

Form #3

OFFICE - WEST VIRGINIA
SECRETARY OF STATE

Janae Shumaker Rhodes
Authorized Signature

QUESTIONNAIRE

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

DATE: 8/1/2012

TO: LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

FROM: (Agency Name, Address & Phone No.) West Virginia Board of Examiners for Registered
Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311-1629

LEGISLATIVE RULE TITLE: Advanced Practice Registered Nurse

1. Authorizing statute(s) citation WV §§ 30-7-1(a) and 30-7-4

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

June 19, 2012

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

Notice of rule changes was placed in RN News Magazine in March and June 2012.

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

July 19, 2012

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

Attached x No comments received

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

August 1, 2012

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

Laura S. Rhodes, RN, MSN

Executive Director

WV Board of Examiners for Registered Professional Nurses

101 Dee Drive, Suite 102

Charleston, WV 25311

(304) 558-3596 (Telephone)

(304) 558-3666 (Facsimile)

rnboard@wv.gov

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

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

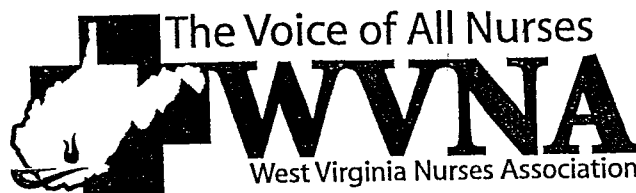
- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b. Date of hearing or comment period:

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

d. Attach findings and determinations and reasons:

Attached



WV Board of Examiners for Registered Professional Nursing

101 Dee Drive, Suite 102

Charleston, WV 25311

WV Board of Nursing:

I am commenting herein on the proposed legislative rule title number 19 series 07 citing prescriptive authority 30-7-1(a) and 30-7-4 titled "Announcement of Advanced Practice."

I commend the entire Board and staff for the hard work put forth on the legislative rules. The transparent development of this rule and formation of the Advanced Practice Registered Nurses Stakeholder committee to support the construction of this rule was exceptional. As current president of the West Virginia Nurses Association I admire the difficult work being done for the safety of our WV citizens, profession and community. I would thank you for your remarkable efforts.

West Virginia Nurses Association (WVNA) asserts agreement of the overall premise of this rule in its entirety. Specifically we agree with the inclusion of the 4 roles of advanced practice registered nursing as recommended and supported by nearly 50 national nursing organizational sponsors of the National Council of State Boards of Nursing's (NCSBN), "Consensus Model". Additionally this foundation is also recommended by the Institute of Medicine and the Robert Wood Johnson Foundation, leading national non-profit policy advisors on healthcare, as found in their "Future of Nursing Recommendations" report. Specifically WVNA feels it is imperative to the nursing profession that applicants hold a graduate degree from a school accredited by a nurse accrediting body that is recognized by the US Department of Education or Higher Education Accreditation. Applicants must also be nationally certified in one of the APRN roles to assure professional practice standards are upheld.

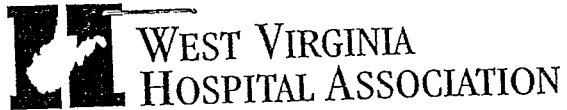
It is essential that the definition of West Virginia Advanced Practice Registered Nurses parallel the standards of the Federal criterion as this rule does recommend. The foresight of the WV Board of Nursing to align the national standards of Advanced Practice Registered Nursing with the statewide expectation and regulations is exceptionally demonstrated in this rule. WVNA realizes that the initial role of the Board of Nursing is to protect public safety and we feel this rule as written and proposed does that flawlessly for the state of WV. WVNA feels that standardizing the definition in West Virginia is an important step in the process. Finally aligning WV's regulatory rule with nationally recommended standards of practice is the perfect step to advance the future of APRNs and WV's healthcare system. WVNA is in 100% agreement with the current rule as written and does not wish to see any additions or changes to the proposal as written.

With greatest regard and appreciation,

Beth Baldwin, APRN, BC

Beth Baldwin, APRN, BC;

President West Virginia Nurses Association



100 Association Drive
Charleston, WV 25311-1571
Phone: (304) 344-9744
FAX: (304) 414-0210
Web Page: www.wvha.org

July 10, 2012

Robin Walton, Ed.D., MSN
President
West Virginia Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311

Dear Dr. Walton:

On behalf of our 67 member hospitals and health systems, the West Virginia Hospital Association appreciates the opportunity to provide comments on the revised Proposed Legislative Rule 30-7-1(a) and 30-7-4; Licensure as an Advanced Practice Registered Nurse.

We appreciate the hard work that the board has put into these proposed changes and we fully support this legislative rule as presented for public comment. We hope that little to no changes are made to this rule as presented.

Thank you for your consideration of these comments.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim A. Kranz".

Jim Kranz
VP Professional Activities

WV RN BOARD RECEIVED 2012-07-12 03:41 PM



Charleston Area
Medical Center

July 6, 2012

DAVID L. RAMSEY
PRESIDENT & CEO

501 Morris St.
PO Box 1547
Charleston, WV 25326
(304) 388-7627
Fax: (304) 388-7696
david.ramsey@camc.org

Robin Walton, Ed.D., MSN
President
West Virginia Board of Examiners
for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, West Virginia 25311

Dear Dr. Walton:

Proposed Legislative Rule 30-7-1(a) and 30-7-4
Licensure as an Advance Practice Registered Nurse

We at Charleston Area Medical Center appreciate the opportunity to provide comments on the revised legislative rule cited above. We appreciate the changes made by the board, and do support the legislative rule which was submitted for public comment.

Charleston Area Medical Center ("CAMC") is the largest teaching hospital in the state. On any one day, we have up to 600 students, interns and residents training in our hospitals, including 77 CRNA students. One of our outstanding programs is the CAMC School of Nurse Anesthesia, in existence since 1955 and the only CRNA training program in the state. Since 1996, CAMC, in collaboration with Marshall University, has prepared advanced practice CRNAs not only for CAMC, but also for the region and the entire state of West Virginia. Graduates earn a Master's in Health Care Administration or a Doctor of Management Practice in Nurse Anesthesia along with their nurse anesthesia education from Marshall University.

In terms of the proposed legislative rule, we specifically support the change that recognizes the advanced degree that our CRNA students receive from Marshall University. As you know, our program is fully accredited by the Council on Accreditation of Nurse Anesthesia Educational Program (COA). The COA is the only accreditor for nurse anesthesia programs recognized by the United States Department of Education (USDA) and the Council on Higher Education Accreditation (CHEA). Also, as you know, our graduates take the same curriculum and are required to pass the exact same certifying exam that all CRNAs have to pass to be licensed.

WV RN BOARD RECEIVED 2012-07-11 03:00 PM

Robin Walton, Ed.D., MSN

July 6, 2012

Page Two

Again, I appreciate the hard work of the board and am willing to respond to any questions you may have. Thank you for your consideration of these comments, and I look forward to your response.

Sincerely,

A handwritten signature in cursive script, appearing to read "David L. Ramsey", written over a horizontal dashed line.

David L. Ramsey
President and CEO



CAMC Health Education and Research Institute

June 28, 2012

Division of Education
School of Nurse Anesthesia

3110 MacCorkle Avenue, SE
Charleston, West Virginia 25304
(304) 388-9950
Fax: (304) 388-9955

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

RE: APRN RULES

Dear Board Member:

As a practicing Certified Registered Nurse Anesthetist (CRNA) and Program Director of the Charleston Area Medical Center (CAMC) School of Nurse Anesthesia/Marshall University, I am in total agreement with the APRN rules in their entirety as written.

The rules as written follow the Consensus Model for APRN regulation: Licensure, Accreditation, Certification & Education and the National Council of State Boards of Nursing's (NCSBN) APRN Model Act/Rules and Regulations. Consistency regarding regulation of APRN practice in the states is beneficial for patients, APRNs and boards of nursing.

According to the 2011 Annual Report of the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), the only accreditor for nurse anesthesia programs recognized by the United States Department of Education (USDA) and Council for Higher Education Accreditation (CHEA), there are currently 111 nurse anesthesia educational programs in the United States and Puerto Rico. Approximately one-half of those programs (51) are not housed in schools of nursing. The COA-accredited programs that are not in schools of nursing are not subject to some "lesser" criteria, but must meet the same high standards for accreditation set by the COA for all programs. Considering all APRNs who have completed appropriately accredited (COA) educational programs eligible for licensure is good public policy, and ensures the availability of a safe, high-quality nursing work force now and in the future. There is no evidence that limiting acceptable degrees to only those granted by schools of nursing provides any additional protection to the patients served by APRNs.

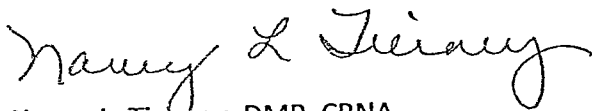
The CAMC School of Nurse Anesthesia was established in 1955 and has been for fifty-seven years educating competent, highly skilled APRNs in the specialty of nurse anesthesia. It is the only nurse anesthesia education program in West Virginia. Graduates of the CAMC program practice throughout the United States. They hold APRN licensure in all states that require an APRN license to practice. Seventy-two per cent (72%) of the practicing CRNAs in West Virginia are graduates of the CAMC program. Under the rules as written, all currently practicing CRNAs in WV will be eligible for APRN licensure thus insuring patient access to healthcare in rural as well as urban hospital operating rooms. The rules as written will help WV hospitals in the

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recruitment of CRNA health care providers from our state and other states for the workforce of the future.

I applaud the WV Board of Examiners for Registered Professional Nurses for their vision and unbiased response to concerns and for setting forth rules that insure a dedicated, educated, safety conscious CRNA/ APRN workforce for West Virginia.

Yours Very Truly,



Nancy L. Tierney, DMP, CRNA
Program Director

NLT/dhr

WV RN BOARD RECEIVED 2012-07-03 02:24 PM

WEST VIRGINIA BOARD
OF REGISTERED NURSES

Thursday, June 28, 2012

2012 JUN 29 PM 2: 29

Priscilla P. Walkup, CRNA, DMP
1911 Oakridge Drive
Charleston, West Virginia 25311

RECEIVED

Re: **APRN Rules**

This letter is written in **support** of legislative rules applying to **Title 19, Series 7**, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

As a practicing Certified Registered Nurse Anesthetist (CRNA) and CRNA educator, I am writing to ask that you adopt the legislative rules as currently written. I believe that it is in the best interest of all the citizens of West Virginia.

I recognize the difficulty of being a visionary when the opposition troops are forming all around you. It was honest and thorough for the board to consult a national figure to present the **Consensus Model for APRN Regulation**: The Consensus Model for APRN Regulation has been endorsed by 48 national nursing organizations. However, the most important reason to use Consensus model language in the APRN rules is that these rules assure the public that APRNs have been educated and are competent to provide safe high quality care.

For all their hard work and sleepless nights, I salute the Board of Examiners for the difficult task of developing rules that have culminated in a product that serves to protect West Virginia's most valuable resource, its citizens. Their safety with advanced quality health care in nursing is utmost.

The legislative rules, as written, will protect all West Virginia Citizens, including its nursing citizens.

A Sincere thank-you,

Priscilla Walkup

Priscilla Perrine Walkup, CRNA, DM

07/16/2012

Nannette Jenkins CNM

403 Woodcock Ave

Shepherdstown, WV 25443

WV Board of Nursing:

I am responding to the comment period of the proposed legislative rule title number 19 series 07 citing prescriptive authority 30-7-1(a) and 30-7-4 titled "Announcement of Advanced Practice."

I would first like to commend the entire Board and staff for the hard work put forth on the legislative rules. The transparency in the development of this rule and the forming of the advanced practice registered nurses' stakeholder committee as part of the process in the rules development was exceptional. I would like to personally thank the Board of Nursing and commend you for these remarkable efforts.

I have been a Registered Nurse in WV since 2004, and a practicing CNM in WV since 2010. I am excited to see this progress in legislation not for the benefit of nursing in WV, but also because it will improve access to care and allow me to practice to the full scope of my certification which will ultimately benefit the women in my community.

I would like to comment that the overall premise of this rule is agreed upon in its entirety. Specifically I agree with the inclusion of the 4 roles of advanced practice registered nursing as recommended and supported by nearly 50 national nursing organizational sponsors of the National Council of State Boards of Nursing's (NCSBN), "Consensus Model". Additionally this foundation is also identified and recommended by leading health care organizations and documentations as described in the Institute of Medicine's "Future of Nursing Recommendations." Specifically I feel it is imperative to the future of nursing to uphold these national standards of nursing by using the terminology that clearly states that an applicant must hold a graduate degree, not a graduate degree in nursing, from a school accredited by a nurse accrediting body that is recognized by the US Department of Education or Higher Education Accreditation. And additionally be nationally certified in one of the APRN roles. To change the phrase to "a graduate degree in nursing" would be inconsistent with the LACE Consensus Model (which has been endorsed by ACNM, and nearly 50 other national professional organizations, as well as all orgs representing the APRN specialties). There is no reason to deviate from the LACE Model and, in fact, doing so would weaken the Model by opening it to reinterpretation, state by state. The strength of the Model is that it provides for consistency across states, and across the respective APRN specialties. As well, this is the recommendation of the APRN Work Group.

It is essential that the definition of West Virginia Advanced Practice Registered Nurses parallel the standards of the Federal criterion as this rule does recommend. Finally aligning WV's regulatory rule with nationally recommended standards of practice is an enormous step towards advancing the future of APRNs and WV's healthcare system. I am in 100% agreement with the current rule as written and do not wish to see any additions or changes to the proposal as written. Furthermore, I thank the WV Board of Nursing for their hard work in the development of this regulatory policy.

