

**WEST VIRGINIA
SECRETARY OF STATE**

KEN HECHLER

ADMINISTRATIVE LAW DIVISION

Form #3

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**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, 15B, 15C and §30-15-1 through 7C.

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: Eight (8)

TITLE OF RULE BEING PROPOSED: Limited Prescriptive Authority for
Nurses in Advanced Practice

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.



10-20

TITLE 19
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

SERIES 8
LIMITED PRESCRIPTIVE AUTHORITY
FOR NURSES IN ADVANCED PRACTICE

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BRIEF SUMMARY:

These rules establish the requirements whereby the Board authorizes qualified nurses in advanced practice to prescribe prescription drugs, and specifies application procedures, renewal requirements, conditions for termination of prescriptive authority, notification requirements to the Board of Medicine, Board of Osteopathy, and Board of Pharmacy, and educational requirements in the area of pharmacology and drug management.

TITLE 19
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

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SERIES 8
LIMITED PRESCRIPTIVE AUTHORITY
FOR NURSES IN ADVANCED PRACTICE

§19-8-1. General.

1.1. Scope. -- These rules establish the requirements whereby the Board authorizes qualified nurses in advanced practice to prescribe prescription drugs in accordance with the provisions of West Virginia 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 West Virginia Code §30-7-15a, 15b, 15c and §30-15-1 through 7c.

1.3. Filing Date: _____

1.4. Effective Date: _____

§19-8-2. Definition.

2.1. The nurse in advanced practice is one who has been recognized by the Board for Announcement of Advanced Practice as per Legislative Rules, Title 19, Series 7, Sections 1-4.

2.2. The certified nurse-midwife is one who has been licensed by the Board to practice nurse-midwifery as per West Virginia Code §30-15-1c.

2.3. The nurse in advanced practice shall be referred to in these rules as:

2.3.1. Advanced Nurse Practitioners, and

2.3.2. Certified Nurse-Midwives.

§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 \$125.00.

3.1.1. A voided sample of the prescription form shall be submitted with the application.

3.1.2. 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 following conditions for prescriptive practice are in place:

3.1.2.1. 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.

3.1.2.2. 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.

3.1.2.3. Periodic and joint evaluation of prescriptive practice.

3.1.2.4. Periodic and joint review and updating of the written guidelines or protocols.

3.1.3. The advanced nurse practitioner or certified nurse-midwife with prescriptive authority shall submit additional documentation of the conditions in rule 3.1.2. above at the request of the Board.

3.2. The Board shall forward a copy of such verification specified in rule 3.1.2. above to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.

3.3. The advanced nurse practitioner applicant for prescriptive authority shall meet all eligibility requirements as specified in West Virginia Code §30-7-15b.

3.3.1. If any evidence exists that all eligibility requirements have not been met, prescriptive authority shall not be granted.

3.4. The certified nurse-midwife applicant for prescriptive authority shall meet all eligibility requirements as specified in West Virginia Code §30-15-7b.

3.4.1. If any evidence exists that all eligibility requirements have not been met, prescriptive authority shall not be granted.

3.5. If at the time of application for prescriptive authority, the Board obtains information that a 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, and with any limitations it deems proper. Such 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 applicant has met all requirements for prescriptive authority as set forth in West Virginia Code §30-7-15a, 15b, 15c, §30-15-1 through 7c, Legislative Rules Title 19, Series 7 and these rules, authority to prescribe drugs as set forth in these rules may be granted and an identification number will be assigned by the Board.

3.6.1. 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 prescribers' identification number.

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

4.1. The applicant for renewal of prescriptive authority shall meet all eligibility requirements as specified in West Virginia Code §30-7-15b for advanced nurse practitioners or West Virginia 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 years prior to renewal a minimum of eight (8) contact hours of pharmacology education that have been approved by the Board.

4.4. Prescriptive authority for the advanced nurse practitioner or certified nurse-midwife shall be renewed biennially by June 30, of odd-numbered years.

4.5. Application for renewal of prescriptive authority shall be submitted on forms provided by the Board. The application must be notarized, and the fee of \$125.00 must accompany the application.

§19-8-5. Pharmacology Course Requirements.

5.1. Prior to Board approval for limited prescriptive authority, the applicant shall successfully complete an accredited course(s) of instruction in clinical pharmacology and clinical management of drug therapy approved by the Board of not less than forty-five (45) contact hours, provided that fifteen (15) of these hours have been completed within two years prior to application for prescriptive authority.

5.2. The applicant shall submit official transcripts or certificates documenting completion of pharmacology course work. The Board may request course outlines and/or descriptions if necessary to evaluate pharmacology course 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:

6.1.1. Schedules I and II of the Uniform Controlled Substances Act.

6.1.2. Anticoagulants.

6.1.3. Antineoplastics.

6.1.4. Radio-pharmaceuticals.

6.1.5. General anesthetics.

6.1.6. Drugs listed under Schedule III shall be limited to a seventy-two hour supply without refill.

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

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

6.4. 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 authorized by the Board to do so.

§19-8-7. Termination of limited prescriptive privileges.

7.1. The Board may deny or revoke privileges for prescriptive authority if the applicant has not met conditions set forth in the law or these rules, or if the applicant has violated any part of the West Virginia Code §30-7 or §30-15.

7.2. The Board shall notify the Board of Pharmacy, the Board of Osteopathy, and the Board of Medicine within twenty-four hours after termination of, or 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/her license to practice registered professional nursing in accordance with West Virginia Code 30-7-11 and Legislative Rules Title 19, Series 5.

7.4. Prescriptive authority for the advanced nurse practitioner shall terminate immediately if the license to practice

registered professional nursing in the State of West Virginia lapses.

7.5. Prescriptive authority for the certified nurse-midwife shall terminate immediately if either the license to practice registered professional nursing or the license to practice as nurse-midwife in the State of West Virginia lapses.

7.6. Prescriptive authority shall be immediately and automatically terminated if national certification as an advanced nurse practitioner or certified nurse-midwife lapses.

7.7. 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, such authority will terminate immediately upon expiration.

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

§19-8-8. Adoption/revision of rules/policies.

8.1. The Board shall have the authority to adopt and revise such rules and/or policies as may be necessary to enable it to carry into effect the provisions of this article.

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

RECEIVED

Rule Title: Limited Prescriptive Authority for Nurses in Advanced Practice

1992 SEP 10 PM 3:38

Type of Rule: Legislative Interpretive Procedural

OFFICE OF REGISTERED PROFESSIONAL NURSES
SECRETARY OF STATE

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

1. Effect of Proposed Rule	ANNUAL		FISCAL YEAR		
	Increase	Decrease	Current	Next	Thereafter
Estimated Total Cost	\$6,250.00	\$	\$ 6,250.00	\$7000.	\$8,000.00
Personal Services	4,000.00		4,000.00	4,750.00	
Current Expense	1,250.00		1,250.00	1,500.00	
Repairs and Alterations					
Equipment	1,000.00		1,000.00	750.00	
Other					

2. Explanation of above estimates:

Computer programing costs
Clerical costs

PERSONAL SERVICES

Telephone, paper, administrative costs

CURRENT EXPENSES

Equipment

COMPUTER AND OTHER OFFICE EQUIPMENT

3. Objectives of these rules:

These rules are mandated in 30-7-15A-15C and 30-15-7A-7C

The rules establish the requirements whereby the Board authorizes qualified nurses in advanced practice to issue written and/or oral prescriptions.

4. Explanation of Overall Economic Impact of Proposed Rule.

A. Economic Impact on State Government.

Minimal; Most of the cost of implementing these rules will be covered by the application fee provided for in the law.

B. Economic Impact on Political Subdivisions; Specific Industries; Specific groups of citizens.

None

C. Economic Impact on Citizens/Public at Large.

Beneficial; Will increase the number of primary health care providers in the State of West Virginia who can offer basic health care services including the prescription of drugs.

Date:

June 19, 1992

Signature of Agency Head or Authorized Representative

Janet H. Trivickild

DATE: September 10, 1992

RECEIVED

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

1992 SEP 10 PM 3:38

FROM: West Virginia Board of Examiners for Registered Professional Nurses

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

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

1. Authorizing statute(s) citation §30-7-15A, 15B, 15C
and §30-15-1 through 7C.

2. a. Date filed in State Register with Notice of Hearing:
June 23, 1992

- b. What other notice, including advertising, did you give of the hearing?
Notified members of the WV Nurses' Association
Advanced Practice Conference Group

- c. Date of hearing(s): July 30, 1992

- 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)
Yes

- f. Name and phone number(s) of agency person(s) to contact for additional information:
Janet H. Fairchild, MS, RN, Executive Secretary
WV Board of Examiners for Registered Professional Nurses
(304) 558-3596

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: _____

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 _____

ORIGINAL

COPY

BEFORE THE
STATE OF WEST VIRGINIA
BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

RECEIVED
1992 SEP 15 10 30 AM

IN THE MATTER OF:

HEARING ON PROPOSED RULES
LIMITED PRESCRIPTIVE AUTHORITY
FOR NURSES IN ADVANCED PRACTICE

Transcript of comments given at the
public hearing held in the above-entitled matter on
Thursday, the 30th day of July, 1992, at 101 Dee Drive,
Charleston, West Virginia, commencing at 10:00 a.m..

BEFORE:

JANET H. FAIRCHILD, M.S., R.N.,
Executive Secretary

DATE: August 5, 1992

NINETY DAYS FROM THE ABOVE DATE THE
TAPES OF THIS MATTER WILL BE ERASED
SO THAT THEY MAY BE REUSED UNLESS
WE HEAR FROM YOU INDICATING YOUR
REASONS WHY THIS SHOULDN'T BE DONE.
JANET T. SURFACE
ALUM CREEK, WEST VIRGINIA 25003
PHONE (304) 756-3302 756-3611

JANET T. SURFACE

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ROUTE 2, BOX 9
ALUM CREEK, WEST VIRGINIA 25003-9601
PHONES: (304) 756-3302 OR 756-3611

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EXECUTIVE DIRECTOR FAIRCHILD: I will open the hearing.

My name is Janet Fairchild and I'm the executive secretary of the Board of Examiners for Registered Professional Nurses.

We are here today to take comments on the rules, proposed rules for limited prescriptive authority for nurses in advanced practice.

So it is ten o'clock now. We will conduct the hearing until twelve noon. And each person, as you can see, will be granted four minutes to speak. That is pretty customary for hearings. We accept all written comments, you know, whatever you would like to do. So I'm going to call the people to speak in the order in which they signed up.

And I will have our two additional people sign in now.

EXECUTIVE DIRECTOR FAIRCHILD: I'm going to call Lynne Welch.

DR. LYNNE WELCH: I'm Doctor Lynne Welch, Dean of the School of Nursing at Marshall University.

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I would just like to go on record saying that the Marshall University School of Nursing fully supports limited prescriptive authority for advanced practice nurses. We believe that this will increase affordable access to health care for the citizens of West Virginia.

That's all.

EXECUTIVE DIRECTOR FAIRCHILD: Mary Callahan.

MS. MARY CALLAHAN: I'm Mary Callahan. I am vice president for patient services at Cabell Huntington Hospital in Huntington, West Virginia.

