

**WEST VIRGINIA
SECRETARY OF STATE
NATALIE E. TENNANT
ADMINISTRATIVE LAW DIVISION**

Do Not Mark In This Box

FILED

2012 AUG -1 PM 2: 17

OFFICE WEST VIRGINIA
SECRETARY OF STATE

Form #3

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: West Virginia Board of Examiners for Registered Professional Nurses TITLE NUMBER: 19

CITE AUTHORITY: §§30-7-15a and 30-15-7a

AMENDMENT TO AN EXISTING RULE: YES NO

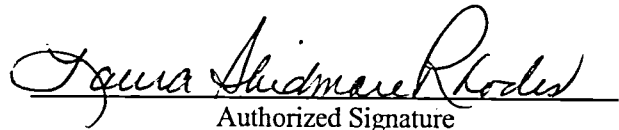
IF YES, SERIES NUMBER OF RULE BEING AMENDED: 8

TITLE OF RULE BEING AMENDED: Limited Prescriptive Authority for Nurses in Advance Practice

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.


Authorized Signature

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

email: rnboard@wv.gov
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 31, 2012

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

RE: Board Approved Legislative Rule WV 19 CSR 8

Dear Secretary Tennant:

The West Virginia Board of Examiners for Registered Professional Nurses (Board) in session July 27, 2012 approved the legislative rule WV 19 CSR 8 Limited Prescriptive Authority for Nurses in Advanced Practice with amendments following the comment period. This letter serves to notify your office of the agency approval and to provide the required brief summary and statement of circumstances for the proposed changes.

The legislative rule WV 19 CSR 8 related to Limited Prescriptive Authority for Nurses in Advanced Practice language was updated related to the 2012 legislative session. Additionally, language revisions were made to clarify requirements for prescribing, maintaining privilege, and refill quantities. Pursuant to the comments received, the Board approved amendments to the legislative rule which further defined the requirements for limited prescriptive authority, application requirements for limited prescriptive authority, and drugs excluded from prescriptive authority for nurses in advanced practice.

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

For the Board,

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

Laura Skidmore Rhodes, MSN, RN
Executive Director

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: July 31, 2012

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
(304) 558-3596

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

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

2. a. Date filed in State Register with Notice of Hearing or Public Comment Period:
June 19, 2012

b. What other notice, including advertising, did you give of the hearing?
Notice of rule changes was placed in RN News Magazine in March and June 2012.

c. Date of Public Hearing(s) *or* Public Comment Period ended:
July 19, 2012

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)

July 31, 2012

- 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 S. Rhodes, RN, MSN
Executive Director
WV Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311
(304) 558-3596 (Telephone)
(304) 558-3666 (Facsimile)
rnboard@wv.gov

- 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)

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:

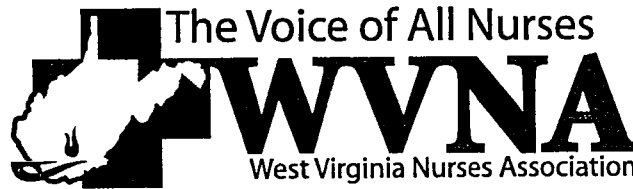
- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b. Date of hearing or comment period:

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

d. Attach findings and determinations and reasons:

Attached



WV Board of Examiners for Registered Professional Nursing

101 Dee Drive, Suite 102

Charleston, WV 25311

WV Board of Nursing:

I am commenting herein on the proposed legislative rule title number 19 series 08 citing legislative authority 30-7-15(a) and 30-15-7(a) titled "Limited Prescriptive Authority for Nurses in Advanced Practice."

I would first like to commend the entire board and staff for the hard work put forth on the drafting of multiple regulatory legislative rules. The West Virginia Nurses Association would like to congratulate the board for their passion and fortitude in this process. As current president of the West Virginia Nurses Association I admire the difficult work being done for the safety of our clients, profession and community. I would like to personally thank you all for your remarkable efforts in drafting these rules. Again let me reiterate that WVNA agrees 100% with the intent of this rule as proposed.

Although, West Virginia Nurses association would like comment on a few a few specific concerns within the rule that we would like to see changed.