Thank you,

Nannette Jenkins CNM



WV Board of Examiners for Registered Professional Nursing

101 Dee Drive, Suite 102

Charleston, WV 25311

WV Board of Nursing:

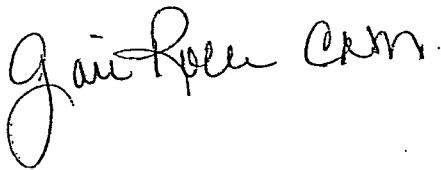
I am commenting herein on the proposed legislative rule title number 19 series 07 citing prescriptive authority 30-7-1(a) and 30-7-4 titled "Announcement of Advanced Practice."

I commend the entire Board and staff for the hard work put forth on the legislative rules. The transparent development of this rule and formation of the Advanced Practice Registered Nurses Stakeholder committee to support the construction of this rule was exceptional.

I personally agree with the overall premise of this rule in its entirety. Specifically I feel it is essential to include the 4 roles of advanced practice registered nursing as recommended and supported by nearly 50 national nursing organizational sponsors of the National Council of State Boards of Nursing's (NCSBN), "Consensus Model". The Institute of Medicine and the Robert Wood Johnson Foundation, the leading national non-profit policy advisors on healthcare, confirmed the necessity to include the 4 roles and remove the barrier to practice in their "Future of Nursing Recommendations" report. Furthermore I feel it is imperative to the nursing profession that applicants hold a graduate degree from a school accredited by a nurse accrediting body that is recognized by the US Department of Education or Higher Education Accreditation. Applicants must also be nationally certified in one of the four APRN roles to assure professional practice standards are upheld.

I agree that it is essential that the definition of West Virginia Advanced Practice Registered Nurses parallel the standards of the Federal criterion as this rule does recommend. Aligning WV's regulatory rule with nationally recommended standards of practice is the perfect step assuring safety of the public and to advance the future of APRNs and WV's healthcare system. Therefore I am in total agreement with the current rule as written and do not wish to see any additions or changes to the proposal as written.

With greatest regard and appreciation,



WV RN BOARD RECEIVED 2012-07-20 01:43 PM

July 17, 2012

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

WV Board of Nursing:


I am responding to the comment period of the proposed legislative rule title number 19 series 07 citing prescriptive authority 30-7-1(a) and 30-7-4 titled, "Announcement of Advanced Practiced."

I would first like to commend the entire Board and staff for the hard work put forth on the legislative rules. The transparency in the development of the rule and the forming of the advanced practice registered nurses' stakeholder committee as part of the process in the rules development was exceptional. As a Certified Nurse Midwife I admire the work being done for the safety of our WV citizens, profession and community.

As a Certified Nurse Midwife licensed in West Virginia in 1994, I personally was excited to see the inclusion of the grandfather clause. I am positive that I am not the only CNM in the state that does not hold a graduate degree/master degree and also has a thriving practice in the state.

I would like to ask that the Board continue to remember us the, "older practitioners" as you forge forward on the excellent journey you have started. I feel we provide the highest quality of care for women and infants in the state, and are a valuable addition to healthcare in West Virginia.

Thank you,



Sandra Cottle, Certified Nurse Midwife

WV RN 2012-07-20 01:42 PM

WV RN BOARD RECEIVED 2012-07-20 01:42 PM

Angelita Nixon, CNM, LLC

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

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

July 18, 2012

Dear Board Members/Staff:

I am submitting my written comments regarding the proposed legislative rule number 19, series 07, cite authority 30-7-1(a) and 30-7-4, titled "Announcement of Advanced Practice."

I was very pleased to be included in the work group that helped to revise this rule prior to the publication of the rule for public comment. I am proud of the Board, staff, and work group's accomplishments by its multidisciplinary focus and inclusion, representing the most relevant and technically qualified Advanced Practice Registered Nurse (APRN) stakeholders in WV, including academics and educators.

In fact, I agree with the overall premise of this rule in its entirety. Specifically I feel it is essential to include the four roles of advanced practice registered nursing as recommended and supported by nearly fifty national nursing organizational sponsors of the LACE Consensus Model as put forth with leadership by the National Council of State Boards of Nursing (NCSBN). The Institute of Medicine and the Robert Wood Johnson Foundation, leading national non-profit policy advisors on healthcare, confirmed the necessity to include all four roles and remove the barriers to practice in the "Future of Nursing" report.

I feel it is a distinct move forward for the nursing profession that hereafter new licensees will hold a graduate degree. In my field, nurse-midwifery, there are clinicians who hold graduate degrees in nursing and in midwifery. To address the possible misinterpretation of the LACE Consensus Model in this regard, the ACNM has created a White Paper entitled "Midwifery in the United States and the Consensus Model for APRN Regulation" (attached). It would be a step backward, an action against the premise underlying the LACE Consensus Model, to consider only graduate degrees in nursing as advocated by many faculty, deans, and directors. While we appreciate the contributions of our educators, the work group spent many hours considering all implications of altering the LACE Consensus Model for the WV Rule, and decided against doing so. Because of the wisdom in creating a LACE Consensus Model that applies to each of the four APRN roles, the strength of so many groups involved in creating a model by consensus, and the vision with which it was developed and led by NCSBN, we urge keeping this very good model intact.

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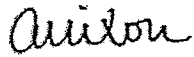
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WEST VIRGINIA BOARD
OF REGISTERED NURSES

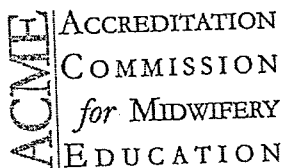
I agree that it is essential that the definition of West Virginia Advanced Practice Registered Nurses parallel the standards of federal criteria, as this rule does. Aligning WV's regulatory rule with nationally recommended standards of practice is the complementary process of assuring safety of the public and advancing the future of APRNs and WV's healthcare system. I am in agreement with the current rule as written; please do not make any further additions or changes.

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

Respectfully,

A handwritten signature in cursive script, appearing to read "Angelita Nixon".

Angelita Nixon



american midwifery certification board

Midwifery in the United States and the Consensus Model for APRN Regulation

The American College of Nurse-Midwives, the Accreditation Commission for Midwifery Education, and the American Midwifery Certification Board acknowledge the challenging and thoughtful work by the Advanced Practice Registered Nurse (APRN) Consensus Work Group, the APRN Joint Dialogue Group, the National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee, and all those involved in the creation and ongoing dissemination of the Consensus Model for APRN Regulation.

Today, midwifery as practiced by certified nurse-midwives (CNMs) and certified midwives (CMs) encompasses primary care for women across the lifespan from adolescence through the postmenopausal period, with a special emphasis on pregnancy, childbirth, and reproductive health. The scope of practice for CNMs and CMs also includes treatment of male partners for sexually transmitted infections, and care of the normal newborn during the first 28 days of life.

While many of the provisions of the Consensus Model have already been accomplished in the midwifery profession, and others are easily implemented, some are more challenging. The purpose of this document is to address those provisions requiring special consideration in their application to midwifery practice and to provide a clear road map for their implementation.

Evolution of the Midwifery Profession and the American College of Nurse-Midwives (ACNM)

Midwifery has existed as a distinct profession throughout the history of human civilization and the history of the United States. Historically and to date, in most countries around the world where midwives are the predominant providers of maternity care, midwifery education is not based upon nursing other than encompassing a shared goal of health and wellness.

In the United States, traditional midwives were marginalized during the formalization of medicine at the turn of the 20th century, and generally prohibited from mainstream education and practice. By 1920, as the demand for maternity care services surpassed provider supply, professional nurse-midwifery was introduced by expanding the role of some public health nurses to include midwifery practice. The American College of Nurse-Midwives (ACNM), the professional association that now represents certified nurse-midwives and certified midwives in the United States, was incorporated in 1955. By 1970, ACNM had developed functions, qualifications, and midwifery standards of practice; established criteria for the accreditation of educational programs, now overseen by the Accreditation Commission for Midwifery Education (ACME); and implemented a national certification exam, now overseen by the American Midwifery Certification Board (AMCB). In 1978, core competencies for

basic midwifery practice were published as a basis for midwifery education. Through the next several decades, the profession of nurse-midwifery grew as more schools were established.

In an attempt to address provider shortages in the early 1990s and to increase women's access to health care, ACNM strategically began to reconsider the requirement of nursing as a prerequisite to the profession of midwifery. Having identified the educational components that must be attained prior to entry into midwifery education, ACNM collaborated with ACME and ACMB to develop accreditation criteria and a certification mechanism for individuals not educated in nursing programs. The certified midwife (CM) credential was formally established in 1996. **CMs have the same core education requirements, attain the same theoretical and clinical competencies, and take the same certification exam as certified nurse-midwives (CNMs).**

ACNM has also developed a midwifery credential comparison chart in an effort to aid health professionals, state-licensing boards, legislators, and consumers to quickly compare midwifery credentials among CNMs, CMs, and other types of midwives (see Appendix A).

Implementation of the APRN Consensus Model for Midwifery Practice

ACNM, ACME, and AMCB are united in strong support of many provisions of the Consensus Model. National certification — by way of a certification exam — was instituted as a requirement for CNMs in 1971. This same certification exam has been used for CMs to obtain their credential since the inception of the CM credential in 1998.

We provide the following recommendations regarding implementation of the model for CNMs, with potential implications for CMs in the future.

1. **PRACTICE AUTONOMY.** The Consensus Model's "Foundational Requirements for Licensure" advocate that APRNs be licensed "as independent practitioners with no regulatory requirements for collaboration, direction or supervision" (p. 13). These requirements are essential to the effective implementation of the Consensus Model for midwifery practice and APRNs. It has been clearly demonstrated that supervisory language and collaborative agreement requirements represent needless barriers to APRN practice and access to health care services, while providing no benefits in quality of care. The Consensus Model clearly and repeatedly supports that APRNs are autonomous practitioners.

We recognize that this has been an important focus for the APRN Consensus workgroup, the APRN Joint Dialogue Group, and the NCSBN APRN Advisory Committee. However, in some states, legislation and rule changes have been proposed which have not eliminated supervisory language and collaborative agreement requirements. It will be essential for all of us to be alert to this language in the future to foster the independent practice proposed in the Consensus Model.

Our medical colleagues in obstetrics and gynecology endorse the principles of APRN autonomy. ACNM and the American College of Obstetricians and Gynecologists (ACOG) have been working closely together to enhance practice models to address mounting maternity workforce shortages. As early as 2002, ACOG recognized the equivalency of the CM and CNM credentials. The 2011 ACOG/ACNM "Joint Statement of Practice Relations Between Obstetricians and Gynecologists and Certified Nurse-Midwives/Certified Midwives" (<http://www.midwife.org/Ob-Gyns-and-Midwives-Seek-to-Improve-Health-Care-for-Women-and-Their-Newborns>) prominently asserts that "Ob-gyns

and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.”

Recommendation 1: ACNM, ACME, and AMCB urge state legislatures and regulatory boards to eliminate regulatory requirements for collaboration, direction, or supervision of APRNs in all 50 states, federal districts, and territories.

2. **LICENSING BOARDS FOR CNMs AND CMs.** The Consensus Model intends that advanced practice nursing professions be self-regulating and therefore not be regulated by Boards of Medicine. It also recognizes that CNMs may be regulated by Boards of Midwifery or Boards of Nurse-Midwifery. (Pg. 13, Reference 6).

Recommendation 2.1: ACNM, ACME, and AMCB urge boards of nursing to support Boards of Midwifery or Boards of Nurse-Midwifery.

Recommendation 2.2: In jurisdictions where it is not feasible to establish separate boards of midwifery, given that CMs have the same core education requirements, attain the same theoretical and clinical competencies, and take the same certification exam as CNMs, we urge state boards of nursing to expand their purview to include the licensing and regulation of certified midwives.

3. **POPULATION FOCI.** The Consensus Model recommends that APRNs be educated in *at least one* of six population foci (p. 6). The “women’s health/gender related” population focus area was specifically created by the Joint Dialogue Group in formulating the Consensus Model to encompass the full scope of practice for both CNMs and Women’s Health Nurse Practitioners. An issue for midwifery is that because none of the enumerated population foci clearly reflects the *full* scope of midwifery practice, it is possible for the breadth of midwifery scope to be misunderstood and inadvertently truncated. It has been confirmed by the framers of the Consensus Model and the NCSBN since its adoption and ongoing implementation that midwifery care includes primary care of women across the lifespan. It is imperative that midwives be recognized as primary care providers of women across the lifespan including selective care of women’s male partners and their newborns.

Recommendation 3: We affirm that midwives are to be licensed as educated in the “women’s health/gender-related” population focus area with the understanding that this population focus area includes primary care for women from adolescence beyond menopause, care of male partners for sexually transmitted infections, and care of the normal newborn during the first 28 days of life.

4. **EDUCATIONAL REQUIREMENTS.** The Consensus Model specifies that educational requirements be consistent with those of each advanced practice specialty. ACME criteria for programmatic accreditation require that every midwifery education program provide an adequate number and type of specific clinical experiences for the student to achieve basic competency for entry into midwifery practice. These criteria are in alignment with the Consensus Model language that broad-based APRN education must, “ensure clinical and didactic coursework is comprehensive and sufficient to prepare the graduate to practice in the APRN role and population focus” (p. 11).

ACNM, ACME, and AMCB note that there is inconsistent language regarding clinical education requirements in Appendix A of the Consensus Model that describes the NCSBN criteria for evaluating certification programs (Criteria III, Elaboration 5). The NCSBN Model Rules criteria specify a minimum of 500 supervised hours for all APRN roles which is inconsistent with the Consensus Model language. This language is also inconsistent with the clinical education criteria from the accrediting body for certified registered nurse anesthetists (CRNAs).

Recommendation 4.1: Correct Appendix A of the Consensus Model and the NCSBN Model Rules to be consistent with the Consensus Model language on p. 11.