Last night I did speak with Sharon Ambrose, also who holds the same position at Saint Mary's Hospital in Huntington, and she asked that I speak for her at the same time.

Actually we have kind of ambivalent feelings about the bill itself or the rules that are being proposed. Certainly the nursing part of us is really excited that our peers as professional nurses have the opportunity to have these rules passed and have the opportunity for advanced practice among the nurse practitioners. However, we just wanted to bring

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to the attention of the committee and people who will be considering our comments here today that in an institutional setting for the nurses in West Virginia, it does pose problems for us.

Section 30-7-1 of the West Virginia Code as amended states that: The practice of registered professional nursing shall include the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist.

And, secondly, Section 30-7-15(a) of the same code, which was added by House Bill 4158 states that: An authorized advance nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication. Similar language is contained in Section 30-7-15(a) which covers the practice of nurse-midwives.

Thirdly, in the absence of an amendment to Section 30-7-1(b), which generally defines the practice of registered professional nursing, Cabell Huntington Hospital, and as I said, Saint Mary's

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Hospital, takes the position that registered nurses in an acute care setting are authorized by law to take orders only from licensed physicians and licensed dentists. Since the hospital credentials both nurse-midwives and certified registered nurse anesthetists, it is important that this issue be clarified by the West Virginia Board of Examiners for Registered Professional Nurses before those practitioners seek additional privileges.

Cabell Huntington Hospital has already granted privileges through the medical credentialing committee to four nurse-midwives. And, of course, it was stated at the time that these people would be practicing under the guidance of a licensed physician out in the rural areas of West Virginia, which we fully support. And as a nursing professional, I support, because I believe there is a real need there for it. However, all four of these nurse-midwives currently practice on a daily basis in the labor and delivery room at Cabell Huntington Hospital. And there have been problems that have arisen in the last month over what they can do and what the nurses can, whether they

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can administer the treatments prescribed by them because they are not licensed physicians.

So I just encourage you to look at the definition and propose that either that definition be amended or revised so that registered nurses throughout the State of West Virginia can accept orders for treatments and administration of medications from their peers.

Thank you.

EXECUTIVE DIRECTOR FAIRCHILD: George.

Go ahead.

DR. GEORGE VELIANOFF: I'm Doctor George Velianoff, administrator of professional nursing at Charleston Area Medical Center. And on behalf of myself and the office of professional nursing, we are in strong support of the advanced practice prescriptive authority legislation.

It is documented widely in the literature the ability of nursing in providing adequate, cost-effective, comprehensive quality health care. The ability for nurses in advanced practice to deliver their services provides greater access to care

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for all citizens, as well as alternative models for the delivery of health care.

As we continue to reform and revamp the health care system, new and improved alternative models must be developed. Nursing has proposed and in some cases implemented alternate delivery systems that have improved access, quality, and holistic comprehensiveness at much lower costs. Further, the impetus must be on preventative health care rather than sick care and no one is better prepared and able to deliver and provide those services than nurses.

I must also insist that third-party reimbursement must occur for the services provided by nurses. It is no longer appropriate nor beneficial to the citizens of this state or the country to suppress vital services and access to services by limiting the financial resources needed to provide them or purposely suppressing the financial reimbursement to other providers.

For a change, West Virginia is among the top of the list of states that have realized the beneficial outcomes of the advanced practice of

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professional nursing.

Thank you.

EXECUTIVE DIRECTOR FAIRCHILD: Nancy.

MS. NANCY ATKINS: I'm Nancy Atkins. I'm an OB/GYN nurse practitioner and I'm a first vice president of the West Virginia Nurses Association.

I would like to speak in favor of the proposed legislative rules, Title 19, Series 8, limited prescriptive authority for nurses in advanced practice. In spite of their increased knowledge and skill, nurses in advanced practice in this state have found themselves unable to function effectively and efficiently as there has been no formal mechanism for prescriptive authority. Prescription of drugs and devices requiring prescriptions has become an integral part to the assessment, diagnosis, and treatment cycle in the provision of care. For example, as a nurse practitioner in obstetrics, I am unable to provide prescriptions for prenatal vitamins for my pregnant patients. The passage of these rules will enable nurses to provide more cost effective and quality health care in a wide variety of settings.

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A little historical perspective on prescriptive authority: Prior to 1900, consumers could obtain any available drug through their pharmacist without a prescription. At the turn of the century a major transition began as control of drug information and purchasing was shifted away from the consumer and placed under the authority of the physician.

This was the result of three factors. Progressives and journalists joined forces to regulate patent medicines. Second, the American Medical Association acquired the financial resources through increased membership to mount a major campaign in favor of requiring that patent medicine manufacturers disclose the contents of their products and cease advertising to the general public. The AMA also established its seal of approval for drugs at this time.

The third factor was that drug makers realized the power of the MD to market their products and the public's dependency on professional opinion in making decisions regarding medication. This, in conjunction with new licensing laws for medicine,

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placed the authority for drugs in the institution of medicine.

The first federal legislation to place controls on the dispensing of drugs was the Pure Food and Drug Act of 1906. This law improved the functioning of the market by making consumer information more accurate. The law also gave physicians prescriptive authority for drugs containing narcotics. All non-narcotic drugs were still available without a prescription.

In 1938, the Federal Food, Drug, and Cosmetic Act was passed. This act extended the mandate of the FDA to include concern for drug safety. The agency was given the authority to issue a regulation distinguishing over-the-counter drugs from prescription drugs. Drugs were defined as any product, including medical devices, that affected bodily structures or functions even in the absence of disease.

The designation of prescriptive versus non-prescriptive drugs was delegated to the manufacturer. And those drugs requiring prescriptions had to be labeled in such medical terms so as not to be

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easily understood by the ordinary individual. This designation of who could choose which medicine people should take has had an enormous impact on health care and has been of great benefit to physicians within the system.

In 1951, the Humphrey-Durham Amendment provided for an expert review board to decide whether a drug was safe for use. The Drug amendment in 1962 gave the FDA authority to regulate which drugs could be used for which illnesses and control moved to the government.

As consumer influence declined and physician authority grew, the pharmaceutical companies began to finance medical journals and subsidize professional associations and political activities. Thus medicine was able to turn this authority into social privilege and economic power.

The lack of health care for some citizens of West Virginia has become critical in many parts of the state. The promulgation of these rules can help address some of those critical needs for health care providers in this state. The addition of

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limited prescriptive authority can enhance the care provided by advance practice nurses for the fine citizens of West Virginia.

These rules clearly address the issues of providing safeguards for the consumer, the collaboration with other disciplines, including medicine and pharmacy, and the qualifications and educational requirements for advanced practice nurses seeking limited prescriptive authority. I strongly support these rules as written.

EXECUTIVE DIRECTOR FAIRCHILD: Janice.

MS. JANICE M. SMITH: I'm Janice Smith, a certified neonatal nurse practitioner and chair of the advanced practice nursing conference group of the West Virginia Nurses Association.

I would like to speak in favor of these rules and regulations for limited prescriptive authority for nurses in advanced practice because I believe they are a mechanism to assure public safety. They will help to increase the number of primary care providers in our state and will expand the ability of nurses in advanced practice to provide basic health

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services for our citizens; will decrease the cost of care by not having to refer advanced nurse practitioners' clients to a second care giver for a prescription.

The application and renewal fees will enable the Board to cover the cost of record keeping, tracking, and enforcement without increasing cost of care of our citizens.

These rules and regulations assure the qualifications and eligibility requirements such as requiring national certification, which requires additional education of nurses and experience and passing a test that includes pharmacology. It assures that the nurses in advanced practice maintain a current license to practice nursing in this state. It assures necessary training; additional training is required; it must be current; it must pertain to the advanced nurse practitioner's clinical practice. And continuing education will be required to renew prescriptive authority.

It also requires written verification for a collaborative relationship with a physician. And

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that collaborative relationship will assure mutually-agreed-upon protocols and guidelines. Those protocols and guidelines will be specific to the advanced nurse practitioner's clinical practice. And it will spell what the individual and shared responsibilities are between the physician and the advanced nurse practitioner.

Safety to the public is further enhanced by the requirement and proof of periodic and joint evaluation of the prescriptive practice of the advanced nurse practitioner. Also it assures that there are periodic and joint updating of protocols and guidelines that the advanced nurse practitioner will be using those guidelines for practice.

This is limited prescriptive authority. Schedules one and two drugs of the Uniform Controlled Substance Act will not be allowed to be prescribed by the nurse practitioners, as well as anticoagulants, antineoplastics, radiopharmaceuticals, and general anesthetics. Schedule three drugs will be limited to a seventy-two-hour prescription without a refill. There is a mechanism for termination of this authority if it

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should need to be terminated.

And, again, I support these rules and regulations for prescriptive authority of nurses in advanced practice.

EXECUTIVE DIRECTOR FAIRCHILD: Bonnie, did you wish to speak?

MS. BONNIE ZULIANI: No.

EXECUTIVE DIRECTOR FAIRCHILD: Sally.

MS. SALLY TOM: I'm Sally Tom. I'm the legislative liaison for the West Virginia Chapter of the American College of Nurse-Midwives. And we don't have written testimony but we would be glad to summarize these statements and put them in written form for you if you would like to have them that way.

The chair of our chapter and I have discussed the regulations and we wanted to convey to the Board and to the committee that worked on them our enthusiasm for them. We think you guys did a great job. They are succinct, to the point, and they cover all the bases. And we are very impressed with them.

We have two small sort of technical suggestions to make. One was pointed out to me by

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Martha Cook, who is our chairperson who works actually in several different facilities with several different agencies, that these regulations will now require for three times, three different dates during the year we have to send money and fill out forms for the Board of Nursing. And we would really like to recommend that it be consolidated. Because then after each of those forms comes back to us completed, we have to send them to our agencies that we work for. And that is triple paperwork for some folks. So if all the money could be sent and all the forms could be done at the same date every year that would be really helpful for people.

The other is that we feel that using a slash between nurse practitioner and certified nurse-midwife implies that they might actually be different words for the same thing and they are not. And we would prefer that the wording be changed to say nurse practitioners and/or certified nurse-midwives throughout.

That's all the comments we have.

EXECUTIVE DIRECTOR FAIRCHILD: Thank you.

Mary.

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MS. MARY NEMETH: No.

EXECUTIVE DIRECTOR FAIRCHILD: You don't wish to speak.

MS. NEMETH: I'm just here for support.

EXECUTIVE DIRECTOR FAIRCHILD: Okay.

Ron.

MR. RONALD D. WALTON: Actually I am here in place of Doctor Eileen Catterson, who is the president of the board, and she has prepared a letter to you with written comments of the Board of Medicine. So I will just submit the letter.

EXECUTIVE DIRECTOR FAIRCHILD: For the record, you are?

MR. WALTON: The executive director.

EXECUTIVE DIRECTOR FAIRCHILD: Ron Walton of the Board of Medicine. Right down the hall.

Pam.

MS. PAMELA L. ALDERMAN: I'm here in support.

EXECUTIVE DIRECTOR FAIRCHILD: Jan.

