions about the proposed rule or desire more information I welcome the opportunity to talk with you about them.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director



STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 24, 2008

R. Austin Wallace, MD
President
West Virginia State Medical Association
4307 MacCorkle Ave, S.E.
PO Box 4106
Charleston, WV 25364

RE: Comments on proposed rule 19-CSR-8 Limited Prescriptive Authority for Nurses in
Advanced Practice

Dear Dr. Wallace:

Thank you for the comments related to the above referenced rule. They were very educational and helpful to the West Virginia Board of Examiners for Registered Professional Nurses (Board). As a result of comments received, some changes were made to the proposed rule including several recommended in your letter. The full document will be posted on the Board's web site at www.wvrnboard.com after it is filed with the Secretary of State. We anticipate this to occur prior to August 1, 2008.

Some of the changes made to the proposed rule after a review of the comments include:
1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

The Board appreciated the participation of the West Virginia State Medical Association in the stakeholder meetings. Again, thank you for taking time to offer your comments. Should you have any questions about the proposed rule or desire more information I welcome the opportunity to talk with you about them.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

R. Curtis Arnold, DPM
South Charleston

Michael L. Ferrebee, MD
Morgantown

Angelo N. Georges, MD
Wheeling

Doris M. Griffin, MBA
Martinsburg

M. Khalid Hasan, MD
Beckley

Beth Hays, MA
Bluefield



State of West Virginia

West Virginia Board of Medicine

101 Dee Drive, Suite 103

Charleston, WV 25311

Telephone 304.558.2921

Fax 304.558.2084

June 30, 2008

Carlos C. Jimenez, MD
Glen Dale

Vettivelu Maheswaran, MD
Charles Town

Bill May, DPM
Huntington

Joe E. Miller, LtCol USMC (Ret), MA
Hurricane

Badshah J. Wazir, MD
South Charleston

Kenneth Dean Wright, PA-C
Huntington

****HAND DELIVERED****

Laura Skidmore Rhodes, MSN, RN
West Virginia Board of Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, West Virginia 25311

Re: Proposed changes to 19 CSR 8, Limited Prescriptive Authority for Nurses in
Advanced Practice

Dear Ms. Rhodes:

These are the Board of Medicine's comments on the above rule, the authority for which is contained in West Virginia Code §30-7-15a and §30-15-7a. The Board notes the provision in both of those sections requiring your Board to consult with other appropriate boards for the development of your formulary and this Board considers itself to be such an appropriate board. Thank you for including the Board of Medicine in your discussions of proposed changes for the past six months. With that being said, the Board of Medicine continues to have concerns over this proposed rule as filed.

The Board's concerns revolve around the portions of your proposed rule on pages five (5), six (6), and seven (7). The sections the Board of Medicine is concerned about are 6.1 through 6.9. I am attaching to this letter and incorporating herein the specific rewriting the Board of Medicine recommends which in large part conforms to your current rule but allows birth control pills to be prescribed for more than six (6) months, which you have proposed. This recommendation would also permit prescriptions of insulin and epinephrine and injectable birth control medication, as well as glucagen, preventative vaccines and herpes zoster. We have "cleaned up" the proposed rule a bit, including correcting the spelling of "phenothdiazepines" to "phenothiazines" in 6.3. D., which is in your current rule at 6.5. E. We have also added two categories of medications which should not be prescribed by nurses in any event, MAO inhibitors and human teratogens.

PRESIDENT
John A. Wade, Jr., MD
Point Pleasant

VICE PRESIDENT
J. David Lynch, Jr., MD
Morgantown

SECRETARY
Catherine Stemp, MD, MPH
Charleston

EXECUTIVE DIRECTOR
Robert C. Knittle
Charleston

COUNSEL
Deborah Lewis Rodecker
Charleston

DISCIPLINARY COUNSEL
John K. McHugh
Charleston

On behalf of the Board of Medicine, I present the recommendations in this form for clarity. Because of the well known public health crisis that exists in West Virginia with prescription drug abuse, it is not rational to allow more prescribing of scheduled controlled substances, as you are seeking in your proposed rule, particularly in light of the limited training in pharmacology and clinical management of drug therapy the Board requires nurses to receive. As we have previously noted, despite the best intentions of practitioners, prescription drug abuse is an inevitable consequence of increasing the practitioners who may prolong the prescribing of narcotics, benzodiazepines, phenothiazines, sedatives, antipsychotics, and antidepressants, as you are seeking to do in your proposed rule.