Recommendation 4.2: Eliminate minimum requirements for clinical hours for licensure for CNMs since this is not a recommendation of the Consensus Model and is not consistent with competency-based education.

5. **ACADEMIC INSTITUTIONS.** The current Consensus Model has inconsistent and confusing language about graduate degree requirements. CNMs and CMs graduate from nursing and non-nursing programs. The Consensus Model clarifies that an APRN degree or certificate is received from an academic institution that is accredited by a nursing or nursing-related accrediting organization (p. 10). However, in several other sections of the document, the accrediting organization requirement is inaccurately shortened to "nursing accrediting organization."

This language has led to a misinterpretation that all APRNs are required to have a graduate degree in nursing.

Question 24 of the official *APRN LACE FAQ's* clarifies graduate degree requirements:

Does the Consensus Model require a graduate degree in nursing?

No. The Consensus Model specifically states that "APRN education must be formal education with a graduate degree or post-graduate certificate (either post-master's or post-doctoral) that is awarded by an academic institution and accredited by a nursing or nursing-related accrediting organization recognized by the U.S. Department Of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA)" (p. 10). Although many types of nurse practitioners must have a graduate degree in nursing in order to take their national certification exams, this is not the case for nurse-midwives or nurse anesthetists.

Some states continue to require a master's degree in nursing for CNM practice, which is inconsistent with language in the Consensus Model and prevents licensure of CNMs who have earned masters or doctoral degrees in midwifery, public health, health sciences, or other related disciplines. Programs which offer such degrees afford and assess precisely the same competencies and skills and qualify applicants to sit for the AMCB examination which confers the CNM and CM credentials. These restrictive requirements create significant and unnecessary barriers for the many CNMs graduating from non-nursing programs. The goal of ACNM, ACME, and AMCB is that all AMCB-certified midwives have the opportunity to be licensed and regulated in all 50 states, federal districts, and territories.

Recommendation 5.1: We request that language about graduate education in nursing and nursing-related fields be clarified and reinforced in all documents and Web sites concerning the Consensus Model document.

Recommendation 5.2: We urge the APRN Consensus Work Group, the APRN Joint Dialogue Group, the NCSBN APRN Advisory Committee, and all those involved in the creation and ongoing dissemination of the Consensus Model for APRN Regulation to actively support the acceptance of graduate degrees in other fields for the practice of midwifery.

In Conclusion

ACNM, ACME, and AMCB support the opportunities the Consensus Model presents for improved standardization of APRN licensure, accreditation, certification, and education based on the principle of APRN practice autonomy.

Licensing boards play a central role in Consensus Model implementation efforts by directly promulgating regulatory amendments, helping to craft legislation, and providing expertise on the nature of and need for each provision. We express our shared position that licensing boards must give greater primacy to ensuring that Consensus Model implementation efforts include provisions to strike supervisory and collaborative agreement barriers to practice.

There is documented evidence that providing greater practice autonomy for APRNs and midwifery expands access to and the quality of patient care. This autonomy is based on individual accountability together with collaboration, consultation, and referral with physicians and other health care providers according to the individual needs of our patients. By embracing this provision, licensing boards, state legislators, and regulators will be playing an important role in addressing a looming shortage of primary care and maternity care providers.

At the same time, we note the importance of closely heeding those Consensus Model provisions that carefully communicate distinct requirements for the APRN professions. While these distinctions may appear nuanced, they were thoughtfully reflected in the Consensus Model because they represent fundamental components to each professional role. We present the recommendations provided above as ideal implementation approaches to the Consensus Model for midwifery practice.

ACNM, ACME, and AMCB welcome the opportunity to serve as resources in the implementation of this model related to midwifery practice. We look forward to a future where the professions of nursing and midwifery work together to provide safe, effective, and high-quality care to women and their families without regulatory barriers to our full scopes of practice.

08/24/11

APPENDIX A: Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives *Clarifying the distinctions among professional midwifery credentials in the U.S.**

	CERTIFIED NURSE-MIDWIFE (CNM®)		CERTIFIED MIDWIFE (CM®)	CERTIFIED PROFESSIONAL MIDWIFE (CPM®)
PROFESSIONAL ASSOCIATION	American College of Nurse-Midwives (ACNM)			Midwives Alliance of North America (MANA) and National Association of Certified Professional Midwives (NACPM)
CERTIFICATION	American Midwifery Certification Board (AMCB)**			North American Registry of Midwives (NARM)**
Certifying Organization	Graduate degree required			No degree required
Certification Requirements (minimum degree and other requirements prior to taking national certifying exam)	1. Graduation from a nurse-midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND 2. Verification by program director of completion of education program; AND 3. Active registered nurse (RN) license	1. Graduation from a midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND 2. Verification by program director of completion of education program		1. Completion of NARM's Portfolio Evaluation Process (PEP) pathway; OR 2. Graduate of a midwifery education program accredited by Midwifery Education Accreditation Council (MEAC); OR 3. AMCB-certified CNM or CM; OR 4. Completion of state licensure program.
Recertification Requirement	Every five years			Every three years
EDUCATION				
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's degree from accredited college/university 1. Some programs require RN license. If the applicant has a bachelor's degree, but not an RN license, some programs will require attainment of an RN license prior to entry into the midwifery program; others will allow the student to attain an RN license prior to graduate study; OR 2. If the applicant is an RN but does not have a bachelor's degree, some programs provide a bridge program to a bachelor's degree prior to the midwifery portion of the program; other programs require a bachelor's degree before entry into the midwifery program.	Bachelor's degree from accredited college/university and successful completion of specific science courses	There are two primary pathways for CPM education, with differing admission requirements: 1. Portfolio Evaluation Process (PEP) pathway: an apprenticeship program; no degree or diploma required. Student must find a midwife preceptor who is nationally certified or state licensed, has practiced for at least 3 years, and attended at least 50 out-of-hospital births; OR 2. Accredited formal education pathway: For this pathway, a high school diploma from an accredited state or private school is required for admission.	
Note: Currently, the majority of AMCB-certified midwives enter midwifery through nursing.			Note: Currently, the majority of CPMs have completed the apprenticeship-only (PEP) pathway to the CPM credential.	

Continued...

APPENDIX A: Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives
Clarifying the distinctions among professional midwifery credentials in the U.S. (Continued)*

		CERTIFIED NURSE-MIDWIFE (CNM) [®]	CERTIFIED MIDWIFE (CM) [®]	CERTIFIED PROFESSIONAL MIDWIFE (CPM) [®]
EDUCATION (continued)	Clinical Experience Requirement	Attainment of clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2008). Clinical education must occur under the supervision of an AMCB-certified CNM/CM or Advanced Practice RN (APRN) who holds a graduate degree and has clinical expertise and didactic knowledge commensurate with the content taught. Clinical skills include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy, and birth; care of the normal newborn; and management of sexually transmitted infections in male partners.	Attainment of clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2008). Clinical education must occur under the supervision of an AMCB-certified CNM/CM or Advanced Practice RN (APRN) who holds a graduate degree and has clinical expertise and didactic knowledge commensurate with the content taught. Clinical skills include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy, and birth; care of the normal newborn; and management of sexually transmitted infections in male partners.	Attainment of clinical skills must meet the Core Competencies developed by the Midwives Alliance of North America. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births. Clinical skills include management of prenatal, birth and postpartum care for women and newborns.
	Degree Granted	Master's or doctoral degree; a master's degree is the minimum requirement for the AMCB certification exam	Master's degree; a master's degree is the minimum requirement for the AMCB certification exam	No degree is granted through the PEP pathway. MEAC-accredited programs vary and may grant a certificate or an associate's, bachelor's, master's, or doctoral degree. Most graduates attain a certificate or associate degree; there is no minimum degree requirement for the CPM certification exam.
	ACCREDITING ORGANIZATION	The Accreditation Commission for Midwifery Education (ACME) is authorized by the US Department of Education to accredit midwifery education programs and institutions. The PEP pathway is not eligible for accreditation. The Midwifery Education Accreditation Council (MEAC) is authorized by the US Department of Education to accredit midwifery education programs and institutions.		
LICENSURE	Legal Status	Licensed in all 50 states plus the District of Columbia and US territories	Licensed in New Jersey, New York, and Rhode Island. Authorized by permit to practice in Delaware. Authorized to practice in Missouri.	Regulated in 26 states (variously by licensure, certification, registration, voluntary licensure, or permit)
	Licensure Agency	Boards of Nursing, Boards of Medicine, Boards of Midwifery/Nurse-Midwifery, Departments of Health	Board of Midwifery, Board of Medicine, Department of Health	Departments of Health, Boards of Medicine, Boards of Midwifery
				Continued...

APPENDIX A: Comparison of Certified Nurse-Midwives, Certified Midwives, and Certified Professional Midwives
Clarifying the distinctions among professional midwifery credentials in the U.S. (Continued)*

	CERTIFIED NURSE-MIDWIFE (CNM) [§]	CERTIFIED MIDWIFE (CM) [§]	CERTIFIED PROFESSIONAL MIDWIFE (CPM) [§]
SCOPE OF PRACTICE			
Range of Care Provided	Independent management of women's health care throughout the lifespan, from adolescence through menopause. Comprehensive scope of practice including primary care and gynecologic care, family planning, annual exams (including breast and PAP screening), pregnancy, birth in all settings, and postpartum care. Care of the normal newborn. Management of sexually transmitted infections in male partners.	New York	Independent management of care for women and newborns during pregnancy, birth, and postpartum. Birth in homes and birth centers. Care of the normal newborn.
Prescriptive Authority	All US jurisdictions		None. However, may obtain and administer certain medications in some states.
Practice Settings	All settings — hospitals, birth centers, homes, and offices. The majority of CNMs and CMs attend births in hospitals.		Homes, birth centers, and offices. The majority of CPMs attend out-of-hospital births.
THIRD-PARTY REIMBURSEMENT			
	Most private Insurances; Medicaid coverage mandated in all states; Medicare; Champus	New York, New Jersey, Rhode Island — most private insurance; Medicaid	Private insurance in some states; Medicaid in 10 states for home birth, additional states if birth occurs in birth center.

* This document does not address individuals who are not certified and who may practice midwifery with or without legal recognition.

** AMCB and NARM are accredited by the National Commission for Certifying Agencies, which "was created in 1987 ... to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs/organizations... Certification organizations ... are evaluated based on the process and products, not the content, and are therefore applicable to all professions and industries."

(<http://www.credentialexcellence.org/ProgramsandEvents/NCCAMccreditation/tabid/82/Default.aspx>)

Reviewed ACNM-MANA Liaison Committee February, 2011

Approved by ACNM Board of Directors March, 2011

Last updated August, 2011

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

I appreciate the lengthy discussions held by the Board of Examiners in the development of these rules, and I believe the result is a product that will well serve the health needs of WV citizens.

Many of the important elements of these rules are drawn directly from the national "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education", which has been endorsed by 48 national nursing organizations. The WV Board of Examiners is to be commended for its adoption of Consensus model language in the APRN rules. These rules assure the public that APRNs have the education and competency to provide safe, high quality care.

These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Sincerely,

Kimberly Lister

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Angela Carberry CWA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Jina Caldwell, CRNA, MS, BSBA,

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Jessie Buckley CRNA

WV RN BOARD RECEIVED 2012-07-03 02:25 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Angela D. Hutsonpiller CNA

WV RN BOARD RECEIVED 2012-07-03 02:24 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

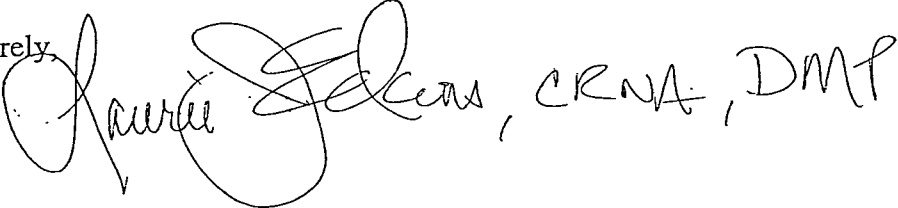
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Sincerely,

 Laurie Jenkins, CRNA, DMT

WV RN BOARD RECEIVED 2012-07-03 02:23 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Angie Hayes CRNA

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WV RN Board
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Sincerely,

*Deborah Gibbon-Altman, MSN
CAMC - Memorial Drive*

WV RN BOARD RECEIVED 2012-07-03 02:21 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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 CRNA

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Sincerely,

Robert T. Wootenland MD
Anesthesiologist
CAMC

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June 29, 2012

WV RN Board
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Charleston, WV 25311

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Meg Jackson CRNA

Sincerely,

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June 29, 2012

WV RN Board
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Charleston, WV 25311

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Sincerely,

Christina Acragg CRNA

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June 29, 2012

WV RN Board
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Sincerely,

Tara Daniels, CRNA

WV RN BOARD RECEIVED 2012-07-03 02:21 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

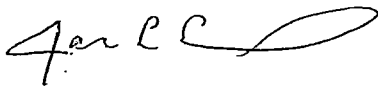
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Sincerely,



James E. Elswick, RN, MS, CNA

WV RN BOARD RECEIVED 2012-07-03 02:21 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Mary Riley

WV RN BOARD RECEIVED 2012-07-03 02:21 PM

June 29, 2012

WV RN Board
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Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Robert D. Lawry, BSN, CRNA, DMPNA, RN

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Cynthia Asbury CRNA

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Sincerely,

Thomas Stampler
Thomas Stampler

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

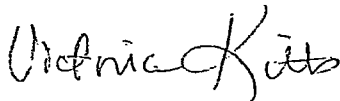
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Sincerely,

Hope Webster Webb

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Maureen Jones, CRNA, DNP

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Sincerely,

Donna A. Bell CRNA
3046 Poplar Fork Road
Winfield, WV 25213
304-757-7283

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

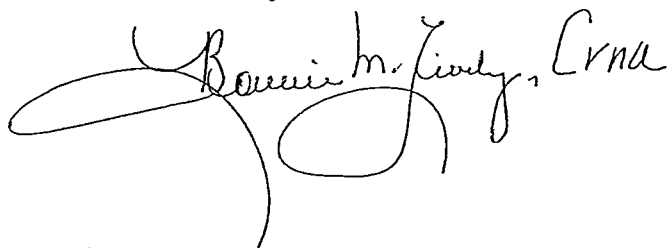
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Sincerely,

 Bonnie M. Fivley, Crna

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

A handwritten signature in black ink, appearing to read "Sarah C. Clendenen RN". The signature is fluid and cursive, with the "RN" at the end being more distinct.