MS. JAN SALSTROM: No.

EXECUTIVE DIRECTOR FAIRCHILD: Okay. That is it. We are done.

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Well, the hearing will continue until twelve. So if we have additional people who come, we will take their testimony.

A VOICE: Can we have the contents of the board of medicine--

MR. WALTON: Why don't you read it into the record?

EXECUTIVE DIRECTOR FAIRCHILD: Then I will read the letter from Doctor Catterson from the Board of Medicine into the record.

Dear Ms. Fairchild: We have carefully reviewed your proposed rules, Series 8, limited prescriptive authority for nurses in advanced practice.

The comments we have relate to two specific areas of your proposed rules. First, Section 19-8-6, drugs excluded from prescriptive authority, merely recites the provisions of West Virginia Code, Chapter 30, Article 7, Section 15A, paragraph (c), in spite of the fact that the section of the law provides for your Board to promulgate rules which shall provide at a minimum a state formulary classifying those categories of drugs which shall not be prescribed by

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advanced nurse practitioners, including but not limited to, the underlining emphasis added, schedules one and two of the Uniform Controlled Substance Act, anticoagulants, antineoplastics, radiopharmaceuticals, and general anesthetics. Your proposed rules make no schedule three medications off limits. And to the Board of Medicine this seems most unwise and not in the public interest.

At this board we have seen far too many practitioners lose control of their prescribing of scheduled controlled substances and it seems obvious that the wider the panoply of controlled substances available for prescription the easier it may be to create a problem for patient welfare.

The criteria for placing a controlled substance on schedule three includes abuse of the substance may lead to moderate or low physical dependence or high psychological dependence, West Virginia Code, Chapter 60A-2-207. Many drugs available on the street are drugs obtained from schedule three, drugs obtained through a prescription and then diverted.

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In summary, it makes good common sense to this board to effectively limit the controlled substances prescribed from schedule three, not only the amounts as declared in the statute, that is, the seventy-two-hour supply without refill, but the types and categories as the legislature has given you permission to do.

Second, at Section 30-8-3, despite the fact that West Virginia Code, Chapter 30-7-15(a), paragraph (c), provides that your Board is to promulgate rules governing the eligibility and extent to which an advanced nurse practitioner may prescribe drugs, your regulations addressing eligibility do not address in any way a situation such as a nurse who may have had a drug problem or impairment. And it would seem inappropriate to grant such a nurse full prescriptive authority. Though the rules reference West Virginia Code Chapter 30-7-15, to be eligible a nurse is not to be addicted to alcohol or the use of controlled substances, in paragraph three-point-three, close paragraph, the nurse may not be currently addicted but you may not wish to risk the nurse

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becoming drug dependent or addicted in the future. Your regulations make no allowance for such a situation but appear simply to mandate giving that individual full prescriptive authority. We recommend tightening this section.

Again it appears that the legislature has given you permission to impose such strictures upon your bestowal of prescriptive authority, and this suggestion is made due to this board's experience in dealing with physicians impaired by drugs and in limiting their access to prescribing after treatment.

Finally, we would appreciate at three-point-one of your rule a time limitation for forwarding verification of a collaborative relationship with a licensed physician to our board.

Thank you for the opportunity to comment on these rules.

Sincerely, Eileen Catterson, M.D.,
president of the Board of Medicine.

That is it.

The Board will take into consideration at the August 11th board meeting all of the comments

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and testimony and comments taken today and look at the rules as they were filed with the secretary of state and consider if any changes need to be made at that point in time. And then after their decision the rules are refiled with the secretary of state and they get into the procedure for review by the legislature at the next session.

(WHEREUPON, a recess
was taken.)

EXECUTIVE DIRECTOR FAIRCHILD: The time is now twelve noon. We have no more people here who want to make comments. So the hearing is now closed.

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REPORTER'S CERTIFICATE

I, the undersigned, Janet T. Surface, Stenomask Reporter, do hereby certify that the foregoing is, to the best of my skill and ability, a true and accurate transcript of the hearing held in the above-entitled matter on the 30th day of July, 1992.

Given under my hand this the 3rd day of August, 1992.

Janet T Surface
Reporter

JANET T. SURFACE
COURT REPORTER
ROUTE 2, BOX 9
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HEARING ON PROPOSED RULES
 LIMITED PRESCRIPTIVE AUTHORITY FOR
 NURSES IN ADVANCED PRACTICE
 JULY 30, 1992

NAME	ADDRESS	CITY-STATE	PHONE#	AU	GENCY
Lynne White	400 Mac Green Blvd	Huntington, WV	755-6902616		Marshall University
Mary Callahan	1340 Hal Shaw Blvd.	Huntington, W.V.	257-2309		Capell Huntington Hospital
George Velianoff	3101 M ^e Conkle St	Charleston, WV	348-4343		C.A.M.C.
Nancy Atkins	1448 Satties Circle	Nioto, WV	347-9496		WV Nurses Assoc.
Tanice M Smith	1409 W. Va. Ave	Dunbar, W. Va.	347-9590		W.V. Nurses Assoc
Jessie Juliani	1900 Alexander Blvd	Charleston	558-0050		Public Health Practice Association
Sally Tom	310 MacConkey St	Charleston, WV	324-347-1267		American College of Nurse Practitioners
Mary Nemeth	3110 Macbeth Ave se	Charleston, WV	334-397-1252		WV School of Nursing
Ronald D. Walton	101 DEE DRIVE	CHARLESTON WV	558-2921		W.V. Bd. of Medicine
Hannela L. Alderman	P.O. Box 860	Chapman, W. Va	857-9258		Southern Coll Comm, College Mt
Jan Salafon	1001 6 th Ave	Huntington, W. Va	696-7256		John Marshall University
Elizabeth Mojher	4275 Hughes Blvd	Huntington, WV	736-2443		JAMS - OBGYN

NP Practice
 American College
 of Nurse Practitioners



STATE OF WEST VIRGINIA

BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

101 Dee Drive
Charleston, WV 25311-1620

M E M O R A N D U M

To: Interested Public

From: Janet H. Fairchild, M.S., R.N. *Jhf*
Executive Secretary

Date: July 30, 1992

Re: Hearing on Proposed Rules
Limited Prescriptive Authority
for Nurses in Advanced Practice

Hearing Procedures:

The hearing on Proposed Legislative Rules, Title 19, Series 8 (Limited Prescriptive Authority for Nurses in Advanced Practice) will begin promptly at 10:00 A.M. in the Conference Room adjacent to the Board offices. The hearing will end promptly at 12:00 noon.

Interested persons requesting to speak to the proposed rules must sign in on the attendance sheet, and will identify yourself with the court reporter prior to commenting on the rules. Each person will be granted four (4) minutes to speak.

Written comments may also be submitted with or without oral comment.

WEST VIRGINIA
SECRETARY OF STATE

KEN HECHLER

ADMINISTRATIVE LAW DIVISION

Do Not Mark In this Box

Form #1

NOTICE OF PUBLIC HEARING ON A PROPOSED RULE

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

RULE TYPE: LEGISLATIVE; CITE AUTHORITY 30-7-15A, 15B, 15C and 30-15-1 through 7C.

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 8

TITLE OF RULE BEING PROPOSED: Limited Prescriptive Authority for Nurses in Advanced Practice

DATE OF PUBLIC HEARING: July 30, 1992 TIME: 10:00 a.m.

LOCATION OF PUBLIC HEARING: Conference Room (Board of Medicine)
101 Dee Drive
Charleston West Virginia 25311-1620

COMMENTS LIMITED TO: ORAL , WRITTEN , BOTH

COMMENTS MAY ALSO BE MAILED TO THE FOLLOWING ADDRESS: _____

The Department requests that persons wishing to make comments at the hearing make an effort to submit written comments in order to facilitate the review of these comments.

The issues to be heard shall be limited to the proposed rule.

ATTACH A BRIEF SUMMARY OF YOUR PROPOSAL _____

TITLE 19
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

SERIES 8
LIMITED PRESCRIPTIVE AUTHORITY
FOR NURSES IN ADVANCED PRACTICE

BRIEF SUMMARY:

These rules establish the requirements whereby the Board authorizes qualified nurses in advanced practice to issue written and/or oral prescriptions, and specifies application procedures, renewal requirements, conditions for termination of prescriptive authority, notification requirements to the Board of Medicine, Board of Osteopathy, and Board of Pharmacy, and educational requirements in the area of pharmacology and drug management.

TITLE 19
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

SERIES 8
LIMITED PRESCRIPTIVE AUTHORITY
FOR NURSES IN ADVANCED PRACTICE

§19-8-1. General.

1.1. Scope. -- These rules establish the requirements whereby the Board authorizes qualified nurses in advanced practice to issue written and/or oral prescriptions as per West Virginia Code §30-7-15a, 15b, 15c, and §30-15-1 through 7c.

1.2. Authority West Virginia Code §30-7-15a, 15b, 15c and §30-15-1 through 7c.

1.3. Filing Date: June 23, 1992

1.4. Effective Date: _____

§19-8-2. Definition.

2.1. The nurse in advanced practice is one who has been recognized by the Board for Announcement of Advanced Practice as per Legislative Rules, Title 19, Series 7, Sections 1-4.

2.2. The certified nurse-midwife is one who has been licensed by the Board to practice nurse-midwifery as per West Virginia Code §30-15-1c.

2.3. The nurse in advanced practice shall be referred to in these rules as:

2.3.1. Advanced Nurse Practitioners, and

2.3.2. Certified Nurse-Midwives.

§30-8-3. Application and Eligibility for Limited Prescriptive Authority.

3.1. The advanced nurse practitioner/certified nurse-midwife shall submit a notarized application for prescriptive authority on forms provided by the Board along with a fee of \$125.00.

3.1.1. A voided sample of the prescription form shall be submitted with the application.

3.1.2. The advanced nurse practitioner/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 following conditions for prescriptive practice are in place:

3.1.2.1. Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced nurse practitioner's/certified nurse-midwife's clinical practice.

3.1.2.2. Statements describing the individual and shared responsibilities of the advanced nurse practitioner/certified nurse-midwife and the physician pursuant to the collaborative agreement between them.

3.1.2.3. Periodic and joint evaluation of prescriptive practice.

3.1.2.4. Periodic and joint review and updating of the written guidelines or protocols.

3.1.3. The advanced nurse practitioner/certified nurse-midwife with prescriptive authority shall submit additional documentation of the conditions in rule 3.1.2. above at the request of the Board.

3.2. The Board shall forward a copy of such verification specified in rule 3.1.2. above to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.

3.3. The advanced nurse practitioner applicant for prescriptive authority shall meet all eligibility requirements as specified in West Virginia Code §30-7-15b.

3.3.1. If any evidence exists that all eligibility requirements have not been met, prescriptive authority shall not be granted.

3.4. The certified nurse-midwife applicant for prescriptive authority shall meet all eligibility requirements as specified in West Virginia Code §30-15-7b.

3.4.1. If any evidence exists that all eligibility requirements have not been met, prescriptive authority shall not be granted.