3.1.b.2 A voided sample of the prescription form If using written prescriptions. (This is very difficult to accomplish on scripts and not sure how this increase safety of scripting.)

19-8-5

5.1.b " Anticoagulants" NEEDS CROSSED OUT (this was passed in the rule and one of the major accomplishment.)

5.3.b Need change to 90 day with one refill. (shall no not exceed the quantity necessary for a 30 days supply, shall provide for no more than 5 prescription refills and shall expire in 6 month is the old language and does not allow mail order . Furthermore to have multiple ways to prescribe different medication is very confusing. One consistent way is the least complex and helps prevent error and increases safety.)

5.4 *The inclusive list should state as the law does that "These conditions include but are not limited to".*

5.5. The maximum dosage of any drug, including antidepressants, prescribed by the APRN shall be consistent with APRNs area of practice guidelines. (Cross out included in collaborative agreement) This indicates a list of all medication should be included in guidelines and if recommendation change the practices should immediately change not wait for an update of collaboration. Generalization of used guideline is much better.

5.9.a.6 Cross out entire section. This is very difficult to comply with on scripts and since every WV APRN prescriptive authority expires on the same date it does not add any clarification of safety. It actually adds confusion to pharmacists calling and thinking the prescription date for the patient expires on at this time.

5.10.b Cross out entire section redundant to 5.6

6.3 Concerns with due process for APRN prescriber. Could we list a time frame of 5 days for investigation or as ordered by court of law?

6.5 TYPO – remove “either”

19-8-7 this entire section is a repeated heading of 19-8-6 “Termination”

Sections 7.1.a and 7.1.b seem again redundant as listed slightly different in 19-8-6 Therefore maybe just cross them out

Thanks again for all the attention to these matters and the hard work and efforts put forth by the entire Board and staff.

With greatest regard and appreciation,

Beth Baldwin, APRN, BC

Beth Baldwin, APRN, BC;

President West Virginia Nurses Association

Angelita Nixon, CNM, LLC

Angy Nixon
certified Nurse-Midwife
147 Scenic Drive
Scott Depot, WV 25560
304-757-9006

WV Board of Examiners for Registered Professional Nursing
101 Dee Drive, Suite 102
Charleston, WV 25311

July 18, 2012

Dear Board Members/Staff:

I am writing in support of the proposed Rule on LIMITED PRESCRIPTIVE AUTHORITY, 19CSR8, pertaining to 30-7-15(a) and 30-15-7(a) and titled "Limited Prescriptive Authority for Nurses in Advanced Practice."

I especially appreciate the work of the Board in supporting and implementing the LACE Consensus Model, as put forth by the NCSBN and ratified by nearly fifty national nursing and specialty nursing professional organizations. This is a high achievement, and sets us ahead of the curve nationally in keeping with a strong and progressive leadership vision for the future of nursing. This is also an applicable Model for legislation and rules affecting APRNs with prescriptive authority.

I would specifically like to comment on the following portions of the Rule:

3.1.b.2 A voided sample of the prescription form if using written prescriptions. (This is very difficult to accomplish on electronic scripts and not sure how this increase safety of scripting.)

19-8-5 5.1.b " Anticoagulants" NEEDS CROSSED OUT (this was passed in the rule, one of our major accomplishments.)

5.3.b Needs to be changed to 90 day with one refill. ("Shall not exceed the quantity necessary for a 30 day supply, shall provide for no more than 5 prescription refills and shall expire in 6 months" is the old language and does not allow for mail orders. Furthermore to have multiple ways to prescribe different medications is very confusing. One consistent way is the least complex – it helps prevent error and increases safety.)

5.4 *The inclusive list should state as the law does that "These conditions include but are not limited to".*

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recommendations change the practices should immediately change, not wait for an update of the collaborative agreement. A generalization of a guideline is much better.

5.9.a.6 Cross out entire section. This is very difficult to comply with on scripts and since every WV APRN prescriptive authority expires on the same date it does not add any clarification of safety. It actually adds confusion to pharmacists calling and thinking the prescription date for the patient expires on at this time.