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

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Sincerely,

Joan C Cochran Clerk

WV RN BOARD RECEIVED 2012-07-03 02:16 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Susan Mundy, CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Ardeeth H. Spengler

July 12, 2012

Laura Skidmore Rhodes
WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Dear Ms. Skidmore Rhodes:

I wish to comment on legislative rules applying to Title 19, Series 7 as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

As a West Virginia citizen, I am in support of this rule. I believe that it makes good healthcare sense and makes good healthcare more accessible to all of the citizens of our state. I urge that they be adopted as presently written for comment.

I would like to thank the Board of Nursing, for taking this step and for their long range view of the future of nursing in West Virginia and in the country.

Sincerely a concerned citizen,

Charles Walkup
Charles Walkup

WV Board of Examiners for Registered Professional Nurses

101 Dee Drive, Suite 102

Charleston, WV 25311-1620

July 11, 2012

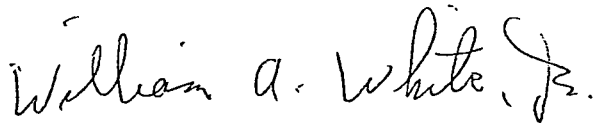
Dear Dr. Walton,

Re: ADVANCED PRACTICE REGISTERED NURSE LICENSE, 19CSR7.

I am writing to express my support for the legislative rules AS WRITTEN by the Board.

I know that the Board has worked hard to arrive at the version of the rules that is now open to public comment. Thank you for taking into consideration the consensus model when drafting the rules for APRNs in WV. These rules are the best ones to implement the will of the legislature for allowing nurses to better serve the health care needs of our fellow citizens.

Respectfully,

A handwritten signature in cursive script that reads "William A. White, Jr.".

William A. White, Jr., DMP, CRNA

144 Third St W.

Madison WV 25130

WV RN BOARD RECEIVED 2012-07-13 01:48 PM

June 21, 2012

WV RN Board 101 Dee Drive Suite 102
Charleston, WV 25311

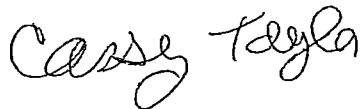
Re: APRN Rules

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

I served on a special committee that developed recommendations to the Board, which allowed me to witness the process of developing these rules. Please allow me to extend my thanks to the Board and staff who did a wonderful job facilitating our work. We had many lengthy discussions and I believe the result is a product that will well serve the health needs of WV citizens.

Many of the important elements of these rules are drawn directly from the national "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education", which has been endorsed by 48 national nursing organizations. The WV Board of Examiners is to be commended for its adoption of Consensus model language in the APRN rules. These rules assure the public that APRNs have the education and competency to provide safe, high quality care.

These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.



Cassy Taylor DNP, DMP, CRNA, CNE
WV Association of Nurse Anesthetists APRN committee

4103 Virginia Ave. SE
Charleston, WV 25304

WV RN BOARD RECEIVED 2012-07-11 03:12 PM

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

Re: APRN rules

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

I appreciate the many lengthy discussions that the Board of Examiners had regarding these rules, and I believe the result is a product that will well serve the health needs of WV citizens.

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These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Jenkins". The signature is stylized with a large, looped initial 'A' and a trailing flourish.

Andrew Jenkins BSN, CRNA
Kenova, WV

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

Re: APRN rules

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

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Sincerely,



Courtney Jenkins BSN, CRNA
Kenova, WV

WV RN BOARD RECEIVED 2012-07-12 03:45 PM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,



John Snyder RN

Nurse Manager

Open Heart Recovery

CAMC

RECEIVED

WEST VIRGINIA BOARD
OF REGISTERED NURSES

2012 JUN 30 PM 11:4

RECEIVED

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

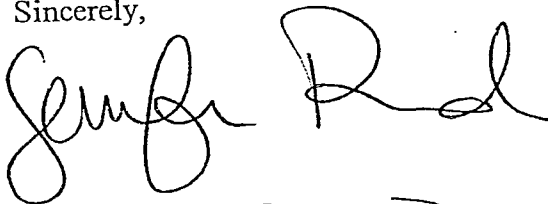
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Sincerely,

A handwritten signature in cursive script, appearing to read "Jennifer Reed".

Jennifer Reed
1503 Byng Drive
So. Charleston, WV 25303

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Camille Davis, RN

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

A handwritten signature in cursive script, appearing to read "Jeffrey Peterson". The signature is written in dark ink and is positioned below the word "Sincerely,".

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

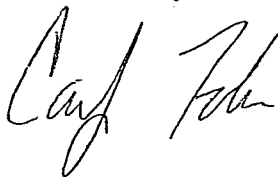
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Sincerely,

 Cary Felt RN, BSN, CCM-CSE

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Candace Anne Kolake, RN

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311


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A handwritten signature in cursive script, appearing to read "Barbara Miller".

Sincerely,

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

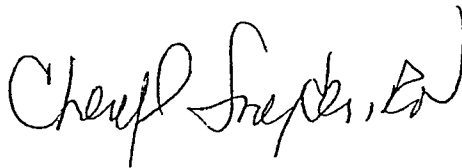
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Sincerely,

A handwritten signature in cursive script, reading "Cheryl Sneyd, Esq.", written in dark ink.

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

A handwritten signature in cursive script, appearing to read "Kara B. Carter".

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

A handwritten signature in cursive script, appearing to read "Crystal Ritz". The signature is fluid and written in dark ink.

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

A handwritten signature in cursive script, reading "Cheryl L. Shriver". The signature is written in dark ink and is positioned below the word "Sincerely,".

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Janet Workman RN

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

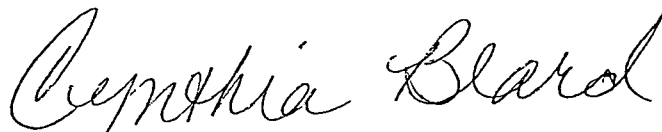
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These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Beard". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

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Sincerely,

A handwritten signature in cursive script, reading "Lisa Bostic". The signature is written in dark ink and is positioned below the word "Sincerely,".

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Kelly Neal, RNFA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

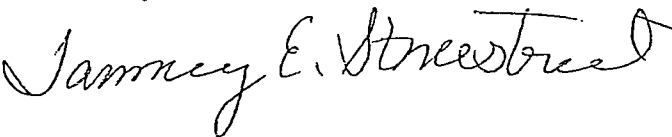
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Sincerely,

A handwritten signature in cursive script, reading "Jamney E. Streebuck". The signature is written in dark ink and is positioned below the word "Sincerely,".

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Debbie B. Harris RN, BSN

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

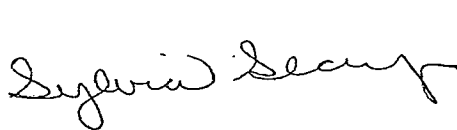
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Sincerely,  RN BSN

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Palle Reddy MD

WEST VIRGINIA BOARD
OF REGISTERED NURSES

2012 JUN 32 AM 11:41

RECEIVED

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

A handwritten signature in black ink, appearing to read "Raymond P. Coombs". The signature is fluid and cursive, with the first name "Raymond" and last name "Coombs" clearly distinguishable.

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

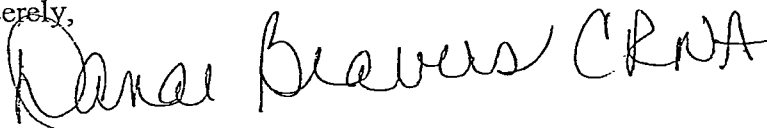
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Sincerely,

 Danae Beavers CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Anna Johnston CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Annette Funder CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Ory, APRN". The signature is fluid and cursive, with the last name "Ory" being particularly prominent.

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

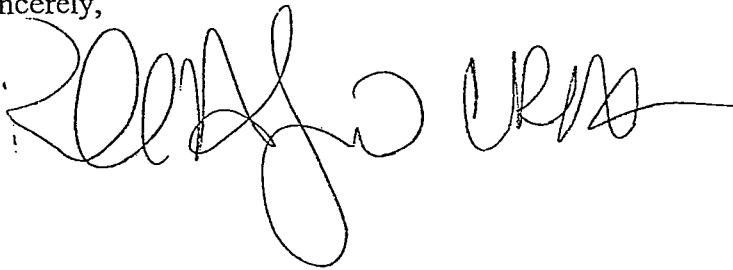
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Sincerely,

A handwritten signature in black ink, appearing to read "Dee Drive", followed by a stylized signature that likely represents the name of the signatory.

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Heather Stamper CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

Kathy W. James CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

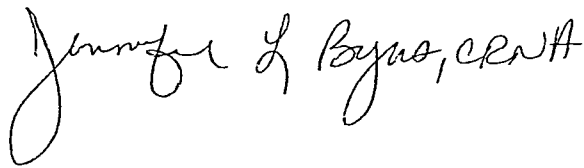
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Sincerely,

A handwritten signature in black ink, reading "Jennifer L. Byars, CRNA". The signature is written in a cursive style with a large, looping initial "J".

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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/

Sincerely,

Rebecca L Wilson
CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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Sincerely,

 Bonnie J. Smith CNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

A handwritten signature in black ink that reads "Laura Hunt CRNA". The signature is written in a cursive, flowing style.

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Erica Hamilton, CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

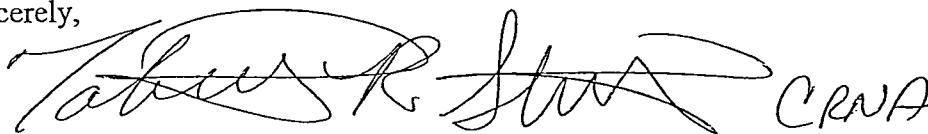
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Sincerely,

 CRNA
Tabitha Stutler

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Cynthia D. Monestime CRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Megan E. Walker CLIA, DMP

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Dana Bell, SRNA

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

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Sincerely,

Misty Hamric, SRNA

WEST VIRGINIA BOARD
OF REGISTERED NURSES

Thursday, June 28, 2012

Priscilla P. Walkup, CRNA, DMP
1911 Oakridge Drive
Charleston, West Virginia 25311

2012 JUN 29 PM 2: 29

RECEIVED

Re: **APRN Rules**

This letter is written in **support** of legislative rules applying to **Title 19, Series 7**, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

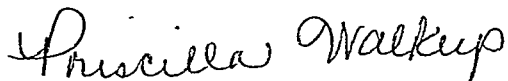
As a practicing Certified Registered Nurse Anesthetist (CRNA) and CRNA educator, I am writing to ask that you adopt the legislative rules as currently written. I believe that it is in the best interest of all the citizens of West Virginia.

I recognize the difficulty of being a visionary when the opposition troops are forming all around you. It was honest and thorough for the board to consult a national figure to present the **Consensus Model for APRN Regulation**: The Consensus Model for APRN Regulation has been endorsed by 48 national nursing organizations. However, the most important reason to use Consensus model language in the APRN rules is that these rules assure the public that APRNs have been educated and are competent to provide safe high quality care.

For all their hard work and sleepless nights, I salute the Board of Examiners for the difficult task of developing rules that have culminated in a product that serves to protect West Virginia's most valuable resource, its citizens. Their safety with advanced quality health care in nursing is utmost.

The legislative rules, as written, will protect all West Virginia Citizens, including its nursing citizens.

A Sincere thank-you,



Priscilla Perrine Walkup, CRNA, DM

June 29, 2012

WV RN Board
101 Dee Drive Suite 102
Charleston, WV 25311

Re: APRN Rules

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These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Sincerely,

Kimberly Loster

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 10, 2012 8:50 AM
To: Rhodes, Laura S
Subject: FW: APRNs

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

From: Sherrill Snyder [<mailto:smsnyder3848@gmail.com>]
Sent: Monday, July 09, 2012 6:26 PM
To: WV Board of Registered Nurses
Subject: APRNs

As a CRNA practicing for over forty years, most of it in West Virginia, I support the new rules as written. Nurse anesthetists, as you know, were among the first advanced practice nurses in the nation, and we continue to enhance our requirements, both to practice and education. As such, I believe it would be a travesty to deny our members the status of advanced practice registered nurses.

Thank you,

Samuel A Snyder, CRNA, MS

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, June 26, 2012 11:05 AM
To: Rhodes, Laura S
Subject: FW: APRN rules

From: White, Bill [<mailto:bill.white@camc.org>]
Sent: Tuesday, June 26, 2012 10:03 AM
To: WV Board of Registered Nurses
Subject: APRN rules

Greetings members of WV RN Board of Examiners:

I write this email to let you know that I strongly **support** the **currently proposed APRN rules**. I am very pleased that you have decided to align WV with the other RN

Boards in the United States who regard CRNAs as Advanced Practice RNs. I **support** the **grandfathering** portion of the rules that will allow current practitioners to

continue to work. This has been a long and difficult process. I commend you for your good work.