3.5. Upon satisfactory evidence that the applicant has met all requirements for prescriptive authority as set forth in West Virginia Code §30-7-15a, 15b, 15c, §30-15-1 through 7c, Legislative Rules Title 19, Series 7 and these rules, authority to prescribe drugs as set forth in these rules will be granted and an identification number will be assigned by the Board.

3.5.1. The Board shall notify the Board of Medicine, the Board of Osteopathy, and the Board of Pharmacy of those advanced nurse practitioners/certified nurse-midwives who have been granted prescriptive authority, and shall also provide the prescribers'

6.1.5. General anesthetics.

6.1.6. Drugs listed under Schedule III shall be limited to a seventy-two hour supply without refill.

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

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

§19-8-7. Termination of limited prescriptive privileges.

7.1. The Board may deny or revoke privileges for prescriptive authority if the applicant has not met conditions set forth in the law or these rules, or if the applicant has violated any part of the West Virginia Code §30-7 or §30-15.

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

7.3. The Board shall immediately terminate prescriptive authority of the advanced nurse practitioner/certified nurse-midwife if disciplinary action has been taken against his/her license to practice registered professional nursing in accordance with West Virginia Code 30-7-11 and Legislative Rules Title 19, Series 5.

7.4. Prescriptive authority for the advanced nurse practitioner shall terminate immediately if the license to practice registered professional nursing in the State of West Virginia lapses.

7.5. Prescriptive authority for the certified nurse-midwife shall terminate immediately if either the license to practice registered professional nursing or the license to practice as nurse-midwife in the State of West Virginia lapses.

7.6. Prescriptive authority shall be immediately and automatically terminated if national certification as an advanced nurse practitioner/certified nurse-midwife lapses.

7.7. 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, such authority will terminate immediately upon expiration.

7.8. Any advanced nurse practitioner or certified nurse-midwife who allows her/his prescriptive authority to lapse by failing to renew in a timely manner, may be reinstated by the Board

identification number.

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

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

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

4.3. The applicant shall complete during the two years prior to renewal a minimum of eight (8) contact hours of pharmacology education that have been approved by the Board.

4.4. Prescriptive authority for the advanced nurse practitioner/certified nurse-midwife shall be renewed biennially by March 30, of odd-numbered years.

4.5. Application for renewal of prescriptive authority shall be submitted on forms provided by the Board. The application must be notarized, and the fee of \$125.00 must accompany the application.

§19-8-5. Pharmacology Course Requirements.

5.1. Prior to Board approval for limited prescriptive authority, the applicant shall successfully complete an accredited course(s) of instruction in clinical pharmacology and clinical management of drug therapy approved by the Board of not less than forty-five (45) contact hours, provided that fifteen (15) of these hours have been completed within two years prior to application for prescriptive authority.

5.2. The applicant shall submit official transcripts or certificates documenting completion of pharmacology course work. The Board may request course outlines and/or descriptions if necessary to evaluate pharmacology course content and objectives.

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

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

- 6.1.1. Schedules I and II of the Uniform Controlled Substances Act.
- 6.1.2. Anticoagulants.
- 6.1.3. Antineoplastics.
- 6.1.4. Radio-pharmaceuticals.

on satisfactory explanation for such failure to renew and submission of prescriptive authority application and fee.

§19-8-8. Adoption/revision of rules/policies.

8.1. The Board shall have the authority to adopt and revise such rules and/or policies as may be necessary to enable it to carry into effect the provisions of this article.

ENROLLED

H. B. 4158

(By MR. SPEAKER, MR. CHAMBERS, AND DELEGATE BURK)

[By Request of the Executive]

[Passed February 10, 1992 in effect from passage.]

AN ACT to amend article seven, chapter thirty of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto three new sections, designated sections fifteen-a, fifteen-b and fifteen-c; to amend and reenact sections one, two, three, five, six and seven, article fifteen of said chapter thirty; and to further amend said article fifteen by adding thereto three new sections, designated sections seven-a, seven-b and seven-c, all relating to provisions for registered professional nurses and nurse-midwives prescriptive authority for prescription drugs, collaborative relationship with physician requirements, rules, classification of drugs to be prescribed, coordination with boards, eligibility for prescriptive authority, application, fee, form of prescriptions, termination of authority, renewal, notification of termination of authority, nurse-midwives definitions, licenses, qualifications, annual registration fee, suspension or revocation of licenses, and limitations of authority.

Be it enacted by the Legislature of West Virginia:

That article seven, chapter thirty of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto three new sections, designated sections fifteen-a, fifteen-b and fifteen-c; that sections one, two, three, five, six and seven, article fifteen of said chapter thirty

be amended and reenacted; and that said article fifteen be further amended by adding thereto three new sections, designated section seven-a, seven-b and seven-c, all to read as follows:

ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

§30-7-15a. Prescriptive authority for prescription drugs; collaborative relationship with physician requirements; promulgations of rules; classification of drugs to be prescribed; coordination with other boards; coordination with board of pharmacy.

1 (a) The board may, in its discretion, authorize an
2 advanced nurse practitioner to prescribe prescription
3 drugs in a collaborative relationship with a physician
4 licensed to practice in West Virginia and in accordance
5 with applicable state and federal laws. An authorized
6 advanced nurse practitioner may write or sign prescrip-
7 tions or transmit prescriptions verbally or by other
8 means of communication.

9 (b) For purposes of this section an agreement to a
10 collaborative relationship for prescriptive practice
11 between a physician and an advanced nurse practitioner
12 shall be set forth in writing. Verification of such
13 agreement shall be filed with the board by the advanced
14 nurse practitioner. The board shall forward a copy of
15 such verification to the board of medicine. Collaborative
16 agreements shall include, but not be limited to, the
17 following:

18 (1) Mutually agreed upon written guidelines or
19 protocols for prescriptive authority as it applies to the
20 advanced nurse practitioner's clinical practice; *→ prescriptive practice*

21 (2) Statements describing the individual and shared
22 responsibilities of the advanced nurse practitioner and
23 the physician pursuant to the collaborative agreement
24 between them;

25 (3) Periodic and joint evaluation of prescriptive
26 practice; and

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

29 (c) The board shall promulgate legislative rules in
30 accordance with the provisions of chapter twenty-nine-
31 a of this code governing the eligibility and extent to
32 which an advanced nurse practitioner may prescribe
33 drugs. Such rules shall provide, at a minimum, a state
34 formulary classifying those categories of drugs which
35 shall not be prescribed by advanced nurse practitioners,
36 including, but not limited to, Schedules I and II of the
37 Uniform Controlled Substances Act, anticoagulants,
38 antineoplastics, radio-pharmaceuticals and general
39 anesthetics. Drugs listed under Schedule III shall be
40 limited to a seventy-two hour supply without refill.

41 (d) The board shall consult with other appropriate
42 boards for the development of the formulary.

43 (e) The board shall transmit to the board of pharmacy
44 a list of all advanced nurse practitioners with prescrip-
45 tive authority. The list shall include:

46 (1) The name of the authorized advanced nurse
47 practitioner;

48 (2) The prescriber's identification number assigned by
49 the board; and

50 (3) The effective date of prescriptive authority.

§30-7-15b. Eligibility for prescriptive authority; applica-
tion; fee.

1 An advanced nurse practitioner who applies for
2 authorization to prescribe drugs shall:

3 (a) Be licensed and certified in West Virginia as an
4 advanced nurse practitioner holding a baccalaureate
5 degree in science or the arts;

6 (b) Not be less than eighteen years of age;

7 (c) Provide the board with evidence of successful
8 completion of forty-five contact hours of education in
9 pharmacology and clinical management of drug therapy

10 under a program approved by the board fifteen hours
11 of which shall be completed within the two-year period
12 immediately before the date of application;

13 (d) Provide the board with evidence that he or she is
14 a person of good moral character and not addicted to
15 alcohol or the use of controlled substances; and

16 (e) Submit a completed, notarized application to the
17 board, accompanied by a fee of one hundred twenty-five
18 dollars.

} fee

§30-7-15c. Form of prescriptions; termination of author-
ity; renewal; notification of termination of
authority.

1 (a) Prescriptions authorized by an advanced nurse
2 practitioner must comply with all applicable state and
3 federal laws; must be signed by the prescriber with the
4 initials "A.N.P." or the designated certification title of
5 the prescriber; and must include the prescriber's
6 identification number assigned by the board.

7 (b) Prescriptive authorization shall be terminated if
8 the advanced nurse practitioner has:

9 (1) Not maintained current authorization as an
10 advanced nurse practitioner; or

11 (2) Prescribed outside the advanced nurse practition-
12 er's scope of practice or has prescribed drugs for other
13 than therapeutic purposes; or

14 (3) Has not filed verification of a collaborative
15 agreement with the board.

16 (c) Prescriptive authority for an advanced nurse
17 practitioner must be renewed biennially. Documentation
18 of eight contact hours of pharmacology during the
19 previous two years must be submitted at the time of
20 renewal.

21 (d) The board shall notify the board of pharmacy and
22 the board of medicine within twenty-four hours after
23 termination of, or change in, an advanced nurse
24 practitioner's prescriptive authority.

}
}

ARTICLE 15. NURSE-MIDWIVES.

§30-15-1. Definitions.

1 The following terms wherever used or referred to in
2 this article shall have the following meaning.

3 (a) "Midwife" means a person who assists in the
4 management and care of a woman and her infant during
5 the prenatal, delivery and postnatal periods.

6 (b) "Midwifery" means the practice of performing the
7 service of a midwife for a fee or compensation.

8 (c) "Nurse-midwife" means a qualified professional
9 nurse registered with the West Virginia board of
10 examiners for registered professional nurses who by
11 virtue of additional training is specifically qualified to
12 practice nurse-midwifery according to the statement of
13 standards for the practice of nurse-midwifery as set
14 forth by the American college of nurse-midwives.

15 (d) "Board" means the West Virginia board of
16 examiners for registered professional nurses.

§30-15-2. Licenses required.

1 (a) No person, other than a physician, shall engage or
2 hold themselves out as practicing nurse-midwifery
3 without a license to do so issued by the West Virginia
4 board of examiners for registered professional nurses:
5 *Provided*, That this requirement does not apply to those
6 midwives who hold a license upon the first day of July,
7 one thousand nine hundred seventy-three, issued by the
8 West Virginia board of health. Persons holding licenses
9 on said date issued by the said board of health, shall be
10 permitted to practice midwifery as formerly defined
11 and according to the authority granted to them upon the
12 issuance of their licenses, until the expiration of such
13 licenses without the privilege of renewal.

14 (b) No person may practice or offer to practice as a
15 nurse-midwife with prescriptive authority without a
16 license to do so issued by the West Virginia board of
17 examiners for registered professional nurses and issued
18 pursuant to section seven-a of this article.

§30-15-3. Qualifications for licensing.

1 (a) A nurse-midwife license shall be issued by the
2 board to any applicant who provides evidence that he
3 or she:

4 (1) Is a registered professional nurse licensed by the
5 board;

6 (2) Is a graduate of a nurse-midwifery education
7 program approved by the American college of nurse-
8 midwives or any American college of nurse-midwives
9 designated successor organization; and

10 (3) Is certified by the American college of nurse-
11 midwives.