5.10. b Cross out entire section due to redundancy with 5.6

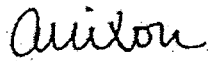
6.3 Concerns with due process for APRN prescriber. Could we list a time frame of 5 days for investigation or as ordered by court of law?

6.5 TYPO – remove “either”

19-8-7 this entire section is a repeated heading of 19-8-6 “Termination” Sections 7.1.a and 7.1.b seem again redundant as listed slightly different in 19-8-6; therefore maybe just cross them out?

Thank you for your efforts to assure the strength and success of the nursing profession.

Respectfully,

A handwritten signature in cursive script that reads "Angelita Nixon".

Angelita Nixon

WV Board of Examiners for Registered Professional Nursing

101 Dee Drive, Suite 102

Charleston, WV 25311

WV Board of Nursing:

I am commenting herein on the proposed legislative rule title number 19 series 08 citing legislative authority 30-7-15(a) and 30-15-7(a) titled "Limited Prescriptive Authority for Nurses in Advanced Practice."

I would first like to commend the entire board and staff for the hard work put forth on the drafting of multiple regulatory legislative rules.

3.1.b.2 A voided sample of the prescription form if using written prescriptions. (This is very difficult to accomplish on electronic scripts and not sure how this increase safety of scripting.)

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5.3.b Needs changed to 90 day with one refill. ("Shall not exceed the quantity necessary for a 30 day supply, shall provide for no more than 5 prescription refills and shall expire in 6 months" is the old language and does not allow for mail orders. Furthermore to have multiple ways to prescribe different medications is very confusing. One consistent way is the least complex – it helps prevent error and increases safety.)

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Sections 7.1.a and 7.1.b seem again redundant as listed slightly different in 19-8-6; therefore maybe just cross them out?

Thanks again for all the attention to these matters and the hard work and efforts put forth by the entire Board and staff.

A handwritten signature in black ink that reads "Jani Rowland". The signature is written in a cursive, flowing style.

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



TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

email: rnboard@wv.gov
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 31, 2012

To Interested Party/Stakeholder:

Thank you for your comments regarding the West Virginia Board of Examiners for Registered Professional Nurses' (Board) Legislative Rule 19 CSR 8, Limited Prescriptive Authority for Nurses in Advanced Practice:

As a result of comments the Board made the following amendments:

1. Language was removed to clarify the requirements and eligibility for limited prescriptive authority for registered nurses in advanced practice.
2. Language was removed to clarify drugs excluded from prescriptive authority for registered nurses in advanced practice.
3. Language was added to clarify prescription refills for registered nurses in advanced practice.
4. Language was removed clarifying prescription requirements. And,
5. Language was added clarifying requirements for termination of prescription privileges.

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

For the Board,

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

Laura Skidmore Rhodes, MSN, RN
Executive Director

xc: File

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Limited Prescriptive Authority for Nurses in Advanced Practice

Rule Title: _____

Type of Rule: Legislative Interpretive Procedural

Agency: West Virginia Board of Examiners for Registered Professional Nurses

Address: 101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Phone Number: 304-558-3666 Email: rnboard.wv.gov

Fiscal Note Summary

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

There will be no impact to the costs and revenues of state government.

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

Limited Prescriptive Authority for Nurses in Advanced Practice

Rule Title: _____

Rule Title: _____

3. **Explanation of above estimates (including long-range effect):**
Please include any increase or decrease in fees in your estimated total revenues.

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.