Sincerely,

Bill White, RN, CRNA, DMP

William A. White, Jr., DMP, MS, CRNA
Instructor, CAMC School of Nurse Anesthesia
Associate Professor
Marshall University
Room 2040 WVU Building
3110 MacCorkle Ave SE
Charleston WV 25304
304 388-9954
bill.white@camc.org

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This message was secured by **ZixCorp^(R)**.

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Thursday, June 28, 2012 9:37 AM
To: Rhodes, Laura S
Subject: FW: APRN rules

From: Marnie Edwards [<mailto:curname@suddenlink.net>]
Sent: Thursday, June 28, 2012 8:44 AM
To: WV Board of Registered Nurses
Subject: APRN rules

Dear Ma'am and Sir: I would like to thank you in advance for your support of the APRN legislative rules 19CSR7. Most respectfully, Marnie E. Edwards, CRNA MS.

Sent from my Verizon Wireless Droid

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, June 25, 2012 8:30 AM
To: Rhodes, Laura S
Subject: FW: APRN License, 19CSR7
Attachments: APRN Rules Final WVANA Comments 6-25-12.docx

From: Mike Frame [<mailto:mikerry617@yahoo.com>]
Sent: Sunday, June 24, 2012 4:22 PM
To: WV Board of Registered Nurses
Subject: APRN License, 19CSR7

Monday, June 25, 2012

West Virginia Association of Nurse Anesthetists (WVANA)
Post Office Box 3469
Charleston, WV 25334

RE: Advanced Practice Registered Nurse License, 19CSR7

Dear Members of the West Virginia Board of Examiners for Registered Professional Nurses:

We are writing in support of the legislative rules pertaining to the Advanced Practice Registered Nurse (APRN) License, 19CSR7. We support these legislative rules as they have been proposed by the West Virginia Board of Examiners for Registered Professional Nurses.

CRNAs have a long history of quality and excellence in anesthesia. In our attempt to remain true to this legacy, the WVANA is dedicated to promoting the practice and profession of nurse anesthesia in WV. We believe that we can accomplish this by: 1) Advancing the art and science of anesthesia practice, 2) Supporting and enhancing quality patient care, and 3) Advancing educational standards for nurse anesthesia practice. We feel strongly that these legislative rules, as they have been proposed, are congruent with our mission.

We appreciate the dedication that you have shown to the nurses of our wonderful state as you have worked diligently to develop West Virginia's first APRN License. We commend your efforts to gather input from each of

the four APRN roles during the development of this new license. Furthermore, your commitment to integrate the key elements of the national Consensus Model for APRN Regulation into these legislative rules has solidified your position as a leader among the other state boards of nursing across our nation.

The West Virginia Association of Nurse Anesthetists (WVANA) would like to thank you for allowing our group to participate in this rule making process. We appreciate having had an opportunity to submit our comments concerning these important legislative rules. Please feel free to contact the WVANA at any time should you require further input from us about nurse anesthesia practice in WV!

Once again, we strongly urge you to adopt the legislative rules pertaining to the APRN License, 19CSR7 as they have been written.

Respectfully,

Tammy Cunningham, CRNA, WVANA President
Mobile Phone: (304) 552-2985
Email: tcunninghamcrna@gmail.com

Mike Frame, CRNA, WVANA President-Elect
Mobile Phone: (304) 421-3262
Email: mikerry617@yahoo.com

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 1:03 PM
To: Rhodes, Laura S
Subject: FW: APRN License rule, 19CSR7
Attachments: WV Board of Nursing.doc

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

From: Mary Jo Frame [<mailto:maryjo.frame@braxtonmemorial.org>]
Sent: Friday, June 29, 2012 11:32 AM
To: WV Board of Registered Nurses
Subject: APRN License rule, 19CSR7

Please see attached letter of support RE: proposed legislative rules pertaining to APRN license.

Respectfully,
Mary Jo Frame, RN
Director of Nursing
Braxton County Memorial Hospital
(304) 364-1126

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Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, July 09, 2012 8:23 AM
To: Rhodes, Laura S
Subject: FW: APRN license

From: Kathy James [<mailto:kathynmark@hotmail.com>]
Sent: Saturday, July 07, 2012 9:56 PM
To: WV Board of Registered Nurses
Subject: APRN license

To the Board of Examiners

I would like to comment on the APRN license ruling including CRNA's. I agree and fully support the rules for APRN licensing in the state of WV.

Thank you for your time and support,
Sincerely
Kathy H James, CRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 9:25 AM
To: Rhodes, Laura S
Subject: FW: APRN law

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

From: Ron Beatty [<mailto:oybea@msn.com>]
Sent: Friday, June 29, 2012 8:43 AM
To: WV Board of Registered Nurses
Subject: APRN law

I support the law as written and as a CRNA am an advocate of allowing CRNAs to be recognized as APRNs.
Sent from my iPhone

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 10:55 AM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: Betsy Sayre [<mailto:deeringridgefarm@yahoo.com>]
Sent: Saturday, June 30, 2012 8:22 PM
To: WV Board of Registered Nurses
Subject: APRN

I would like to state that I support the new law supporting APRN including CRNAs.

Thank You,
Betsy Sayre, CRNA
Sent from my iPhone

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Thursday, June 21, 2012 4:08 PM
To: Rhodes, Laura S
Subject: FW: APRN

From: Cassy Taylor [<mailto:cassycrna@yahoo.com>]
Sent: Thursday, June 21, 2012 4:05 PM
To: WV Board of Registered Nurses
Subject: APRN

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

I served on a special committee that developed recommendations to the Board, which allowed me to witness the process of developing these rules. We had many lengthy discussions and I believe the result is a product that will well serve the health needs of WV citizens.

Many of the important elements of these rules are drawn directly from the national "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education", which has been endorsed by 48 national nursing organizations. The WV Board of Examiners is to be commended for its adoption of Consensus model language in the APRN rules. These rules assure the public that APRNs have the education and competency to provide safe, high quality care.

These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Cassy Taylor DNP, DMP, CRNA, CNE
WV Association of Nurse Anesthetists APRN committee

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, June 25, 2012 2:43 PM
To: Rhodes, Laura S
Subject: FW: APRN

From: Stapleton, Tyler Garrett [<mailto:stapleton15@live.marshall.edu>]
Sent: Monday, June 25, 2012 1:37 PM
To: WV Board of Registered Nurses
Subject: APRN

I support the rules as written for APRN.
Thank you for your time
Tyler Stapleton SRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 8:20 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: LAZeh1@aol.com [<mailto:LAZeh1@aol.com>]
Sent: Thursday, June 28, 2012 9:35 PM
To: WV Board of Registered Nurses
Subject: APRN

I support the rule as written.

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 8:20 AM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: Stephanie [<mailto:sdride111@yahoo.com>]
Sent: Thursday, June 28, 2012 9:48 PM
To: WV Board of Registered Nurses
Subject: APRN

I fully support the advanced practice laws as written.

Sincerely,
Stephanie Ruud , CRNA, MS

Sent from my iPhone

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 8:21 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: Marie Lucas [<mailto:marie6944lucas@hotmail.com>]
Sent: Thursday, June 28, 2012 10:03 PM
To: WV Board of Registered Nurses
Subject: APRN

I agree with & support the rule on advanced practice nursing as wtitten. Thanks. Marie A Lucas

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 1:15 PM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: gingerasix@yahoo.com [<mailto:gingerasix@yahoo.com>]
Sent: Friday, June 29, 2012 1:02 PM
To: WV Board of Registered Nurses
Subject: APRN

To Whom it may concern,

I have reviewed the proposed rules for advanced practice nurses and am in support of the rules as they are written.

Thank you for your time and consideration on this very important matter.

Sincerely,

Ginger Six, CRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 10:54 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: phoffer@ovis.net [<mailto:phoffer@ovis.net>]
Sent: Friday, June 29, 2012 6:48 PM
To: WV Board of Registered Nurses
Subject: APRN

Dear RN Board,

As a CRNA practicing for the past 36 years, mostly in the State of WV, I am happy to see that I will finally have a chance to announce as a CRNA. I appreciate the Board researching this change, and agree with the rules you have proposed. I am glad this will be made possible before I decide to retire. I know it will be a little more costly, however the Announcement will be a good thing for the CRNA profession, and will hopefully cover some of the costs the Board has encountered over the years.

Thank you again,

Pamela Hoffer, CRNA
RN 20405
CRNA 22381

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 10:57 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: Painter, Nicholas B [<mailto:painter50@live.marshall.edu>]
Sent: Sunday, July 01, 2012 5:12 PM
To: WV Board of Registered Nurses
Subject: APRN

Hello my name is Nicholas Painter and I am a senior student at the CAMC School of Nurse Anesthesia. I would like to state that I SUPPORT the rules for the APRN license, Series 7, as written.

Thank you for allowing this comment period.

N. B. Painter, RN, BSN, SRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 11:01 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: Louann Bowen [<mailto:louann.bowen@gmail.com>]
Sent: Monday, July 02, 2012 8:55 AM
To: WV Board of Registered Nurses
Subject: APRN

I would like to express my support of the new APRN law which creates an APRN license (Advanced PracticeRegistered Nurse). As a CRNA in West Virginia for over 30 years I appreciate this addition to our practice.

Many thanks,
Lou Ann Bowen, CRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, July 09, 2012 2:59 PM
To: Rhodes, Laura S
Subject: FW: APRN

From: Henley, Marty D. [<mailto:marty.henley@camc.org>]
Sent: Monday, July 09, 2012 2:55 PM
To: WV Board of Registered Nurses
Subject: APRN

Hello, my name is Marty Henley and I am the chief CRNA at Charleston Area Medical Center. I am writing to support the APRN rules as written. CRNAs supply anesthesia in this great state of WV and function as advanced practice registered nurses. I am asking to support the rule as written without making any changes. I have just received my doctoral degree from Marshall and feel that are education is in line with all other nursing advanced degree programs. CRNAs want to band together with RN's across the state of WV.
Thank you!

Marty Henley, DMP, CRNA

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This message was secured by ZixCorp^(R).

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Wednesday, July 11, 2012 8:17 AM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: Mike J. Cross [<mailto:mjcross@wheelinghospital.com>]
Sent: Wednesday, July 11, 2012 7:24 AM
To: WV Board of Registered Nurses
Subject: APRN

Board Members;

I am writing to support the new law that provides APRN status to Nurse Anesthetist regardless of their Advanced Degree. This rule puts WV in line with Ohio where I am recognized as an APRN although I have a Masters in Biology and not Nursing. This subject has always concerned me. I was concerned that although WV needs CRNAs, we did not show them the respect they deserve. The years of education and training needed to provide anesthesia, places CRNAs clearly in the Advanced Practice category. As a WV RN I was always insulted that my fellow CRNAs, even those that graduated from the WV anesthesia school, were not considered Advanced practice. This rule change is appropriate and appreciated.

Thank You;

Michael J Cross CRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Wednesday, July 11, 2012 8:21 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: gemgirl999@comcast.net [mailto:gemgirl999@comcast.net]
Sent: Tuesday, July 10, 2012 5:01 PM
To: WV Board of Registered Nurses
Subject: Fwd: APRN

From: gemgirl999@comcast.net
To: rnboard@wv.com
Sent: Tuesday, July 10, 2012 1:17:26 PM
Subject: APRN

I strongly support the rules for APRN as written and feel CRNAs definitely qualify for recognition as advanced practice nurses as most states already license them as such.

Terri Clark, CRNA, BS

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Wednesday, July 11, 2012 8:21 AM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: Kelli Ford [<mailto:KFord@wheelinghospital.com>]
Sent: Tuesday, July 10, 2012 3:09 PM
To: WV Board of Registered Nurses
Subject: APRN

To Whom it may Concern:

As a CRNA working in the state of West Virginia, I support the APRN rules as written. CRNA's recieve extensive master's level didactic and clinical training. Additionally, we must pass a national certification exam and obtain continuing education units in order to maintain our certification status. Thank you.

Kelli Ford

July 17, 2012

WV Board of Examiners for Registered Professional Nursing

101 Dee Drive, Suite 102

Charleston, WV 25311

WV Board of Nursing:

I am responding to the comment period of the proposed legislative rule title number 19 series 07 citing prescriptive authority 30-7-1(a) and 30-7-4 titled, "Announcement of Advanced Practiced."

I would first like to commend the entire Board and staff for the hard work put forth on the legislative rules. The transparency in the development of the rule and the forming of the advanced practice registered nurses' stakeholder committee as part of the process in the rules development was exceptional. As a Certified Nurse Midwife I admire the work being done for the safety of our WV citizens, profession and community.

As a Certified Nurse Midwife licensed in West Virginia in 1994, I personally was excited to see the inclusion of the grandfather clause. I am positive that I am not the only CNM in the state that does not hold a graduate degree/master degree and also has a thriving practice in the state.

I would like to ask that the Board continue to remember us the, "older practitioners" as you forge forward on the excellent journey you have started. I feel we provide the highest quality of care for women and infants in the state, and are a valuable addition to healthcare in West Virginia.

Thank you,


Sandra Cottle, Certified Nurse Midwife

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 10, 2012 8:50 AM
To: Rhodes, Laura S
Subject: FW: APRNs

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

From: Sherrill Snyder [<mailto:smsnyder3848@gmail.com>]
Sent: Monday, July 09, 2012 6:26 PM
To: WV Board of Registered Nurses
Subject: APRNs

As a CRNA practicing for over forty years, most of it in West Virginia, I support the new rules as written. Nurse anesthetists, as you know, were among the first advanced practice nurses in the nation, and we continue to enhance our requirements, both to practice and education. As such, I believe it would be a travesty to deny our members the status of advanced practice registered nurses.