12 (b) Any nurse-midwife who desires privileges for
13 prescriptive authority as described in section seven-a of
14 this article must, in addition to the evidence required
15 by subsection (a) of this section, submit to the board the
16 information required by section seven-b herein.

§30-15-5. Form of licenses; annual registration fee.

1 (a) Licenses or certificates issued by the board shall
2 bear a serial number, the full name of the applicant, the
3 date of issuance of any such license, the seal of the board
4 and the signature of the executive secretary of the
5 board: *Provided*, That if prescriptive authority has been
6 granted pursuant to section seven-a of this article, such
7 authorization shall also be included on each license or
8 certificate issued by the board.

9 (b) Every licensed nurse-midwife shall procure from
10 the secretary of the board annually, on or before the first
11 day of July, a certificate of registration. The certificate
12 shall be issued by said secretary upon the payment of
13 a fee to be fixed by the board, not to exceed the sum
14 of ten dollars. The secretary shall mail annually, on or
15 before the first day of June, to each licensed nurse-
16 midwife a printed blank form to be properly filled in
17 and returned by such licensed person on or before the
18 first day of July to the secretary of the board. Upon the
19 receipt of the form properly filled in, and such fee, the

20 annual certificate of registration shall be issued and
21 transmitted.

22 (c) The authority to practice as a nurse-midwife with
23 prescriptive authority shall be indicated on the appli-
24 cant's registered professional license issued by the
25 board.

§30-15-6. Suspension or revocation of licenses.

1 (a) The board may suspend or revoke a license for any
2 of the following reasons:

3 (1) Failure to remain current in annual registration;

4 (2) Gross negligence in performance of service as
5 provided by the statement of standards for the practice
6 of nurse-midwifery by the American college of nurse-
7 midwives; or

8 (3) The commission of a crime in association with the
9 practice of nurse-midwifery.

10 (b) Before any license shall be revoked or suspended,
11 the accused shall be furnished with a written statement
12 of the reasons for such suspension or revocation and
13 shall be given reasonable notice of, and be entitled to,
14 a hearing before the board, in person, or by attorney,
15 according to the provisions of chapter twenty-nine-a of
16 this code.

**§30-15-7. Limitations of authority; collaborative relation-
ship with physicians.**

1 (a) The license to practice nurse-midwifery shall
2 entitle the holder to practice such profession according
3 to the statement of standards of the American college
4 of nurse-midwives, and such holder shall be required to
5 practice in a collaborative relationship with a licensed
6 physician engaged in family practice or the specialized
7 field of gynecology or obstetrics, or as a member of the
8 staff of any maternity, newborn or family planning
9 service approved by the West Virginia department of
10 health and human resources, who, as such, shall practice
11 nurse-midwifery in a collaborative relationship with a
12 board-certified or board-eligible obstetrician, gynecolo-
13 gist, or the primary-care physician normally directly

14 responsible for obstetrical and gynecological care in said
15 area of practice.

§30-15-7a. Prescriptive authority for prescription drugs;
collaborative relationship with physician
requirements; promulgation of rules; classi-
fication of drugs to be prescribed; consulta-
tion with other boards; coordination with
board of pharmacy.

1 (a) The board shall, in its discretion, authorize a
2 nurse-midwife to prescribe prescription drugs in a
3 collaborative relationship with a physician licensed to
4 practice in West Virginia and in accordance with
5 applicable state and federal laws. An authorized nurse-
6 midwife may write or sign prescriptions or transmit
7 prescriptions verbally or by other means of
8 communication.

9 (b) For purposes of this section an agreement to a
10 collaborative relationship for practice between a
11 physician and a nurse-midwife shall be set forth in
12 writing. Verification of such agreement shall be filed
13 with the board by the nurse-midwife. The board shall
14 forward a copy of such verification to the board of
15 medicine. Collaborative agreements shall include, but
16 not be limited to, the following:

17 (1) Mutually agreed upon written guidelines or
18 protocols for prescriptive practice as it applies to the
19 nurse-midwife's clinical practice;

20 (2) Statements describing the individual and shared
21 responsibilities of the nurse-midwife and the physician
22 pursuant to the collaborative agreement between them;

23 (3) Periodic and joint evaluation of prescriptive
24 practice; and

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

27 (c) The board shall promulgate legislative rules in
28 accordance with the provisions of chapter twenty-nine
29 of this code governing the eligibility and extent to which
30 a nurse-midwife may prescribe drugs. Such rules shall

31 provide, at a minimum, a state formulary classifying
32 those categories of drugs which shall not be prescribed
33 by nurse-midwives, including, but not limited to,
34 Schedules I and II of the Uniform Controlled Substances
35 Act, anticoagulants, antineoplastics, radio-pharmaceut-
36 icals and general anesthetics. Drugs listed under
37 schedule III shall be limited to a seventy-two hour
38 supply without refill.

39 (d) The board shall consult with other appropriate
40 boards for development of the formulary.

41 (e) The board shall transmit to the board of pharmacy
42 a list of all nurse-midwives with prescriptive authority.
43 The list shall include:

44 (1) The name of the authorized nurse-midwife;

45 (2) The prescriber's identification number assigned by
46 the board; and

47 (3) The effective date of prescriptive authority.

§30-15-7b. Eligibility for prescriptive authority; applica-
tion; fee.

1 (1) A nurse-midwife who applies for authorization to
2 prescribe drugs shall:

3 (a) Be licensed and certified as a nurse-midwife in the
4 state of West Virginia;

5 (b) Not be less than eighteen years of age;

6 (c) Provide the board with evidence of successful
7 completion of forty-five contact hours of education in
8 pharmacology and clinical management of drug therapy
9 under a program approved by the board, fifteen of
10 which shall be completed within the two-year period
11 immediately before the date of application;

12 (d) Provide the board with evidence that he or she is
13 a person of good moral character and not addicted to
14 alcohol or the use of controlled substances; and

15 (e) Submit a completed, notarized application to the
16 board, accompanied by a fee of one hundred twenty-five
17 dollars.

§30-15-7c. Form of prescription; termination of authority; renewal; notification of termination of authority.

1 (a) Prescriptions authorized by a nurse-midwife must
2 comply with all applicable state and federal laws; must
3 be signed by the prescriber with the initials "C.N.M.";
4 and must include the prescriber's identification number
5 assigned by the board.

6 (b) Prescriptive authorization shall be terminated if
7 the nurse-midwife has:

8 (1) Not maintained current authorization as a nurse-
9 midwife; or

10 (2) Prescribed outside the nurse-midwife's scope of
11 practice or has prescribed drugs for other than thera-
12 peutic purposes; or

13 (3) Has not filed verification of a collaborative
14 agreement with the board.

15 (c) Prescriptive authority for a nurse-midwife must be
16 renewed biennially. Documentation of eight contact
17 hours of pharmacology during the previous two years
18 must be submitted at the time of renewal.

19 (d) The board shall notify the board of pharmacy and
20 the board of medicine within twenty-four hours after
21 termination of, or change in, a nurse-midwife's prescrip-
22 tive authority.

The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originating in the House.

Takes effect from passage.

Clerk of the Senate

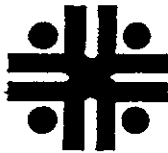
Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

The within _____ this the _____
day of _____, 1992.

Governor



CABELL HUNTINGTON HOSPITAL

Mary Callahan
Cabell Huntington
Hospital
1340 Hal Greer
Bldg.
Huntington, W. Va.
25701

July 27, 1992

Janet Fairchild
West Virginia Board of Examiners
for Registered Professional Nurses
922 Quarrier Street
Embleton Building, Suite 309
Charleston, West Virginia 25301

Dear Ms. Fairchild:

I have reviewed the proposed rules for granting limited prescriptive authority to nurses in advanced practice and have the following concerns:

1. Section 30-7-1(b) of the West Virginia Code, as amended, states that the practice of "registered professional nursing" shall include "the administration of medications and treatments as prescribed by a licensed physician or licensed dentist..." (emphasis added).
2. Section 30-7-15(a) of the West Virginia Code, which was added by House Bill 4158, states that "[a]n authorized advance nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication." Similar language is contained in Section 30-7-15(a), which governs the practice of nurse-midwives.
3. In the absence of an amendment to Section 30-7-1(b), which generally defines the practice of "registered professional nursing", Cabell Huntington Hospital takes the position that registered nurses in an acute care setting are authorized by law to take orders only from licensed physicians and licensed dentists. Since the Hospital credentials both nurse-midwives and certified registered nurse anesthetists, it is important that this issue be clarified by the West Virginia Board of Examiners for Registered Professional Nurses before those practitioners seek additional privileges.

I will be attending the hearing on July 30, 1992, and plan to present the above comments.

Sincerely,

Mary Callahan, R.N.
Vice President for Patient Services

cab

ON BEHALF OF MYSELF AND OFFICE OF PROFESSIONAL NURSING, WE ARE IN STRONG SUPPORT OF THE ADVANCED PRACTICE -PRESCRIPTIVE AUTHORITY LEGISLATION. IT IS DOCUMENTED WIDELY IN THE LITERATURE THE ABILITY OF NURSING IN PROVIDING ADEQUATE, COST EFFICIENT, COMPREHENSIVE, QUALITY, HEALTH CARE. THE ABILITY FOR NURSES IN ADVANCED PRACTICE TO DELIVER THEIR SERVICES PROVIDES GREATER ACCESS TO CARE FOR ALL CITIZENS AS WELL AS ALTERNATIVE MODELS FOR THE DELIVERY OF HEALTH CARE TO EMERGE. AS WE CONTINUE TO REFORM AND REVAMP THE HEALTH CARE SYSTEM, NEW, IMPROVED, ALTERNATIVE MODELS MUST BE DEVELOPED. NURSING HAS PROPOSED AND IN SOME CASES IMPLEMENTED ALTERNATE DELIVERY SYSTEMS THAT HAVE IMPROVED ACCESS, QUALITY AND HOLISTIC COMPREHENSIVENESS AT MUCH LOWER COSTS. FURTHER, THE IMPETUS MUST BE ON PREVENTIVE HEALTH CARE RATHER THAN SICK CARE AND NO ONE IS BETTER PREPARED AND ABLE TO PROVIDE THOSE SERVICES THAN NURSES. I MUST ALSO INSIST THAT THIRD PARTY REIMBURSEMENT MUST OCCUR FOR THE SERVICES PROVIDED BY NURSES. IT IS NO LONGER APPROPRIATE NOR BENEFICIAL TO THE CITIZENS OF THIS STATE AND THIS COUNTRY TO SUPPRESS VITAL SERVICES AND ACCESS TO SERVICES BY LIMITING THE FINANCIAL RESOURCES NEEDED TO PROVIDE THEM, OR PURPOSELY SUPPRESSING THE FINANCIAL REIMBURSEMENT TO OTHER PROVIDERS. FOR A CHANGE, WEST VIRGINIA IS AMONG THE TOP OF THE LIST OF STATES THAT HAVE REALIZED THE BENEFICIAL OUTCOMES OF THE ADVANCED PRACTICE OF PROFESSIONAL NURSING.