Date: July 31, 2012

Signature of Agency Head or Authorized Representative

Debra Shidmore Rhodes

TITLE 19
LEGISLATIVE RULE
REGISTERED PROFESSIONAL NURSES

SERIES 8
LIMITED PRESCRIPTIVE AUTHORITY FOR NURSES IN ADVANCED PRACTICE

FILED
AUG -1 PM 2:17
OFFICE WEST VIRGINIA
SECRETARY OF STATE

§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. Advanced Practice Registered Nurse is (APRN) is a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients, who has completed a board-approved graduate-level education program and who has passed a board approved national certification examination. An advanced practice registered nurse shall meet all the requirements set forth by the board by rule for an advance practice registered nurse which shall include, at a minimum, a valid license to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist or a certified nurse practitioner. Provided That, An applicant for licensure as an advanced practice registered nurse as set forth in legislative rule who completed an advanced nursing education program and was recognized, licensed or certified as an advanced nurse practitioner or a certified nurse midwife by West Virginia or another state before December 31, 2012, may apply for and receive an advanced practice registered nurse license if that applicant meets the requirements that were in place in West Virginia at the time the applicant qualified for initial advanced practice licensure. means a nurse who has been recognized by the Board for Announcement of Advanced Practice as provided for in the Board's rule, Announcement of Advanced Practice, 19CSR7:

2.2. Antineoplastics are chemotherapeutic agents used in the active treatment of current cancer. Advanced Nurse Practitioner means an advanced practice nurse as defined in the Board's rule, Announcement of Advanced Practice, 19CSR7.

2.3. ~~“Certified Nurse-Midwife” 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. “Pharmacology Contact Hour” means a unit of measurement that describes at least 50 minutes of an approved, organized didactic learning experience related to advanced pharmacological therapy.”

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

3.1. The Board shall grant prescriptive authority to an ~~advanced nurse practitioner~~ advanced practice registered nurse applicant who meets all eligibility requirements specified in W. Va. Code §30-7-15b ~~and to the certified nurse-midwife applicant who meets all eligibility requirements specified in W. Va. Code §30-15-7b~~ and the following:

3.1.a. Prior to application to the Board for approval for limited prescriptive authority, the applicant shall successfully complete accredited course of instruction in pharmacology during undergraduate study; and an advanced pharmacotherapy graduate level course approved by the Board of not less than 45 pharmacology contact hours; provide documentation of the use of pharmacotherapy in clinical practice in the education program; and provide evidence of 15 pharmacology contact hours in advanced pharmacotherapy completed within 2 years prior to application for prescriptive authority. 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 content and objectives.

3.1.b. The ~~advanced nurse practitioner or certified nurse-midwife~~ advanced practice registered nurse shall submit a notarized application for prescriptive authority on forms provided by the Board with the following:

3.1.b.1. A fee set forth in the Board's Fee's rule, ~~Fee for Services Rendered by the Board,~~ 19CSR12.

~~3.1.b.2. A voided sample of the prescription form.~~

3.1.b.32. Written verification of an agreement to a collaborative relationship with a licensed physician holding an unencumbered West Virginia license 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.32.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~~ advanced practice registered nurse's clinical practice;

3.1.b.32.B. Statements describing the individual and shared responsibilities of the ~~advanced nurse practitioner or certified nurse-midwife~~ advanced practice registered nurse and the physician pursuant to the collaborative agreement between them;

3.1.b.32.C. A provision for the periodic and joint evaluation of the prescriptive practice; and

3.1.b.32.D. A provision for the periodic and joint review and updating of the written guidelines or protocols.

3.1.b.32.E. Additional documentation at the request of the Board.

3.2. If the Board obtains information that an applicant for prescriptive authority was previously addicted to or dependent upon alcohol or the use of controlled substances, 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.

3.3. The Board shall forward a copy of the verification specified in Subdivision 3.1.b.3. of this rule to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.

3.4. Upon satisfactory evidence that the ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse applicant has met all above requirements for prescriptive authority, the Board shall assign an identification number to that nurse.

3.5. The Board shall notify the Board of Medicine, the Board of Osteopathy, and the Board of Pharmacy of those ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurses who have been granted prescriptive authority, and shall also provide the prescriber's identification number and effective date of prescriptive authority.

3.6. The ~~advanced nurse practitioner or certified nurse~~ advanced practice registered nurse 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 within the written collaborative agreement and the name of the collaborating physician for each ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse on the approved list.

3.7. The ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse 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 or certified nurse midwife~~ advanced practice registered nurse 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 practitioner or certified nurse midwife~~ advanced practice registered nurses 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.

3.11. The APRN shall maintain with the Board a current mailing and, if available, a current e-mail address.

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

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

4.2. The applicant shall maintain an active, uninterrupted national certification as an ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse as required for initial authorization for limited prescriptive privileges.