Thank you,

Samuel A Snyder, CRNA, MS

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, June 26, 2012 11:05 AM
To: Rhodes, Laura S
Subject: FW: APRN rules

From: White, Bill [<mailto:bill.white@camc.org>]
Sent: Tuesday, June 26, 2012 10:03 AM
To: WV Board of Registered Nurses
Subject: APRN rules

Greetings members of WV RN Board of Examiners:

I write this email to let you know that I strongly **support** the **currently proposed APRN rules**. I am very pleased that you have decided to align WV with the other RN

Boards in the United States who regard CRNAs as Advanced Practice RNs. I **support** the **grandfathering** portion of the rules that will allow current practitioners to

continue to work. This has been a long and difficult process. I commend you for your good work.

Sincerely,

Bill White, RN, CRNA, DMP

William A. White, Jr., DMP, MS, CRNA
Instructor, CAMC School of Nurse Anesthesia
Associate Professor
Marshall University
Room 2040 WVU Building
3110 MacCorkle Ave SE
Charleston WV 25304
304 388-9954
bill.white@camc.org

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This message was secured by **ZixCorp^(R)**.

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Thursday, June 28, 2012 9:37 AM
To: Rhodes, Laura S
Subject: FW: APRN rules

From: Marnie Edwards [<mailto:crname@suddenlink.net>]
Sent: Thursday, June 28, 2012 8:44 AM
To: WV Board of Registered Nurses
Subject: APRN rules

Dear Ma'am and Sir: I would like to thank you in advance for your support of the APRN legislative rules 19CSR7. Most respectfully, Marnie E. Edwards, CRNA MS.

Sent from my Verizon Wireless Droid

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, June 25, 2012 8:30 AM
To: Rhodes, Laura S
Subject: FW: APRN License, 19CSR7
Attachments: APRN Rules Final WVANA Comments 6-25-12.docx

From: Mike Frame [<mailto:mikerry617@yahoo.com>]
Sent: Sunday, June 24, 2012 4:22 PM
To: WV Board of Registered Nurses
Subject: APRN License, 19CSR7

Monday, June 25, 2012

West Virginia Association of Nurse Anesthetists (WVANA)
Post Office Box 3469
Charleston, WV 25334

RE: Advanced Practice Registered Nurse License, 19CSR7

Dear Members of the West Virginia Board of Examiners for Registered Professional Nurses:

We are writing in support of the legislative rules pertaining to the Advanced Practice Registered Nurse (APRN) License, 19CSR7. We support these legislative rules as they have been proposed by the West Virginia Board of Examiners for Registered Professional Nurses.

CRNAs have a long history of quality and excellence in anesthesia. In our attempt to remain true to this legacy, the WVANA is dedicated to promoting the practice and profession of nurse anesthesia in WV. We believe that we can accomplish this by: 1) Advancing the art and science of anesthesia practice, 2) Supporting and enhancing quality patient care, and 3) Advancing educational standards for nurse anesthesia practice. We feel strongly that these legislative rules, as they have been proposed, are congruent with our mission.

We appreciate the dedication that you have shown to the nurses of our wonderful state as you have worked diligently to develop West Virginia's first APRN License. We commend your efforts to gather input from each of

the four APRN roles during the development of this new license. Furthermore, your commitment to the integrate the key elements of the national Consensus Model for APRN Regulation into these legislative rules has solidified your position as a leader among the other state boards of nursing across our nation.

The West Virginia Association of Nurse Anesthetists (WVANA) would like to thank you for allowing our group to participate in this rule making process. We appreciate having had an opportunity to submit our comments concerning these important legislative rules. Please feel free to contact the WVANA at any time should you require further input from us about nurse anesthesia practice in WV!

Once again, we strongly urge you to adopt the legislative rules pertaining to the APRN License, 19CSR7 as they have been written.

Respectfully,

Tammy Cunningham, CRNA, WVANA President
Mobile Phone: (304) 552-2985
Email: tcunninghamcrna@gmail.com

Mike Frame, CRNA, WVANA President-Elect
Mobile Phone: (304) 421-3262
Email: mikerry617@yahoo.com

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 1:03 PM
To: Rhodes, Laura S
Subject: FW: APRN License rule, 19CSR7
Attachments: WV Board of Nursing.doc

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

From: Mary Jo Frame [<mailto:maryjo.frame@braxtonmemorial.org>]
Sent: Friday, June 29, 2012 11:32 AM
To: WV Board of Registered Nurses
Subject: APRN License rule, 19CSR7

Please see attached letter of support RE: proposed legislative rules pertaining to APRN license.

Respectfully,
Mary Jo Frame, RN
Director of Nursing
Braxton County Memorial Hospital
(304) 364-1126

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Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, July 09, 2012 8:23 AM
To: Rhodes, Laura S
Subject: FW: APRN license

From: Kathy James [<mailto:kathynmark@hotmail.com>]
Sent: Saturday, July 07, 2012 9:56 PM
To: WV Board of Registered Nurses
Subject: APRN license

To the Board of Examiners

I would like to comment on the APRN license ruling including CRNA's. I agree and fully support the rules for APRN licensing in the state of WV.

Thank you for you time and support,
Sincerely
Kathy H James, CRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 9:25 AM
To: Rhodes, Laura S
Subject: FW: APRN law

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

From: Ron Beatty [<mailto:oybea@msn.com>]
Sent: Friday, June 29, 2012 8:43 AM
To: WV Board of Registered Nurses
Subject: APRN law

I support the law as written and as a CRNA am an advocate of allowing CRNAs to be recognized as APRNs.
Sent from my iPhone

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 10:55 AM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: Betsy Sayre [<mailto:deeringridgefarm@yahoo.com>]
Sent: Saturday, June 30, 2012 8:22 PM
To: WV Board of Registered Nurses
Subject: APRN

I would like to state that I support the new law supporting APRN including CRNAs.
Thank You,
Betsy Sayre, CRNA
Sent from my iPhone

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Thursday, June 21, 2012 4:08 PM
To: Rhodes, Laura S
Subject: FW: APRN

From: Cassy Taylor [<mailto:cassycrna@yahoo.com>]
Sent: Thursday, June 21, 2012 4:05 PM
To: WV Board of Registered Nurses
Subject: APRN

I am writing in support of legislative rules applying to Title 19, Series 7, as proposed by the West Virginia Board of Examiners for Professional Registered Nurses.

I served on a special committee that developed recommendations to the Board, which allowed me to witness the process of developing these rules. We had many lengthy discussions and I believe the result is a product that will well serve the health needs of WV citizens.

Many of the important elements of these rules are drawn directly from the national "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education", which has been endorsed by 48 national nursing organizations. The WV Board of Examiners is to be commended for its adoption of Consensus model language in the APRN rules. These rules assure the public that APRNs have the education and competency to provide safe, high quality care.

These rules are in the best interest of the citizens of WV, who will continue to benefit from APRN provided care. I urge that they be adopted as written.

Cassy Taylor DNP, DMP, CRNA, CNE
WV Association of Nurse Anesthetists APRN committee

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, June 25, 2012 2:43 PM
To: Rhodes, Laura S
Subject: FW: APRN

From: Stapleton, Tyler Garrett [<mailto:stapleton15@live.marshall.edu>]
Sent: Monday, June 25, 2012 1:37 PM
To: WV Board of Registered Nurses
Subject: APRN

I support the rules as written for APRN.
Thank you for your time
Tyler Stapleton SRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 8:20 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: LAZeh1@aol.com [<mailto:LAZeh1@aol.com>]
Sent: Thursday, June 28, 2012 9:35 PM
To: WV Board of Registered Nurses
Subject: APRN

I support the rule as written.

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 8:20 AM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: Stephanie [<mailto:sdride111@yahoo.com>]
Sent: Thursday, June 28, 2012 9:48 PM
To: WV Board of Registered Nurses
Subject: APRN

I fully support the advanced practice laws as written.
Sincerely,
Stephanie Ruud , CRNA, MS

Sent from my iPhone

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 8:21 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: Marie Lucas [<mailto:marie6944lucas@hotmail.com>]
Sent: Thursday, June 28, 2012 10:03 PM
To: WV Board of Registered Nurses
Subject: APRN

I agree with & support the rule on advanced practice nursing as wtitten. Thanks. Marie A Lucas

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Friday, June 29, 2012 1:15 PM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: gingerasix@yahoo.com [<mailto:gingerasix@yahoo.com>]
Sent: Friday, June 29, 2012 1:02 PM
To: WV Board of Registered Nurses
Subject: APRN

To Whom it may concern,

I have reviewed the proposed rules for advanced practice nurses and am in support of the rules as they are written.

Thank you for your time and consideration on this very important matter.

Sincerely,

Ginger Six, CRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 10:54 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: phoffer@ovis.net [<mailto:phoffer@ovis.net>]
Sent: Friday, June 29, 2012 6:48 PM
To: WV Board of Registered Nurses
Subject: APRN

Dear RN Board,

As a CRNA practicing for the past 36 years, mostly in the State of WV, I am happy to see that I will finally have a chance to announce as a CRNA. I appreciate the Board researching this change, and agree with the rules you have proposed. I am glad this will be made possible before I decide to retire. I know it will be a little more costly, however the Announcement will be a good thing for the CRNA profession, and will hopefully cover some of the costs the Board has encountered over the years.

Thank you again,

Pamela Hoffer, CRNA
RN 20405
CRNA 22381

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 10:57 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: Painter, Nicholas B [<mailto:painter50@live.marshall.edu>]
Sent: Sunday, July 01, 2012 5:12 PM
To: WV Board of Registered Nurses
Subject: APRN

Hello my name is Nicholas Painter and I am a senior student at the CAMC School of Nurse Anesthesia. I would like to state that I SUPPORT the rules for the APRN license, Series 7, as written.

Thank you for allowing this comment period.

N. B. Painter, RN, BSN, SRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Tuesday, July 03, 2012 11:01 AM
To: Rhodes, Laura S
Subject: FW: APRN

From: Louann Bowen [<mailto:louann.bowen@gmail.com>]
Sent: Monday, July 02, 2012 8:55 AM
To: WV Board of Registered Nurses
Subject: APRN

I would like to express my support of the new APRN law which creates an APRN license (Advanced PracticeRegistered Nurse). As a CRNA in West Virginia for over 30 years I appreciate this addition to our practice.

Many thanks,
Lou Ann Bowen, CRNA

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Monday, July 09, 2012 2:59 PM
To: Rhodes, Laura S
Subject: FW: APRN

From: Henley, Marty D. [<mailto:marty.henley@camc.org>]
Sent: Monday, July 09, 2012 2:55 PM
To: WV Board of Registered Nurses
Subject: APRN

Hello, my name is Marty Henley and I am the chief CRNA at Charleston Area Medical Center. I am writing to support the APRN rules as written. CRNAs supply anesthesia in this great state of WV and function as advanced practice registered nurses. I am asking to support the rule as written without making any changes. I have just received my doctoral degree from Marshall and feel that are education is in line with all other nursing advanced degree programs. CRNAs want to band together with RN's across the state of WV.
Thank you!

Marty Henley, DMP, CRNA

Confidentiality Note: The information contained in this message may be privileged and confidential. If this e-mail contains protected health information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank you.

This message was secured by ZixCorp^(R).

Rhodes, Laura S

From: WV Board of Registered Nurses
Sent: Wednesday, July 11, 2012 8:17 AM
To: Rhodes, Laura S
Subject: FW: APRN

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

From: Mike J. Cross [<mailto:mjcross@wheelinghospital.com>]
Sent: Wednesday, July 11, 2012 7:24 AM
To: WV Board of Registered Nurses
Subject: APRN

Board Members;

I am writing to support the new law that provides APRN status to Nurse Anesthetist regardless of their Advanced Degree. This rule puts WV in line with Ohio where I am recognized as an APRN although I have a Masters in Biology and not Nursing. This subject has always concerned me. I was concerned that although WV needs CRNAs, we did not show them the respect they deserve. The years of education and training needed to provide anesthesia, places CRNAs clearly in the Advanced Practice category. As a WV RN I was always insulted that my fellow CRNAs, even those that graduated from the WV anesthesia school, were not considered Advanced practice. This rule change is appropriate and appreciated.

Thank You;

Michael J Cross CRNA



State of West Virginia *Board of Medicine*

REV. O. RICHARD BOWYER
PRESIDENT

MARIAN SWINKER, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

MICHAEL L. FERREBEE, MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

July 11, 2012

HAND DELIVERED

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

*RE: Comments on 19 CSR 7, Proposed Rule Announcement of
Advanced Practice Registered Nurses*

Dear Ms. Rhodes:

In accordance with the Notice of a Comment Period on a Proposed Rule dated June 19, 2012, enclosed please find a May 22, 2012, three and one-half page letter to you from our General Counsel, which the Board of Medicine has requested be again submitted to you as comments from this Board of Medicine on the above-proposed rule. The Board of Medicine stands by the comments made in that letter as comments from the full Board of Medicine.

In addition, the Board of Medicine remains of the opinion that the Scope of Practice statements at 19-7-15 remain seriously deficient and unhelpful and must be corrected to conform to what scope of practice provisions traditionally accomplish. Such statements inform the public of the confines of each practice. If you look in the West Virginia Code at the scope of practice for not only M.D.'s, but also psychologists, dentists, osteopathic physicians, chiropractors, architects, engineers, etc., you will see that there is a statement that generally describes the parameters of the allowed practice. Your current rule attempts to do that, though as previously noted, needs to be improved and more clearly written. This proposed rule is not the answer. A person should be able to find out what the scope of practice is of a practitioner in the four corners of one document. Instead of stating at 19-7-15 1. that the practice of the APRN "shall be in accordance with the standards and functions defined in the scope and standard of practice statements for each specialty area," the Board of Medicine respectfully urges you to actually state what the scope is for each specialty area in this proposed rule, in order that it is clear. This may be hard work, but that is what should be done, for the benefit of the public.