/

Joyce Velazquez, DNS, RN

OB-6
ST JP COUNTY

LIMITED PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSES

Submitted by Nancy Atkins, RNC, NP

I would like to speak in favor of the proposed legislative rules, Title 19, Series 8, limited prescriptive authority for nurses in advanced practice. In spite of their increased knowledge and skill, nurses in advanced practice in this state have found themselves unable to function effectively and efficiently as there has been no formal mechanism for prescriptive authority. Prescription of drugs and devices requiring prescriptions has become an integral part to the assessment, diagnosis and treatment cycle in the provision of care. For example as a nurse practitioner in obstetrics, I am unable to provide prescriptions for prenatal vitamins for my pregnant patients. The passage of these rules will enable nurses to provide more cost effective and quality health care in the wide variety of settings.

Prior to 1900, consumers could obtain any available drug through their pharmacist without a prescription. At the turn of the century, a major transition began as control of drug information and purchasing was shifted away from the consumer and placed under the authority of the physician.

This was the result of three factors. Progressives and journalists joined forces to regulate patent medicines. Second the American Medical Association (AMA) acquired the financial resources through increased membership to mount a major campaign in favor of requiring that patent medicine manufactures' disclose the contents of their products and cease advertising to the general public. The AMA also established its Seal of Approval for drugs at this time.

Limited Prescriptive Authority for Advanced Practice Nurses - Page 2

The third factor was the drug makers realized the power of the MD's to market their products and the public's dependency on professional opinion in making decisions regarding medication. this in conjunction with new licensing laws for medicine, placed the authority for drugs in the institution of medicine.

The first federal legislation to place controls on the dispensing of drugs was the Pure Food and Drug of 1906. The law improved the functioning of the market by making consumer information more accurate. The law also gave physicians prescriptive authority for drugs containing narcotics, all non-narcotic drugs were still available without prescription.

In 1938, the Federal Food, Drug and Cosmetic Act was passed. this act extended the mandate of the Food and Drug Administration (FDA) to include concern for drug safety. The agency was given the authority to issue a regulation distinguishing over-the-counter drugs from prescription drugs. Drugs were defined as any product, including medical devices, that affected bodily structures or functions even in the absence of disease.

The designation of prescriptive vs non-prescriptive drugs was delegated to the manufacturer, and those drugs requiring prescriptions had to be labeled in such medical terms so as to not be easily understood by the ordinary individual. This designation of who should choose which medicine people should take has had enormous impact on health care and has been of great benefit to physicians within this system.

Limited Prescriptive Authority for Advanced Practice Nurses - Page 3

In 1951 the Humphrey-Durham Amendment provided for an expert review board to decide whether a drug was safe for use. The Drug Amendment in 1962 gave the FDA authority to regulate which drugs could be used for which illnesses and control moved to the government.

As consumer influence declined and physician authority grew, the pharmaceutical companies began to finance medicine's journals, and subsidize professional associations and political activities. Thus medicine was able to turn this authority into social privilege and economic power.

The lack of health care for some citizens of West Virginia has become critical in many parts of the state. The promulgation of these rules can help address some of the critical need for health care providers in this state. The addition of limited prescriptive authority can enhance the care provided by advanced practice nurses for the fine citizens of West Virginia.

These rules clearly address the issues of providing safeguards for the consumer, the collaboration with other disciplines such as Medicine and Pharmacy and the qualifications, educational requirements for advanced practice nurses seeking limited prescriptive authority. I strongly support these rules as written.

References available on request

Speak in favor of these rules + regulations for limited Rx authority for ^{nurses in} Advanced Practice because I believe:

1. They are a mechanism to assure public safety.
2. " will help to ↑ the # of primary care providers in the state.
3. " " expand the ability of nurses in advanced practice to provide basic health services.
4. Will ↓ the cost of care by not having to refer the ANP's clients to a 2nd care giver for a Rx.
5. Application & renewal fees will enable the board to cover the cost of record keeping, tracking, & enforcement.

These rules and regulations assure qualifications and eligibility requirements such as

1. National Certification which requires ^{education,} experience and passing a test that includes pharmacology
2. Maintenance of a current RN license
3. Necessary training - additional is required
 - must be current
 - " pertain to the ANP's clinical prac
 - continuing educ. is required to renew

4. Written verification of a collaborative relationship \bar{c} a physician is required that must include:

- a. Mutually agreed upon protocols/guidelines
- b. Protocols/guidelines are specific to ANP's clinical practice
- c. What the individual & shared responsibilities are of the ANP & M.D.

Safety to the public is further enhanced by the

1. Requirement & proof of periodic & joint evaluation of the Rx practice of the ANP

2. There must be periodic & joint updating of protocols/guidelines

3. This is limited Rx authority:

- Schedules I + II of the Uniform Controlled Substances Act are not allowed to be prescribed

- As well as anticoagulants

antineoplastics

radio-pharmaceuticals &

general anesthetics

- Schedule III drugs are limited to 72% \bar{c} refill.

4. There is a mechanism for termination of the authority.

Again, I support these rules and regulations for limited Rx authority of Nurses in advanced practice.

Jamie M. Smith, MSN, RN-C



Rev. Richard Bowyer
Fairmont

A. Paul Brooks, M.D.
Parkersburg

H. Darrel Darby, D.P.M.
Huntington

Michael Grome, P.A.-C.
Hamlin

John J. Mahood, M.D.
Bluefield

Leonard Simmons, D.P.M.
Clarksburg

State of West Virginia

WEST VIRGINIA BOARD OF MEDICINE
101 Dee Drive
Charleston, West Virginia 25311
Telephone (304) 558-2921
Fax (304) 558-2084

July 29, 1992

Sarjit Singh, M.D.
Weirton

Joseph Skaggs, M.D.
Charleston

Joseph Smith, M.D.
Dunbar

Mrs. Sylvia Spear
Martinsburg

Harry S. Weeks, Jr., M.D.
Wheeling

Mrs. Lydia Winfrey
Princeton

Ms. Janet Fairchild, MS, RN
Executive Secretary
Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, West Virginia 25311

Dear Ms. Fairchild:

We have carefully reviewed your proposed rules, Series 8, Limited Prescriptive Authority for Nurses in Advanced Practice.

The comments we have relate to two specific areas of your proposed rules. First, Section 19-8-6. Drugs Excluded from Prescriptive Authority, merely recites the provisions of West Virginia Code §30-7-15A(c), in spite of the fact that that section of the law provides for your board to promulgate rules which "shall provide, at a minimum a state formulary classifying those categories of drugs which shall not be prescribed by advanced nurse practitioners, including, but not limited to (emphasis added), Schedules I and II of the Uniform Controlled Substances Act, anticoagulants, antineoplastics, radiopharmaceuticals and general anesthetics." Your proposed rules make no Schedule III medications off-limits, and to the Board of Medicine, this seems most unwise and not in the public interest.

At this Board, we have seen far too many practitioners lose control of their prescribing of scheduled controlled substances and it seems obvious that the wider the panoply of controlled substances available for prescription, the easier it may be to create a problem for patient welfare. The criteria for placing a

PRESIDENT Eileen Catterson, M.D. Pineville	VICE PRESIDENT Jesus Tan Ho, M.D. Moundsville	SECRETARY William T. Wallace, Jr., M.D., M.P.H. Charleston	COUNSEL Deborah Lewis Rodecker Charleston	EXECUTIVE DIRECTOR Ronald D. Walton Charleston
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Janet Fairchild, MS, RN
Page 2
July 29, 1992

controlled substance on Schedule III includes "abuse of the substance may lead to moderate or low physical dependence or high psychological dependence" (West Virginia Code §60A-2-207). Many drugs available "on the street" are drugs obtained from Schedule III, drugs obtained through a prescription and then diverted. In summary, it makes good common sense to this Board to effectively limit the controlled substances prescribed from Schedule III, not only the amounts, as declared in the statute, (72 hour supply without refill) but the types and categories, as the legislature has given you permission to do.

Second, at section 30-8-3*, despite the fact that West Virginia Code §30-7-15(a)(c) provides that your board is to promulgate rules "governing the eligibility and extent to which an advanced nurse practitioner may prescribe drugs", your regulations addressing eligibility do not address in any way a situation such as a nurse who may have had a drug problem or impairment, and it would seem inappropriate to grant such a nurse full prescriptive authority. Though the rules reference West Virginia Code §30-7-15b, i.e., to be eligible a nurse is not to be "addicted to alcohol or the use of controlled substances" (3.3), the nurse may not be currently addicted, but you may not wish to risk the nurse becoming drug dependent or addicted in the future. Your regulations make no allowance for such a situation, but appear simply to mandate giving that individual full prescriptive authority. We recommend tightening this section. Again it appears that the legislature has given you permission to impose such strictures upon your bestowal of prescriptive authority, and this suggestion is made due to this Board's experience in dealing with physicians impaired by drugs and in limiting their access to prescribing, after treatment.

Finally, we would appreciate at 3.1 of your rule a time limitation for forwarding verification of a collaborative relationship with a licensed physician to our Board.

Thank you for the opportunity to comment on these rules.

Sincerely,


S. Eileen Catterson, M.D.
President

* This appears to be misnumbered. It should be 19-8-3.

SEC:lsc



Youth Health Service, Inc.

Elkins, WV • Parsons, WV • Marlinton, WV
971 Harrison Avenue Elkins, WV 26241
(304) 636-9450

Janet Fairchild
Executive Secretary
West Virginia Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. Fairchild:

We are writing to give support to the document titled "Limited Prescriptive Authority for Nurses in Advanced Practice". We feel that the rules as written with the collaborative practice agreement and the educational requirements will enable nurse practitioners in advanced practice and nurse midwives to prescribe safely.

This rule also increases the capability of nurses in advance practice who work in rural settings to provide complete comprehensive care to their patients. With the regulations put forth, there is clear direction as to who can prescribe and what they can prescribe.

Please include this written comment in the material being assembled by the board.

Sincerely,

Sarah T. Fletcher, RNC, FNP

Margy Burns, RNC, FNP

WomenCare

3911 Teays Valley Road • Hurricane, WV 25526 • (304) 757-6999

July 27, 1992

Emily McDowell, M.S.N., Ed.D., R.N.
WV Board of Examiners for
Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. McDowell:

I wish to commend the Board for their work in developing the proposed Legislative Rules regarding Prescriptive Authority for Nurses in Advanced Practice. These Rules were developed in a timely manner after seeking the input from representatives of several advanced practice nursing groups. The Rules are uncomplicated, yet address the legislation adequately.

I have only one suggestion for change. The Rules require that Nurses with prescriptive authority renew "biennially by March 30, of odd-numbered years." This renewal date presents a hardship for the Certified Nurse-Midwives in the state. Nurse-Midwives, as you know, must hold licenses as Registered Nurses, which are renewable annually in December. The certificate to practice Nurse-Midwifery is renewable annually in June. To add yet a third renewal date creates a situation that is very cumbersome for the practitioner. Those practitioners who hold hospital privileges at one or more hospitals or who are employed by several agencies already must make sure that each agency sees our license once a year and our certificate once a year. Additionally, this triple renewal every other year may lead to inadvertent omissions in licensure, certification, or prescriptive authority. Out of consideration for the Certified Nurse-Midwives, and to avoid imposing the same burdens on the other Advanced Practice Nurses, I would propose that the renewal for prescriptive authority be timed to coincide with the license to practice as a Registered Nurse. Ultimately, I would like to see the renewal date for certification to practice as a Nurse-Midwife also be moved to the same date.