4.2.a. The licensee is responsible for submitting to the Board all proper and required documentation evidencing national certification as an advanced practice registered nurse and subsequent, uninterrupted renewal of national certification thereof.

4.2.b. The Board shall consider the national certification as an advanced practice registered nurse of a licensee to be lapsed where such licensee fails to renew his or her national certification prior to its expiration dates, or fails to provide to the Board, at the office of the Board, all proper documentation and evidence of an uninterrupted renewal of such national certification prior to its expiration date.

4.3. The applicant shall complete during the 2 years prior to renewal a minimum of 8 contact hours of pharmacology education that has been approved by the Board.

4.4. The Board shall renew prescriptive authority for ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse biennially by June 30, of odd-numbered years.

4.5. The ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse 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, 19CSR12 must accompany the application.

§19-8-5. Drugs Excluded from Prescriptive Authority.

5.1. The ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall not prescribe from the following categories of drugs:

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

~~5.1.b. Anticoagulants;~~

5.1.c. Antineoplastics;

5.1.d. Radio-pharmaceuticals; or

5.1.e. General anesthetics.

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

5.2. Drugs listed under Schedule III and benzodiazepines are limited to a 72 hour supply without refill.

5.3. The ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse may prescribe drugs from Schedules IV through V in a quantity necessary for up to a 90 day supply, ~~may provide for with~~ only one (1) refill, and shall provide that the prescription expires in 6 months, with the following exceptions:

~~5.3.a. 1) p~~ Prescriptions for phenothiazines shall be limited to up to a 30 day supply and shall be non-refillable; ;

~~5.3.b. Provided, however that 2)~~ Prescriptions for non-controlled substances of antipsychotics, and sedatives prescribed by the ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall not exceed the quantity necessary for a ~~30~~ 90 day supply, shall provide for no more than ~~5~~ 1 prescription refills and shall expire in 6 months.

5.4. Pursuant to a collaborative agreement as set forth in the law governing prescriptive authority the advanced practice registered nurse may prescribe an annual supply of any drug, with the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management. For the purposes of this section, a "chronic condition" is a condition which lasts three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication, and does not generally disappear. These conditions include anemia, anxiety, arthritis, asthma, bladder outlet obstruction, cardiovascular and pulmonary disease, cancer, diabetes, epilepsy and seizures, thyroid disease, and obesity, and do not include any condition which requires antineoplastics, all subject to the scope of practice of the advanced practice registered nurse with limited prescriptive authority privilege W.Va. Code §30-7-15(a)(b)(c) and this rule.

~~5.45.~~ The maximum dosage of any drug, including antidepressants, prescribed by the ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall be consistent with industry prescribing guidelines specific to the advanced practice registered nurse's area of practice and these guidelines shall be included in the collaborative agreement.

5.56. Each prescription and subsequent refills given by the ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall be entered on the patient's chart.

~~5.67.~~ ~~Advanced nurse practitioner or certified nurse midwife~~ Advanced practice registered nurse shall not prescribe other prescription drugs or refill for a period exceeding 6 months; provided, that this limitation shall not include contraceptives or those treating a chronic condition as defined in WV Code §30-7-15a. And section 19-8-5.4 of this rule.

5.78. An ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse may administer local anesthetics.

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

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

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

5.910.a.1. The name, title, address and phone number of the prescribing ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse ;

5.910.a.2. The name and date of birth address of the patient;

5.910.a.3. The date of the prescription;

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

5.910.a.5. The number of refills;

~~5.9.a.6.~~ ~~The expiration date of the advanced nurse practitioner or certified nurse midwife prescriptive authority;~~

~~5.9.a.7.~~ ~~The signature of the prescriber on the written prescription; and~~

5.910.a. 6. The Drug Enforcement Agency number of the prescriber, when required by federal laws;and

5.910.a.7. The prescriptive authority identification number issued by the Board.

~~5.9.b.~~ ~~The advanced nurse practitioner or certified nurse midwife shall document the records of all prescriptions in patient records:~~

5.910.cb An ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall at the time of the initial prescription record in the patient record the plan for continued evaluation of the effectiveness of the controlled substances prescribed.