Thank you for your attention.

For the Board,

Robert C. Knittle

RCK:meb
Enclosure



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

August 1, 2012

To Interested Party/Stakeholder:

Thank you for your comments regarding the West Virginia Board of Examiners for Registered Professional Nurses' (Board) Legislative Rule 19 CSR 7 Advanced Practice Registered Nurse:

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

1. Language was added to clarify the definition of an Advanced Practice Registered Nurse (APRN).
2. Language was added to explain APRN licensure transcript requirements.
3. Language was added to illuminate criteria for evaluation of APRN certification programs with a board maintained approved public list.
4. Language was changed to clarify application requirements for APRN licensure by endorsement.
5. Language was changed clarifying the minimum continuing education contact hours for application for renewal of license as an APRN.
6. Language was added to clarify requirements for reinstatement of APRN licensure.
7. Language was removed to clarify titles and abbreviations for APRN's. And,
8. Language was added to clarify scope and standards of practice of APRN's.

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

For the Board,

A handwritten signature in black ink that reads "Laura Skidmore Rhodes".

Laura Skidmore Rhodes, MSN, RN
Executive Director

xc: File



State of West Virginia *Board of Medicine*

COPY

REV. O. RICHARD BOWYER
PRESIDENT

MARIAN SWINKER, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
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www.wvbom.wv.gov

MICHAEL L. FERREBEE, MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

May 22, 2012

HAND DELIVERED

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

Re: Draft of 19 CSR 7, Advanced Practice Registered Nurse Rule

Dear Ms. Rhodes:

The Board's Advanced Practice Registered Nurses Committee was scheduled to meet on Sunday, May 20, 2012, at 9:45 a.m., but was unable to meet officially as there was not a quorum. The members present did, however, review the above draft and asked me to make comments as follows, on their behalf as Board members, recognizing that this draft is not yet the rule as it will be initially filed by the Board of Examiners for Registered Professional Nurses for public comment after your June 13 and 14, 2012, Board meeting.

On Page 10, 19-7-16, Scope and standards of practice of advanced practice registered nurses, 16.1.

- This statement is too vague to put anyone on notice as to what the scope of practice actually is. It would be more satisfactory if you would spell out the specifications to which you are referring. When you say, "standards and functions defined in the scope and standards of practice statements for each specialty area," to what specialty areas and practice statements are you referring? How does the word "function" help us understand what the APRN is able to do?
- So many materials are mentioned for review outside of the rule that it is not clear what the scope of practice is for APRNs, and no one should be required to go to a multitude of other sources not delineated to figure that out.

On pages 10-11, 19-7-16, Scope and standards of practice of advanced practice registered nurses, 16.3.

- Where “prescribing medications” are mentioned, to avoid confusion, it seems appropriate as well as necessary to mention “in accordance with the provisions of W. Va. Code § 30-7-15a and/or 30-15-7a, as applicable,” and that is recommended.
- Though it is specifically mentioned that APRNs may “order” treatments, devices and diagnostic tests, there is no specific mention of assessing, evaluating, diagnosing, treating or implementing. It seems that your current rule, at 2.1., though not artfully or clearly written in the opinion of this Board of Medicine, was an attempt to be more thorough than this one in describing on the printed page what you want the scope of practice to be.
- The draft rule remains silent on the key issue of whether an advanced practice registered nurse may be an independent practitioner or a primary care provider, when that seems to be how many advanced practice registered nurses conduct themselves. The statute does not address this either, so it seems that your draft rule should do so, for the protection of the advanced practice registered nurse and to clarify this for the public. *done*

On page 7, 19-7-9, Titles and Abbreviations for APRNs, 9.1.

- This section, though titled “Titles and Abbreviations for APRNs” in the first sentence goes beyond titles and abbreviations and states that “Individuals are licensed or granted privilege to practice as APRNs in the roles of” CRNAs, CNMs, CNSs, CNPs “and in the population foci of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics [sic], women’s health/gender-related or psychiatric/mental health.” *done*
- Though the section caption is about titles, the verbiage states “licensed or granted privilege.” Which is it? The two terms are very different and the members suggest you select one or the other. If it is to be licensure, this is clearly beyond what the section caption contemplates and the members suggest it would be far more appropriate to move this to, and coordinate it with, the scope of practice section, 19-7-16. *done*
- In “the population foci of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics [sic], women’s health/gender-related or psychiatric/mental health” does not relate at all to “Titles and Abbreviations.” Why is it in this section? (You do mention advanced *done*

practice roles at 4.1.c. Could those in 4.1.c. not be combined with 9.1?) Are there other designations that you are not listing that relate to these areas that you should list? If so, they should be listed since that is what the section appears to be about. Are these the ones listed in 4.1.c?

On page 1, 19-7-2, Definitions, 2.1.a.

- The members believe strongly that the authorization here is misguided and that when advanced practice registered nurses are re-licensed, they should meet current requirements, as physicians are required to do. We all understand that the language in the Committee Substitute for S.B. No. 572, at section § 30-7-1a, is merely being recited again at this rule section 2.1.a. In the future, this statutory provision as well as the rule provision should be changed to benefit the public.

On page 2, 19-7-3, Advanced practice registered nurse licensure, 3.1.a.2.

- Why use the phrase "usually in the form of a transcript" in the first sentence? A transcript should be uniformly provided. This language is too vague and the members suggest that you be more specific as to what else might constitute evidence of "official documentation."

done

On page 3, 19-7-4, Criteria for evaluation of APRN certification Programs, 4.2.

- Is it not possible for you to list what are the certifying programs and national accreditation bodies acceptable to your board? How many are acceptable, what are their names? What specialties are covered here? (It is noted that you removed from this current draft the almost two (2) page National Certifying Organization section which was in the first draft. Reinserting a similar section in this current draft is highly recommended.)

done

On page 5, 19-7-5, Application for Licensure by Endorsement Requirements as an APRN.

- 5.1.e.1: What is considered "evidence of satisfactory completion of 45 contact hours"... wouldn't that be transcripts?
- 5.1.e.2.d.: What is a "graduate prepared health care provider"?
- 5.1.e.2.d.3: To function as a "supervisor and teacher" there should be a higher standard set, and more specifics, such as for example an individual affiliated with a university.

NP

Ms. Rhodes
Page Four
May 22, 2012

On page 5, 19-7-6, Application for Renewal of License as an APRN, 6.1.b.

- What kind of "evidence" do you mean in the first line? It is recommended that you spell out "certificates" or "transcripts," rather than simply saying "evidence."
- The number of contact hours did not seem to add up correctly. Rather than "20 hours" it seems it should be "24 hours" in the first line.

On page 9, 19-7-13, Certification or Recertification.

- 13.1 states "An advanced practice registered nurse shall maintain current certification or recertification from one (1) of the national organizations recognized in this rule for the licensure period." However, there are no national organizations listed and recognized in the rule. They have been removed. This needs to be remedied. See on Page 3, the comment on 19-7-4.

Please accept these comments from the Board members involved as an attempt to, in their opinion, improve your draft rule so that it is clear, comprehensive, and beneficial to the APRN and in the public interest. Everyone here looks forward to seeing the next draft, and we thank you.

Sincerely,



Deborah Lewis Rodecker
General Counsel

DLR:eb

pc: Cathy Funk, M.D.
Kenneth C. Nanners, M.D.
G. Mark Moreland, M.D.
K. Dean Wright, P.A.-C.
Robert C. Knittle

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

email: rnboard@wv.gov
web address: www.wvrnboard.com



TELEPHONE:

(304) 558-3596

FAX (304) 558-3666

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

August 1, 2012

Robert C. Knittle
Executive Director
State of West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

RE: Response to Comments on 19 CSR 7
Advanced Practice Registered Nurse

Dear Mr. Knittle:

The West Virginia Board of Examiners for Registered Professional Nurses (Board) would like to thank the Board of Medicine for its comments on the proposed legislative rule referenced above. Because of the germane comments pertaining to scope of practice and further defining the role of the advanced practice registered nurse, the Board has made more detailed changes to its proposed rule.

The Board appreciates all comments from its various stakeholders and interested parties. However, it did not make amendments reflective of every comment. It recognizes that opinions differ based on each group's historic role, experiences and areas of practice.

The Board was pleased with the opportunity to work with your agency during this past legislative session to assure the varying interests of both agency's were considered. We look forward to that opportunity in the future.

Again, thank you for your comments. The amended rule is available for your review on the Board's website www.wvrnboard.com.

For the Board,

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

Laura S. Rhodes, MSN, RN
Executive Director

xc: File

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

email: rnboard@wv.gov
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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

August 1, 2012

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

RE: Board Approved Legislative Rule WV 19 CSR 7

Dear Secretary Tennant:

The West Virginia Board of Examiners for Registered Professional Nurses (Board) in session July 27, 2012 approved the legislative rule WV 19 CSR 7 Advanced Practice Registered Nurse with amendments following the comment period. This letter serves to notify your office of the agency approval and to provide the required brief summary and statement of circumstances for the proposed changes.

The legislative rule WV 19 CSR 7 Advanced Practice Registered Nurse (APRN) related to language was updated related to the 2012 legislative session. Pursuant to the comments received, the Board approved amendments to the legislative rule which further clarified definitions, APRN licensure requirements, criteria for evaluation of APRN certification programs, application requirements for licensure by endorsement of an APRN, application requirements for renewal of APRN licensure, and scope and standards of practice of APRN's.

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

For the Board,

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

Laura Skidmore Rhodes, MSN, RN
Executive Director

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

Announcement of Advanced Practice

Rule Title: _____

Type of Rule:

☒ Legislative ☐ Interpretive ☐ Procedural

Agency:

West Virginia Board of Examiners for Registered Professional Nurses

Address:

101 Dee Drive, Suite 102
Charleston, WV 25311

Phone Number:

(304) 558-3596

Email: rnboard@wv.gov**Fiscal Note Summary**

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

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

Fiscal Note Detail

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

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

Announcement of Advanced Practice

Rule Title: _____

Rule Title: _____

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

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

MEMORANDUM

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

Date: July 31, 2012

Signature of Agency Head or Authorized Representative

Deena Shidman Rhodes

FILED

TITLE 19
LEGISLATIVE RULE
BOARD OF REGISTERED PROFESSIONAL NURSES

2012 AUG -2 PM 1:12

OFFICE WEST VIRGINIA
SECRETARY OF STATE

SERIES 7
~~ANNOUNCEMENT OF ADVANCED PRACTICE REGISTERED NURSE~~

§19-7-1. General

- 1.1. Scope. -- These rules establish the scope of the ~~Announcement of~~ Advanced Practice ~~of the~~ Registered Nurse.
- 1.2. Authority. -- W.Va. §§ 30-7-1(a) and 30-7-4.
- 1.3. Filing Date. --
- 1.4. Effective Date. --

§19-7-2. Definitions

- 2.1. ~~Advanced nursing practice is the practice of nursing at a level which requires substantial theoretical knowledge in a specialized area of nursing practice and proficient clinical utilization of the 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.~~

Advanced Practice Registered Nurse (APRN) is a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to independently provide direct and indirect care to patients, who has completed a board approved graduate-level education program and who has passed a board approved national certification examination. An APRN shall meet all the requirements set forth by the board by rule for an APRN which shall include, at a minimum, a valid license to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist or a certified nurse practitioner. Provided That,

2.1.a. An applicant for licensure as an APRN as set forth in section one of this rule who completed an advanced nursing education program and was recognized, licensed or certified in an advanced practice or a certified nurse midwife by West Virginia or another state before December 31, 2012, may apply for and receive an APRN license if that applicant meets the requirements that were in place in West Virginia at the time the applicant qualified for initial advanced practice licensure.

- 2.2. Certification or Recertification is a designation by a national certifying body

recognized by the Board indicating the individual has completed the requirements necessary to earn such designation.

2.3. Unencumbered means a professional license has no current disciplinary action and no restrictions on practice through disciplinary action or other requirements.

§19-7-3. APRN licensure.

3.1. An applicant for initial licensure as an APRN shall meet the following requirements:

3.1.a. Submit to the Board the required fee as specified in §19-12 Fees, verification of licensure or eligibility for licensure as a registered nurse in this state and a completed application that includes, at minimum, the following information:

3.1.a.1. Graduation from a graduate program accredited by a nurse accrediting body that is recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization as acceptable by the Board.

3.1.a.2. Verification of completion as evidenced by an official transcript with the official seal directly from a graduate program accredited by a nurse accrediting body that is recognized by the U.S. Department of Education and /or the Council for Higher Education Accreditation (CHEA) or its successor organization as acceptable by the Board. Said verification shall include documentation verifying the date of graduation, credential conferred, and number of clinical hours completed. On and after January 2, 2015 the verification must include evidence of completion of 3 separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, and advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents, role and population focus of the education program, and evidence of meeting the standards of nursing education in this state.

3.1.a.3. Verification of successful completion of the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.

§19-7-4. Criteria for Evaluation of APRN Certification Programs

4.1. The Board shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:

4.1.a. The program is national in the scope of its credentialing

4.1.b. Conditions for taking the certification examination are consistent with standards of the testing community.

4.1.c. Education requirements are consistent with the requirements of the advanced practice roles of Nurse Anesthetist, Nurse Midwife, Clinical Nurse Specialist or Nurse Practitioner and population foci of Family/Individual Across the Lifespan, Adult-Gerontology, Neonatal, Pediatrics, Women's Health/Gender, Psychiatric Mental Health, and other advanced practice roles that are nationally and Board recognized.

4.1.d. The standard methodologies used are acceptable to the testing community, such as incumbent job analysis studies and logical job analysis studies.