Thank you, again, for the work you and the Board have done on the prescriptive authority issue. I am delighted that West Virginia will soon join the more than thirty six states where Nurse-Midwives hold prescriptive authority.

Sincerely,

Martha Cook CNM

Martha Cook, CNM



School of Nursing

West Virginia University

Health Sciences Center Charleston Division

M E M O R A N D U M

To: Janet H. Fairchild
From: Margaret A. Burkhardt, ^{MB} PhD, RNC
Date: July 29, 1992
Re: Rules Regarding Prescriptive Authority

I am writing in support of Title 19 "Legislative Rules - West Virginia Board of Examiners for Registered Professional Nursing" Series 8 "Limited Prescriptive Authority for Nurses in Advanced Practice" which were filed 6-23-92. Because I will be out of town 7-30-92 I will not be able to attend the hearing. I do, however, want to register my support for the rules as written. I think they are comprehensive and provide sufficient guidelines for limited prescriptive authority for CNM's and ANP's.

MB:bk



**Pendleton
Community
Care**

West Virginia Board of Examiners For Registered Nurses
101 Dee Drive
Charleston, WV 25311-620

Attention: Janet Fairchild
Executive Secretary

Re: Limited Prescriptive Authority for Nurses in Advanced Practice (30-9-3)

I am a pediatric nurse practitioner working full-time in a remote region with two other nurse practitioners and two physicians. We have a very busy practice and this law will allow myself and the other two nurse practitioners to dispense medications without needing to interrupt the physicians. We have one pharmacy in town which is closed during our after-hours call. Hence, this law will allow myself and the adult nurse practitioner I share after-hours call with to dispense medications to our patients without calling in our back-up physician.

I support the required continuing education. It will assist in keeping me current in pharmacology. However, I have several concerns. First of all, I believe the initial fee of \$125 is reasonable. However, I do not understand why keeping records of each nurse practitioner's continuing education should cost \$125 every two years.

Second of all, I recommend that there be made available pharmacology correspondence courses approved by the Board of Nursing that fulfill the required pharmacology continuing education hours. This recommendation is made because I and so many other nurse practitioners practice in remote areas with no access to educational facilities.

Finally, in regards to Section 19.8.5.2, I recommend that 15 contact hours be waived for nurse practitioners who have graduated in the past two years, regardless of whether they can show on their transcript 15 contact hours of pharmacology courses. This recognizes that many nurse practitioner programs integrate pharmacology throughout their entire coursework, which was the case in my pediatric nurse practitioner program at the University of Wisconsin-Madison. In our program, a pediatrician on the faculty of the School of Medicine taught our pharmacology components.

Concerning Section 3.1.2.1, I recommend that this be amended to read:

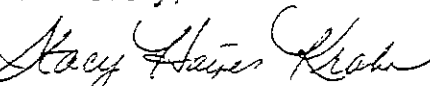
Mutually agreed upon written guidelines for prescriptive authority as it applies to the advanced nurse practitioner's/certified nurse midwife's clinical practice, which shall include but not be limited to drugs specified within each guideline.

The term "protocol" should be dropped as it implies a restriction on clinical judgement. The term "guideline" is a better choice because it recognizes that a nurse practitioner's practice is not just a science but an art. This statement applies to pharmacology in that not all patients respond to the same drug therapy in the same manner. Furthermore, using the concept of guidelines, instead of protocols, should not endanger the quality of patient care. In our practice, physicians and nurse practitioners are accountable to the same standards of care. Throughout the course of a day, I and the other nurse practitioners collaborate numerous times with the physicians. I want the best care for my patients, and this care requires astute clinical judgements that are not hampered by rigid protocols.

In summary, adding the phrase "shall include but not be limited to . . ." allows for inevitable changes in therapeutic approaches that are inherent in a nurse practitioner's practice.

With the exception of the above changes, I am in support of these regulations. I wish to thank you and the Board of Nursing for investing what I am sure are countless hours into this proposed legislation.

Sincerely,



Stacy Haines Krahn, MS, CPNP



**Pendleton
Community
Care**

26 July 1992

West Virginia Board of Examiners For Registered Nurses
101 Dee Drive
Charleston, WV 25311-620

Attention: Janet Fairchild
Executive Secretary

Re: Limited Prescriptive Authority for Nurses in Advanced Practice (30-9-3)

I am a Family Nurse Practitioner working part-time in a rural area with two other nurse practitioners and two physicians. We see patients two evenings a week and on weekends when the pharmacy in town is closed. This law will allow our nurse practitioners to dispense medications to our patients without calling in a physician.

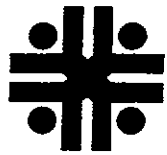
I welcome the required continuing education every year. I think it will help keep us up to date and reassure patients. However, I question the \$125 fee every two years. I can see the initial fee of \$125 but I don't see why the renewal has to be the same amount.

Lastly, I would hope that Section 8.1 would include consideration of special nurse practitioners such as allowing oncology nurse practitioners to prescribe antineoplastics.

Otherwise, I am in support of these regulations and appreciate the time and effort involved to write them.

Sincerely,

Nancyellen Brennan FNP-C



CABELL HUNTINGTON HOSPITAL

July 27, 1992

Janet Fairchild
West Virginia Board of Examiners
for Registered Professional Nurses
922 Quarrier Street
Embleton Building, Suite 309
Charleston, West Virginia 25301

Dear Ms. Fairchild:

I have reviewed the proposed rules for granting limited prescriptive authority to nurses in advanced practice and have the following concerns:

1. Section 30-7-1(b) of the West Virginia Code, as amended, states that the practice of "registered professional nursing" shall include "the administration of medications and treatments as prescribed by a licensed physician or licensed dentist..." (emphasis added).
2. Section 30-7-15(a) of the West Virginia Code, which was added by House Bill 4158, states that "[a]n authorized advance nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication." Similar language is contained in Section 30-7-15(a), which governs the practice of nurse-midwives.
3. In the absence of an amendment to Section 30-7-1(b), which generally defines the practice of "registered professional nursing", Cabell Huntington Hospital takes the position that registered nurses in an acute care setting are authorized by law to take orders only from licensed physicians and licensed dentists. Since the Hospital credentials both nurse-midwives and certified registered nurse anesthetists, it is important that this issue be clarified by the West Virginia Board of Examiners for Registered Professional Nurses before those practitioners seek additional privileges.

I will be attending the hearing on July 30, 1992, and plan to present the above comments.

Sincerely,

Mary Callahan, R.N.
Vice President for Patient Services

cab

LINDA D. NIXON C.N.M.

MIDWIFERY
P.O BOX 248
PETERSBURG, WEST VIRGINIA 26847
(804) 257-2152

July 20, 1992

I am a Certified Nurse Midwife practicing in Petersburg, West Virginia. Our office provides prenatal, intrapartal, postpartal, well-woman, and family planning care for women living in Grant, Pendleton, Hardy, Hampshire, and Mineral counties. Because both obstetricians and myself travel to satellite clinics in several of these counties, I don't always have a physician in the office with me to sign a prescription. Limited prescriptive authority as proposed in rules 19-8-1 through 19-8-8 would help my clients receive and start needed medication in a more timely manner.

I support the contact hour requirements assuring the public that nurse-midwives are staying updated with current pharmacological recommendations.

My written practice agreement with the physician has been in place since the day I began practice in this office. It describes areas where I may practice independently, when I will share the care of a client, and when I will refer total care to the physician. Adding written guidelines for prescriptive authority is a reasonable requirement and one that can be readily met.

I sincerely hope that these proposed rules will be endorsed ensuring earlier and more easily accessible health care to the women of my community, and more appropriate referrals to a physician when the patient's condition, or medication needed is outside my scope of practice.

Sincerely,

Linda D Nixon Cnm

Linda D. Nixon C.N.M.



School of Nursing

West Virginia University

Health Sciences Center—Charleston Division

July 23, 1992

Janet Fairchild, MS, RN, Executive Secretary
Board of Examiners for Registered Professional Nurses
101 Dee Drive
Charleston, WV 25311-1620

Dear Mrs. Fairchild:

I am writing in support of the proposed Rules and Regulations regarding "Limited Prescriptive Authority for Nurses in Advanced Practice." This document represents a progressive step towards improving the quality, cost and access to health care in West Virginia. Studies have shown that nurse practitioners give high quality, affordable health care. Further, nurse practitioners are more likely to locate and stay in rural areas. Surely, nurses will be an important resource in improving health care in West Virginia. Prescriptive authority is a logical safe and cost effective means of assuring that nurses in advanced practice can provide more effective and complete primary care.

The proposed Rules and Regulations for prescriptive authority are reasonable and comprehensive. They assure that those with the authority to prescribe will be highly qualified. Initial educational preparation and subsequent continuing education requirements ensure the highest quality of care. The regulations also include tight controls for those not meeting or retaining the criteria.

Also apparent within the rules and regulations in the recognition of the Board of Examiners for Registered Professional Nurses as the legitimate regulatory professional body for nurses. This is balanced with appropriate relationships with the osteopathic, medical and pharmacy boards, thus providing for interdisciplinary input.

Being familiar with similar legislation in other states, I believe that the code and regulations in West Virginia provide for the safety of the public which promoting greater access to high quality and cost effective health care.

Please accept this written testimony supporting these rules and regulations.

Respectfully,

Alvita Nathaniel

Alvita Nathaniel, MSN, RNC

AN/an



MARSHALL
UNIVERSITY

SCHOOL OF NURSING
400 Hal Greer Boulevard
Huntington, West Virginia 25755-9500
304/696-6750

TO: Janet Fairchild, MS, RN
Executive Secretary for the
Board of Examiners for Registered
Professional Nurses

FROM: Giovanna Morton, EdD, RN
Graduate Program Director/Professor
Marshall University *G. Morton*

DATE: July 20, 1992

SUBJECT: Hearing - Rules and Regulations for Prescriptive
Authority - July 30, 1992

Since I will not be able to attend the hearing on July 30, 1992, regarding the Rules and Regulations for Prescriptive Authority, I wish to offer written support of these rules and regulations on behalf of the Marshall University School of Nursing.

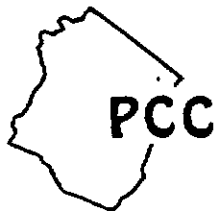
As you know, Marshall University, at the request of the Legislature and the Board of Trustees, established a Master of Science in Nursing - Family Nurse Practitioner program in Fall 1990. The goal of the program is to prepare family nurse practitioners who will provide primary care in medically underserved rural areas of West Virginia. This program requires the completion of 42 semester hours of credit in four semesters of full-time study. Part-time options are available. The core curriculum includes 12 credits of course work in nursing theory, research, leadership, and health issues. The family nurse practitioner concentration includes 24 credits of course work related to advanced knowledge and skills specific to the role of the family nurse practitioner. At least 15 didactic hours are devoted to advanced pharmacology. More than 45 hours are related to the practical application of pharmacology in the clinical area as the students are required to spend a minimum of 630 clock hours in clinical instruction and internship. Six credit hours are designated as elective credit and students may choose from among three options: 1) completion of thesis, 2) role development courses in teaching or administration, or 3) electives related to the student's area of interest.