5.910.d ~~c~~. An ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall prescribe refills of controlled substances according to current laws and standards.

5.910.e ~~d~~. Drugs considered to be proved human teratogens shall not be prescribed during a known pregnancy by the ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse. This prohibition includes all Category D and X drugs from the Federal Drug Administration Categories of teratogen risks (21 CFR 201.57). Category C drugs should be given only if the patient benefit justifies the potential risks to the fetus and only after consultation with the collaborating physician.

5.10~~1~~. 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~~ advanced practice registered nurse with prescriptive authority.

§19-8-6. Termination of Limited Prescriptive Privileges.

6.1 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.

6.2. The Board shall notify the Board of Pharmacy, the Board of Osteopathy, and the Board of Medicine within 24 hours after the termination of, or a change in, an ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse's prescriptive authority.

6.3. If the board finds that the public health, safety and welfare requires emergency action and incorporates a finding to that effect into its order, the board shall order summary suspension of the prescriptive authority privilege pending proceedings for other action. The board shall promptly institute and determine further disciplinary action.

6.3 ~~4~~. The Board shall immediately terminate prescriptive authority of the ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse 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.

6.4~~5~~. Prescriptive authority for the ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse terminates immediately if either the license to practice registered professional nursing or the Advanced Practice Registered Nurse license in the State of West Virginia lapses or the license to practice as a ~~certified nurse-midwife~~ in the State of West Virginia lapses.

6.5~~6~~. Prescriptive authority is immediately and automatically terminated if national certification as an ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse lapses or if the advanced practice registered nurse fails to provide the board evidence of current certification or re-certification of national certification before the expiration of the last certification on record with the board.

6.6~~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 expiration date. ~~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 reinstated by the Board on satisfactory explanation for the failure to renew and submission of the prescriptive authority application and fee.~~

6.8. An ~~advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall not prescribe controlled substances for his or her personal use or for the use of members of his or her immediate family.

6.9. ~~An advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse shall not provide controlled substances or prescription drugs for other than therapeutic purposes.

6.10. ~~An advanced nurse practitioner or certified nurse midwife~~ advanced practice registered nurse with prescriptive authority may not delegate the prescribing of drugs to any other person.

6.11. Prescriptions authorized by an advanced practice registered nurse must comply with all applicable state and federal laws; must be signed by the prescriber with the legal designation or the designated certification title of the prescriber and must include the prescriber's identification number assigned by the board or the prescriber's national provider identifier assigned by the National Provider System pursuant to 45 CFR §162.408. Prescriptive authorization shall be terminated if the advanced practice registered nurse has not filed a current verification of a collaborative agreement with the board. Upon dissolution of a collaborative agreement, if there is no other current collaborative agreement the advanced practice registered nurse shall cease prescribing immediately, prescribing privileges will be terminated, and the advanced practice registered nurse shall have thirty (30) days to provide the board verification of a current collaborative agreement to reinstate the prescribing privilege, after thirty (30) days a reinstatement application must be completed and submitted for reinstatement of the prescribing privilege.

§19-8-7. Reinstatement of Lapsed or Terminated Limited Prescriptive Privileges

7.1. Any advanced practice registered nurse who allows her or his prescriptive authority to lapse or be terminated by failing to maintain:

7.1.a. an uninterrupted, active license to practice registered professional nursing in the State of West Virginia; or

7.1.b. an uninterrupted, active national certification or re-certification as an advanced practice registered nurse and failing to provide proof of such to the Board; or

7.1.c. an uninterrupted, active grant of prescriptive privileges specifically authorized by the board, where such prescriptive authority is subsequently terminated by the board, may have his or her prescriptive authority reinstated by the board on satisfactory explanation for the failure of the licensee to retain an uninterrupted, active license to practice registered professional nursing in the State of West Virginia, an uninterrupted, active national certification as an advanced practice registered nurse, or an uninterrupted, active grant of prescriptive privileges specifically authorized by the board, an upon submission of an application for prescriptive authority, including an application fee.