In suggesting these changes to the Rule as filed, the Board of Medicine has not hindered the recognized needed access of patients to Advanced Nurse Practitioners and has acknowledged broader use of some medications and drugs but has done so while maintaining current standards on those drugs which remain of primary concern.

Thank you for this opportunity to comment on your proposed rule.

For the Board,

A handwritten signature in black ink, appearing to read "Robert C. Knittle", written in a cursive style.

Robert C. Knittle

lab
enclosure, incorporated herein

Page 5

6.1. add:

“ f. MAO inhibitors”

“g. human teratogens. This prohibition includes all Category D and X drugs from the Federal Drug Administration Categories of teratogen risks (21 CFR 201.57).”

6.2.No change

6.3.“The Board may revise the prescribing protocols annually, and they shall include the following designated sections:

- a. Drugs not to be prescribed by advanced nurse practitioners and/or certified nurse midwives, and limitations on drugs less commonly used which advanced nurse practitioners and/or certified nurse midwives may prescribe as follows:
 - A. The maximum dosage prescribed by the advanced nurse practitioner or certified nurse-midwife shall in no case exceed the standard prescribing guidelines for the therapeutic dose for that drug.
 - B. Each prescription and subsequent refill(s) given by the advanced nurse practitioner and/or certified nurse-midwife shall be entered on the patient's chart.
 - C. The maximum amount of Schedule IV or V drugs prescribed shall be not more than ninety (90) dose units or a thirty (30) day supply, whichever is less.
 - D. Prescriptions for phenothiazines and benzodiazepines shall be limited to a seventy-two hour supply and shall be non-refillable.
 - E. Prescriptions for specific antidepressants, to include tricyclics and miscellaneous antidepressants of buprophin, flouxetine, maprotiline, trazodone, shall be limited to non-toxic quantities and shall be non-refillable.
 - F. Prescriptions for antipsychotics and sedatives prescribed by the advanced nurse practitioner and/or certified nurse midwife shall not exceed the manufacturer's recommended average therapeutic dose for that drug, shall not exceed the quantity necessary for a thirty(30) day supply, shall provide for no more than five (5) prescription refills and shall expire in six (6) months.
 - G. Advanced nurse practitioners and certified nurse midwives shall not prescribe other prescription drugs or refills for a period exceeding six (6) months, except for birth control pills.

- H. Advanced nurse practitioners and certified nurse midwives shall not prescribe combination drug products containing drugs fully excluded in section 6.1. of this rule and limitations set forth in this rule apply to any other combination drug products.
- I. Advanced nurse practitioners and certified nurse midwives may not prescribe any parental preparations except insulin and epinephrine, however, injectable birth control medication, glucagen, preventative vaccines and herpes zoster may be prescribed by advanced nurse practitioners.
- b. All patients of advanced nurse practitioners under the collaborative agreement shall see the collaborative physician every six months.”

Page 6

(As 6.4 and 6.5. from Page 5 have now been placed in 6.3.a. A. & B., 6.6. would be changed to 6.4. and 6.7. would change to 6.5., 6.8. would change to 6.6.)

Page 7

6.8.c. would change to 6.6.c. and read as follows:

“An advanced nurse practitioner or certified nurse-midwife shall, within thirty (30) days of the initial prescription, record in the patient record the plan for continued evaluation of the effectiveness of the controlled substances prescribed.”

6.8.d. would change to 6.6 d. and read as follows:

“An advanced nurse practitioner or certified nurse-midwife shall not prescribe refills of controlled substances unless the refill prescription is in writing.”

The next paragraph following 6.8.d. is erroneously named 6.8.c. It should have been 6.8.e. In any event, it should be deleted in its entirety.

6.9. would change to 6.7.