4.2. Certification programs are accredited by a national accreditation body as acceptable by the Board.

4.3. the examination represents entry-level practice in the APRN role and population foci that are intended to ensure minimal competencies for practice at an advanced level of nursing.

4.4. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.

4.5. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.

4.6. Examinations are evaluated for psychometric performance.

4.7. The passing standard is established using acceptable psychometric methods and is reevaluated periodically.

4.8. Examination security is maintained through established procedures.

4.9. Certification is issued based upon passing the examination and meeting all certification requirements.

4.10. A retake policy is in place.

4.11 A certification maintenance program, which includes review of qualifications and continued competence, is in place.

4.12 Mechanisms are in place for communication to the Board for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.

4.13. An evaluation process is in place to provide quality assurance in its certification program.

4.14. The Board shall maintain an updated, publicly accessible list of approved certification organizations.

§19-7-5. Application for Licensure by Endorsement for an APRN

5.1. An applicant for licensure by endorsement as an APRN in this state shall submit to the Board the required fee as specified in Series 12 Fees rule, verification of eligibility for license or privilege to practice as an RN in this state and a completed APRN application that provides evidence the applicant meets the requirements of subsection §19-7-2.1.a. of this rule or evidence of the following information:

5.1.a. Graduation from a graduate program accredited by a nurse accrediting body that is recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization as acceptable by the Board.

5.1.b. Verification of completion as evidenced by official documentation directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Department of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor as acceptable by the Board. Said verification shall include documentation verifying the date of graduation, credential conferred, and clinical hours completed. On and after January 1, 2015 the verification must include evidence of completion of 3 separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents, role and population focus of the education program, and evidence of meeting the standards of nursing education in this state.

5.1.c. Demonstration of successful completion of approved APRN certification program by providing the following:

5.1.c.1. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.

5.1.c.2. Primary source verification of certification.

5.1.d. If the applicant has not been in clinical practice for more than the past 2 years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.

5.1.e. If the applicant has not been in clinical practice for more than the past 5 years, the applicant shall provide:

5.1.e.1. Evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the 2 years prior to application for approval to practice.

5.1.e.2. The applicant must also successfully complete a refresher course or orientation program approved by the Board. An orientation shall:

5.1.e.2.a. Include the appropriate advanced practice role and population focus,

5.1.e.2.b. Be of sufficient length to satisfy the learning needs of the inactive advanced practice nurse and to assure that the advanced practice nurse meets the minimum standard for safe, competent care,

5.1.e.2.c. Cover the entire scope of the authorized advanced specialty area with content that will include, but not be limited to, that which is specified in Board guidelines, and,

5.1.e.2.d. Include a supervised clinical component by a qualified preceptor who is a graduate prepared health care provider with comparable practice focus and meets the following requirements:

5.1.e.2.d.1. Holds an active unencumbered license or privilege to practice,

5.1.e.2.d.2. Is in current practice in the advanced role and population foci, and,

5.1.e.2.d.3. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

§19-7-6. Application for Renewal of License as an APRN

6.1. An applicant for license renewal as an APRN shall submit to the Board the required fee for license renewal, as specified in rule; and a completed license renewal application including the following:

6.1.a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background.

6.1.b. Evidence of completion of a minimum of 24 contact hours obtained within the most recent licensure renewal cycle; 12 hours in pharmacotherapeutics, 8 of which may be used for renewal and reinstatement of Limited Prescriptive Authority in accordance with WV19CSR8 and 12 hours in the clinical management of patients from an approved continuing education provider recognized by the Board. 12 hours may count toward the continuing education requirement for the registered nurse license according to WV19CSR11.

6.1.c. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of the rule governing such programs.

6.2. An APRN who fails to renew the registered nurse license or privilege or is otherwise unable to legally practice as a registered nurse shall not practice as or use the title of APRN until:

6.2.a. A current active license has been issued by the board or a privilege is recognized by the board; and,

6.2.b. The APRN license has been reinstated.

6.3. An APRN shall provide evidence of current certification by a recognized national certifying organization upon recertification and at the request of the board.

§19-7-7. Reinstatement of APRN License

7.1. To be eligible for reinstatement of the APRN license, the applicant shall meet all current requirements and submit:

7.1.a. A completed “Application for Licensure as an APRN”;

7.1.b. The current reinstatement application fee; and,

7.1.c. Submit evidence of current certification or re-certification by a recognized national certifying organization.

7.2. Refresher Course Requirement

8.2.a. An individual applying for licensure reinstatement and who has been out of practice for more than 5 years shall provide evidence of passing an APRN nursing refresher course approved by the Board or an extensive orientation which shall:

7.2.a.1. Include the appropriate advanced practice role and population focus;

7.2.a.2. Be of sufficient length to satisfy the learning needs of the inactive advanced practice nurse and to assure that the advanced practice nurse meets the minimum standard for safe, competent care;

7.2.a.3. Cover the entire scope of the authorized advanced specialty area with content that will include, but not be limited to, that which is specified in board guidelines; and,

7.2.a.4. Include a supervised clinical component by a qualified preceptor who may be a practicing physician or other licensed graduate prepared health care provider with comparable practice focus and meets the following requirements:

7.2.a.4.a. Holds an active unencumbered license as an APRN, practicing physician, or other licensed graduate prepared health care provider with comparable practice focus approved by the Board;

7.2.a.4.b. Is in current practice in the same advanced role and population foci;

7.2.a.4.c. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting.

7.3. Any APRN may place his or her advanced practice registered nursing license on inactive by informing the Board in writing if he or she determines to no longer practice in this role. In order for the license to become active, the licensee must meet the reinstatement requirements contained in this rule.

§19-7-8. Titles and Abbreviations for APRNs

8.1. Each advanced practice registered nurse shall use the designation "APRN" and designated role title as a minimum for purposes of identification and documentation. When providing nursing care, the APRN shall provide clear identification that indicates his/her APRN designation.

§19-7-9. Postbasic program of Study and Clinical Experience.

9.1. Required Criteria for APRN Nursing Education Programs.

9.1.a. The board shall determine whether an APRN nursing education program meets the qualifications for the approval of a program based upon the following standards. The program shall:

9.1.a.1. Be established, ongoing, and organized program offered on a routine basis to an enrollee;

9.1.a.2. Be accredited or approved for the education of nurses by a recognized accreditation or approval body; or,

9.1.a.3. Be sponsored by a sponsoring organization, which shall hold the accreditation or approval for the education of nurses by a recognized accreditation or approval body;

9.1.a.4. Have a program design which prepares an enrollee to

function in a role consistent with the advanced practice registered nursing designation;

9.1.a.5. Have a program design which includes purpose, philosophy, objectives, curriculum content, and plan to evaluate achievement of objectives and measurement of learning outcomes of students;

9.1.a.6. Have a designated faculty responsible for planning, development, implementation, and evaluation of curriculum and students;

9.1.a.7. Include didactic components that prepare the student to perform the additional acts delineated by the board and include at least pharmacology, advanced physical assessment, advanced pathophysiology, and clinical management of disease and differential diagnosis;

9.1.a.8. Include a supervised clinical experience that includes application of all the didactic components; and,

9.1.a.9. Upon successful completion, award a diploma or certificate.

9.2. If the applicant for licensure as an APRN completed a graduate degree of study after December 31, 2012, the applicant shall hold a graduate degree awarded by a college or university accredited by a nursing accrediting body that is recognized by the U.S. Department of Education and or the Council for Higher Education Accreditation (CHEA) or its successor organization as acceptable by the board.

9.3. If the applicant for licensure as an APRN completed a postbasic program of study before December 31, 2012, the program shall be evaluated by the board on an individual basis to determine if the program is acceptable to the board by sufficiently preparing a student for advanced practice registered nursing. *Provided that the program was accredited by a nursing accrediting body that is recognized by the U.S. Department of Education and or the Council for Higher Education Accreditation (CHEA) or its successor organization as acceptable by the Board.*

§19-7-10 National Certifying and Re-Certifying Organizations

10.1. A nationally established organization or agency which certifies registered nurses for advanced practice registered nursing shall be recognized by the board if it meets the following criteria:

10.1.a. The certifying body is an established national nursing organization or subdivision of this type of organization;

10.1.b. Eligibility requirements for certification are delineated;

10.1.c. Certification is offered in specialty areas of clinical practice consistent with the population focus;

10.1.d. Scope and standards of practice statements are established.

10.1.e. Mechanisms for determining continuing competency is established; and,

10.1.f. The certifying body is accredited by the American Board of Nursing Specialties or the National commission for Certifying Agencies.

§19-7-11 Practice Pending Licensure

11.1. A registered nurse who meets all the requirements for practice as an APRN, and who holds a registered nurse temporary license pending licensure by endorsement or a privilege to practice as a registered nurse, shall be authorized to practice as an APRN for a period of time not to exceed the expiration date of the temporary permit.

11.2. Authorization to practice pursuant to this section shall be in the form of a letter from the board acknowledging that the applicant has met all the requirements of this section. An applicant shall not practice until the authorization letter has been issued.

11.3. An individual authorized to practice pursuant to subsection (1) of this section may use the title “APRN Applicant” or “APRN App.”.

§19-7-12 Certification or Recertification

12.1. An APRN shall maintain current certification or recertification from a national organization meeting the requirements of this rule for recognition by the Board.

12.2. The APRN shall provide a copy of current certification or recertification to the Board before the expiration of the certification on file with the Board.

12.3. The board shall conduct an audit to verify that an APRN has met the requirements of the above section.

12.4. A nurse who fails to attain current, active certification or recertification from a national organization meeting the requirements of this rule for recognition by the Board or fails to submit to the Board evidence of such shall not practice or use the title of APRN until the requirements for certification have been met and evidence of current, active certification or recertification is submitted to the Board.

12.5. An APRN who is decertified by the appropriate national organization shall:

12.5.a. Notify the board of that fact; and,

12.5.b. Not practice as or use the title of APRN during the period of decertification.

§19-7-13 Application Validity

13.1. An application shall be valid for a period of six (6) months from the date of submission to the board.

13.2. After six (6) months from the date of application, the applicant shall be required to reapply.

§19-7-14 Discipline; Summary Suspension and Revocation of License

14.1. The board shall have the power to deny, revoke or suspend any APRN license or applied for in accordance with the provisions of this article, or any other Board law or rule, or to otherwise discipline a licensee or applicant upon proof that he or she has violated this article or any other Board law or rule.

14.2. The APRN license shall automatically and immediately be revoked if the registered professional nurse license is suspended or revoked.

14.3. A nurse practicing or identifying him or herself as an APRN who is not licensed as a registered nurse and as an APRN or whose practice is inconsistent with the role to which he or she has been designated, or an APRN who fails to renew the registered nurse license or recertify his or her national certification and provide the Board proof of such, and continues to practice as an APRN shall be subject to the board's disciplinary procedures and shall be subject to any other criminal and civil remedies afforded by law for practicing illegally.

14.4. If the Board finds that an APRN license was issued in error, such license shall be immediately revoked.

§19-7-15 Scope and Standards of Practice of APRNs.

15.1. The practice of the APRN shall be in accordance with the standards and functions defined in the scope and standards of practice statements for each specialty area and population focus, as well as those defined in the WV Nurse Practice Act and WV legislative rules governing the practice of registered professional nurses. The APRN may serve as the primary care provider of record.

15.2. The poulation focus shall include:

15.2.a. Family/individual across the lifespan;

15.2.b. Adult-gerontology;

15.2.c. Neonatal;

15.2.d. Pediatrics;

15.2.e. Women's health/gender-related; or,

15.2.f. Psychiatric/mental health.

15.3. In addition to the RN Scope of practice and within the APRN role and population focus, the APRN practice shall include:

15.3.1. Conducting an advanced assessment;

15.3.2. Ordering and interpreting diagnostic procedures;

15.3.3. Establishing primary and differential diagnoses, prescribing, ordering, administering, dispensing and furnishing therapeutic measures including pharmacological agents;

15.3.4. Delegating and assigning therapeutic measures to qualified assistive personnel;

15.3.5. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources;

15.3.6. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient; and,

15.3.7. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience.

15.4. Advanced practice registered nursing shall not preclude the practice by the APRN of registered nursing practice as defined in code.

~~§19-7-3. Announcement of Advanced Practice.~~

~~3.1. Qualification.~~

~~3.1.1. On or after the effective date of this rule a licensee may announce advanced practice if he or she has a current license as a registered nurse in West Virginia; and~~

~~3.1.2. Current National Certification in an area recognized by the West Virginia Board of Examiners for Registered Professional Nurses.~~

~~3.1.3. On or after December 31, 1998 a licensee may announce advanced practice if he or she has a current license as a registered nurse in West Virginia; and~~

~~3.1.4. Current National Certification in an area recognized by the West Virginia Board of Examiners for registered nurses; and~~

~~3.1.5. A masters degree in nursing; and~~

~~3.1.6. A special license will not be issued. The current registered nurse license shall show the title granted by the national certifying body.~~

~~§19-7-4. Approval of National Certifying Body.~~

~~4.1. The licensee shall apply to the West Virginia Board of Examiners for Registered Professional Nurses for recognition as an advanced nurse practitioner before public announcement is made.~~

~~4.2. The licensee shall submit information required by the West Virginia Board of Examiners for Registered Professional Nurses for approval of the certifying body.~~

~~4.3. The West Virginia Board of Examiners for Registered Nurses shall consider the following in approving a certifying body:~~

~~4.3.1. Authority for the approval of the course of study;~~

~~4.3.2. A mechanism for continued competence;~~

~~4.3.3. An examination required;~~

~~4.3.4. Membership;~~

~~4.3.5. Required qualifications of licensee;~~

~~4.3.6. Scope of the organization;~~

~~4.3.7. Development of standards; and~~

~~4.3.8. A scope of practice.~~