It is our belief that the student in the Marshall University MSN-FNP program receive the basis for assuming limited prescriptive authority.

It is our belief that the rules and regulations currently being reviewed provide guidance for the clinical practice of FNPs in the use of pharmacologic agents as a treatment modality. Further, it is our belief that these rules and regulations will provide for not only the safety and welfare of the public, but also for the safety and welfare of the FNP who will be utilizing limited prescriptive authority.

The School of Nursing at Marshall University, therefore, wishes to go on record that we strongly endorse these rules and regulations for prescriptive authority. Further, we would be pleased to assist in the delivery of the mandated hours for the pharmacological update necessary for the relicensure of nurses with limited prescriptive authority.

GM/gmb



**Pendleton
Community
Care**

15 July 1992

West Virginia Board of Examiners
For Registered Nurses
101 Dee Drive
Charleston, WV 25311-620

Attention: Janet Fairchild
Executive Secretary

Re: Limited Prescriptive Authority for Nurses in Advanced
Practice (30-9-3)

3.1.2.1 I recommend that this be amended to read:

Mutually agreed upon written guidelines for prescriptive authority as it applies to the advanced nurse practitioner's/certified nurse midwife's clinical practice which shall include but not be limited to drugs specified within each guideline.

Rationale:

Drop the term "protocol" because it connotes a restrictiveness that hampers clinical judgement. At Pendleton Community Care, all providers are accountable to the same standards of care. The term "guideline" is a better choice since it recognizes that nursing and medicine is each in its own right, an art and a science.

It is a common perception that human beings do not categorically "fit the textbook picture". Neither do all respond to the same drug in the same way. On-going assessments and readjustment of a regimen, as dictated by clinical judgement are paramount to safe and therapeutic patient care.

Adding the phrase, "shall include but not be limited to" allows for the necessary flexibility and the inevitable progress and changes in therapeutic approaches that are inherent in a discipline which defines itself as an art and a science.

19-8-5 Pharmacology Course Requirements.

5.1 Many rural areas of West Virginia do not have access to facilities which provide educational programs. Travelling through a mountainous state in inclement weather can be unduly hazardous.

I recommend that there be made available, pharmacy corresponding courses approved by the Board of Nursing that fulfill the 45 contact hours required.

Thank you for considering my comments on this important legislative issue.

Sincerely,

Madeline A. Laraia

Madeline A. Laraia, MSN, CANP

RECEIVED
MAY 19 1985
NURSING BOARD



**Pendleton
Community
Care**

29 May 1992

West Virginia Board of Examiners
For Registered Nurses
101 Dee Drive
Charleston, WV 25311-620

Attention: Janet Fairchild
Executive Secretary

This letter is pursuant to our telephone conversation of May 27, 1992 with regard to prescription privileges for nurse practitioners.

Pendleton Community Care has five health care providers who are categorized as Pediatric Nurse Practitioner, Family Nurse Practitioner, Adult Nurse Practitioner, Internist and Pediatrician. Because of the broad scope and nature of our practice, it is the general consensus that prescriptive privilege be adapted to meet the needs of its patient population.

It is our belief that the nurse practitioner recognizing her/his ethical and legal accountability would prescribe only those drugs of which she/he was knowledgeable.

We, of Pendleton Community Care, recommend that the rules and regulations governing prescriptive privileges for nurse practitioners be so constructed as to allow for an open formulary.

At your request, enclosed is a list of medications used as a springboard for our discussion and deliberations. It is hoped that the allowable drugs would include but not be limited to those mentioned.

Thank you for the opportunity to comment on this important issue.

Sincerely,
Madeline Laraia

Madeline A. Laraia, MSN, C-ANP

Analgesics

Propoxyphene (16)
Aspirin/Codeine 30 mg. (16)
Acetaminophen/codeine 30 mg. (16)
TALWIN NX (16)

Ophthalmic Preparations

Erythromycin
Gentamicin
Polymixin B.
Neomycin
Sulfacetamide

Anthelmintics

Mebendazole
Pyrantel Pamoate
Furazolidone

Antibiotics

Griseofulvin
Cephalosporins
Amoxicillin
Oxacillin
Penicillin V potassium
Tetracycline
Nystatin
Erythromycins
Ampicillin
Penicillin G sodium
Doxycycline
Trimethoprim
Metronidazole
Sulfisoxazole
Methenamine Mandelate
Nitrofurantion
Trimethoprim/sulfamethoxazole
QUINOLONES

Bronchodilators

Albuterol
Isoetharine
Terbutaline
Theophylline
Epinephrine
Metaproterenol
Aminophylline

Gastrointestinal Drugs

Belladonna alkaloids combinations
Dicyclomine
Prochlorperazine suppository (25 mg - 2)
Metoclopramide
Trimethobenzamide (200 mg - 2)
Prochlorperazine Sponsule (15 mg - 4)
Trimethobenzamide capsule (250 mg - 8)

Muscle Relaxants

Cyclobenzaprine
Carisoprodol
Methocarbamol
Orphenadrine citrate
Quinine sulfate

Anxiolytics and Sedatives

Lorazepam (1 mg - 30)
Temazepam (30 mg - 30)
Promethazine

Cardiovascular

Diuretics, Hypotensives

Nitroglycerine
Chlorthalidone
Spironolactone
Methyldopa
Dipyridamole
Hydrochlorothiazide
Furosemide
Triamterene
Beta blockers
LANOXIN
Procainamide
Antilipemic agents
Calcium channel blockers
Disopyramide
Quinidine
Captopril
Clonidine
Guanethidine
Prazosin
Isosorbide Dinitrate
Guanabenz
Hydralazine
Reserpine
Nitroglycerine

Anticonvulsants

Phenobarbital
Primidone
Carbamazepine
DILANTIN
Ethosuximide

Misc.

Probenecid
Prednisone
Phenazopyridine (200 mg - 6)
BELLERGA
Nicotine resin/complex
MEDROL DOSEPAK (1)
Scopolamine transdermal
Conjugated estrogens
LIDOCAINE VISCOUS
Allopurinol
Ergooid Mesylates
Cimetidine
Insulin
Levothyroxine sodium
Cromolyn sodium
Ranitidine
Sulfonylureas
Thyroid USP
Steroid inhalers
Antiparkinsonism agents
Ergotamine

BIRTH CONTROL PILL

TRICYCLICS

LITHIUM

NEUROLEPTICS

PHENOTHIAZINES

AVOID

ANTI - COAGULANTS
ANTI - NEOPLASTICS
MAO - INHIBITORS

St. George Medical Clinic

RT. 1, BOX 208
ST. GEORGE, WV 26290
TELEPHONE: (304) 478-3339

July 13, 1992

Janet Fairchild, MSN, RN
WV Board of Nursing
101 Dee Drive
Charleston, WV 25311-1620

Dear Ms. Fairchild,

Please record my support for Limited Prescriptive Authority for Nurses in Advanced Practice, as described in the recently proposed Rules and Regulations for Legislative Rules, Title 19, Series 7.

I am currently employed full time as a Family Nurse Practitioner and Certified Nurse Midwife at the St. George Medical Clinic in Tucker County. This Clinic is the only community health center in our county, and we are currently providing the only prenatal care in the county. Before I arrived in August 1991, the Clinic had only one provider, Dr. Susan Schmitt.

Prescriptive authority will facilitate my practice during the 6-8 weeks per year when Dr. Schmitt is gone on vacation and during medical CME leave. We have worked out a system of standing orders, protocols and collaboration, but limited prescriptive authority would greatly facilitate my delivery of primary care in our county.

I hope that the Legislature will respond to both practitioner and provider support of these rules, and will act in a timely manner to support them. Appropriate use of mid level providers in our state will enhance the delivery of cost effective care.

Sincerely,

Barbara Weaner FNP, CNM

Barbara Weaner, FNP, CNM

BW/am

July 14, 1992

Board of Examiners For Registered Nurses
101 Dee Drive
Charleston, WV 25311

To Whom It May Concern:

This is to serve as a letter of support for the rules and regulations pertaining to Prescriptive Authority for Advanced Nurse Practitioners.

Advanced nursing practice has been defined as the practice of nursing at a level which requires substantial theoretical knowledge in a specialized area of nursing practice and proficient clinical utilization of this knowledge in implementing the nursing process. The competencies of specialists include, but are not limited to, the ability to assess, conceptualize, diagnose, analyze, plan, implement and evaluate complex problems related to health.

The West Virginia Board of Examiners for Registered Professional Nurses recognizes the Advanced Nurse Practitioner licensed in the state who has been granted the title by a national certifying body. The certifying body shall have the authority for the approval of the course of study, a mechanism for continued competence, an examination, membership qualifications, scope of organization, development of standards, and a scope of practice.

The nurse practitioner with a direct nursing care role is a primary health care provider who practices under the framework of health promotion, protection against disease, early diagnosis and treatment of illness, and rehabilitation. Nurse practitioners focus on the treatment and management of common and chronic health problems and provide an enhanced self-care focus for patients. In addition, they are accountable for client outcomes and exhibit cost-effectiveness. Their movement into rural and underserved areas in response to the inaccessibility of health care demonstrates how they have responded to the problem of primary care physician shortages.

Nurse practitioners decrease overall health care costs through their method of practice. They focus on prevention and wellness, thus decreasing hospitalization. They coordinate care and eliminate redundant costs, demand lower salaries and charge the patient less than physicians. Furthermore, community based settings are especially appropriate for nurse practitioners who are able to provide equal quality of care as medical providers. Nurse practitioners decrease overall health care costs through their method of practice. They focus on prevention and wellness, thus decreasing hospitalization. They coordinate care and eliminate

redundant costs, demand lower salaries and charge the patient less than physicians. Furthermore, community based settings are especially appropriate for nurse practitioners who are able to provide equal quality of care as medical providers.

Prescriptive authority would reflect the nurse practitioners autonomy, responsibility, and accountability in clinical practice. More importantly, prescriptive authority for nurse practitioners in rural clinics would make a significant difference in the availability and quality of health care in underserved areas. A major objective of the nurse practitioner has been to increase the productivity of all levels of medical manpower. Because all of the functions currently performed by physicians do not require the high level of skill they possess, many of these jobs may be effectively delegated to nurse practitioners. This would allow the physician more time to perform complicated functions requiring advanced technical medical skills.

Limited prescriptive authority has been enacted in at least 26 states. Prescriptive authority for nurse practitioners and nurse-midwives is needed in West Virginia to permit Advanced Nurse Practitioners to practice in the full scope of their educational background and to benefit the state.

Yours truly,

Emily McDowell

Emily McDowell, Ed.D, RNC
Family Nurse Practitioner