Laura S. Rhodes, M.S.N., R.N.
Executive Director

email:rnboard@state.wv.us
web address:www.wvrnboard.com



TELEPHONE:
(304) 558-3596
FAX (304) 558-3666

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

July 24, 2008

Robert Knittle, Executive Director
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

RE: Comments on proposed rule 19-CSR-8 Limited Prescriptive Authority for Nurses in Advanced Practice

Dear Mr. Knittle:

Thank you for the comments related to the above referenced rule. As a result of comments received, the West Virginia Board of Examiners for Registered Professional Nurses (Board) has made some changes to the proposed rule including some recommended in your letter. The full document will be posted on the Board's web site at www.wvrnboard.com after it is filed with the Secretary of State. We anticipate this to occur prior to August 1, 2008.

Some of the changes made to the proposed rule after review of the comments include: 1) defining "contact hour"; 2) further defining the requirements for pharmacotherapeutic education for initial application; 3) increasing the requirements for advanced pharmacotherapeutics for the initial application to include fifteen (15) contact hours in addition to those required in undergraduate and graduate study; 4) increasing the continuing education requirements for renewal from eight (8) to fifteen (15) contact hours every two years; and, 5) restricting the prescribing of MAO Inhibitors to those with a collaborative agreement with a psychiatrist.

Again, thank you for taking time to offer your comments. Should you have any questions about the proposed rule or desire more information I welcome the opportunity to talk with you about them or you may place them in writing to the Board.

For the Board,

A handwritten signature in cursive script that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

Unable to Respond to These Comments
No Address Provided

June 10, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

I am a patient in a clinic with a Nurse Practitioner as my caregiver. I am so much happier and healthier seeing a nurse practitioner than I was being treated by a MD. I never thought that I would say this because the NP is a woman and my doctor was a man and I am a male, but my NP listens to me describe my illness and then gets me to tell her what my feelings are about it. She listens to my household situation and my income and helps me figure out how to eat better and healthier. I take less medications and feel better now that she takes care of my health. My doctor just looked at the chart and said "go on a diet, exercise more, and take these pills". He never gave me information about the pills effects on how I feel or what side effects they might have. Now instead of 10 different pills I only take 3 and my cholesterol is normal, I have lost 30 pounds, and I can walk 4 miles without getting tired.

You should give nurse practitioners more authority not less because they have earned it. Many of my friends now are going to practices that have nurse practitioners and they like them a lot. My wife's friends are changing too. So maybe the doctors are worried that nurse practitioners are doing a better job, that doesn't mean they should be able to stop them from practicing.

So I am telling the WV Board of Medicine to get their hand off of my nurse practitioners right to practice.

Thank you,

James Hounhill

June 6, 2008

Laura Skidmore Rhodes, MSN
Executive Director
West Virginia Board of Examiners for Registered Professional Nurses,
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Dear Ms. Rhodes,

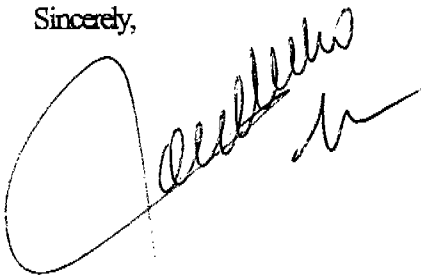
As a health care provider, I am writing to support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. There are several nurse practitioners in my area and I am familiar with problems they have encountered when prescribing medications.

It is my understanding that the current rule is more restrictive than laws and policies in other states and it creates unnecessary burdens on patients, physicians, nurse practitioners, and third-party payers. I know that it restricts certain drug classes, numbers of refills, and routes of administration. This means that patients often have to return to our facility to receive medications or necessary prescriptions that the nurse practitioners aren't allowed to prescribe under the current rule. As a result, it causes overcrowding of our facilities and takes up valuable physician time as they unnecessarily duplicate the effort of the nurse practitioners.

Therefore, I support proposed changes to the Title 19, Legislative Rule, Registered Professional Nurses Series 8, *Limited Prescriptive Authority For Nurses In Advanced Practice*. I base my opinion upon current practice patterns of the nurse practitioners with whom I work and upon my knowledge of the health care needs of patients in my area.

Thank you for the opportunity to comment on the proposed rule change.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Laura Skidmore Rhodes', written over a large, loopy initial 'L'.

RECEIVED
JUN 10 2008
STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF NURSING