



State of West Virginia *Board of Medicine*

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KISHORE K. CHALLA, MD, FACC
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

July 20, 2016

HAND DELIVERED

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

RE: Proposed Revisions to §19CSR8, Limited Prescriptive Authority

Respected Members of the Board;

I have reviewed the proposed revisions to the above Rule and believe it comports well with the new APRN statute.

My one major concern would be the lifting of the limitation on the prescribing of benzodiazepines. I find it odd that the most heavily abused class of drugs is the only one deleted from §19-8-5.2. Please ask yourself what justification or research led to this recommended action. As a category of drug, benzodiazepines are found to be a contributing factor in no less than 40% of the overdose deaths in our state. Research has shown that the prescribing of benzodiazepines in combination with opiates dangerously lowers respiratory rates and in turn has contributed to West Virginia tragically leading the nation again in 2015 with 702 deaths in our small population. In 2015 the WV Board of Pharmacy reported 35.25 million doses of just the benzodiazepine Xanax in a state with a population of 1.8 million. This is a strong indication that this drug is already overprescribed and for exceedingly long periods of time. In the face of such dire statistics where is the benefit to the public in lifting these limitations?

It is obvious that we have an unsafe and unhealthy prescribing culture in this state, and it would be all too easy for others to fall into this same pattern. The new CDC guidelines call for not prescribing benzodiazepines along with opiates in an attempt to end the use of this life threatening combination of drugs. I believe that our Boards should have some say in such matters on behalf of the citizens of this state that we exist to protect. I would ask you to retain the 72 hour supply limitation for benzodiazepines as the Board of Medicine has done in the prescribing limitations for Physician Assistants.

Thank you for the opportunity to comment.

Sincerely,

Robert C. Knittle

Dr. Sue Painter, DNP, RN
Executive Director

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



TELEPHONE:

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FAX (304) 558-3666

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

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

7/27/2016

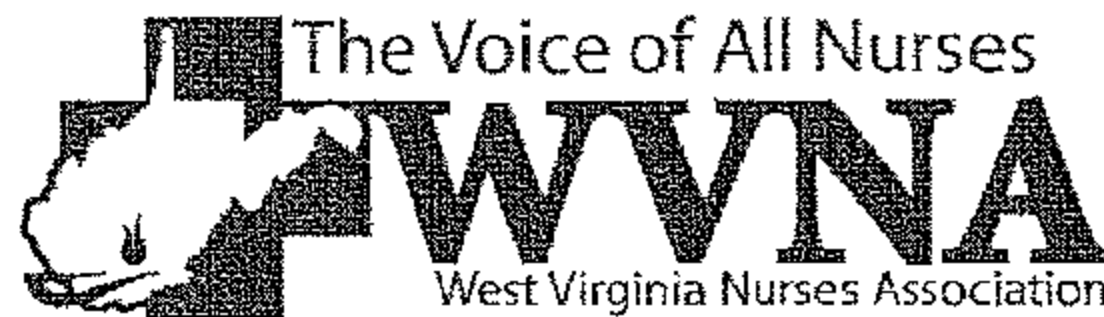
Dear Mr. Knittle,

The West Virginia Board of Examiners for Registered Professional Nurses (Board) appreciates your comments from the State of West Virginia Board of Medicine and wanted to provide a response to the comments submitted during the public comment period. Regarding 19-18-5.2 Benzodiazepines – This language is excluded from the proposed rule. As indicated, there is not a legal requirement for a restriction on benzodiazepines. There is no evidence full prescribing privileges will result in inappropriate prescribing or an increase in drug abuse.

Again, the Board would like to thank you for the comments.

A handwritten signature in cursive script that reads "Sue Painter DNP RN".

Sue Painter DNP RN
Executive Director



July 1, 2016

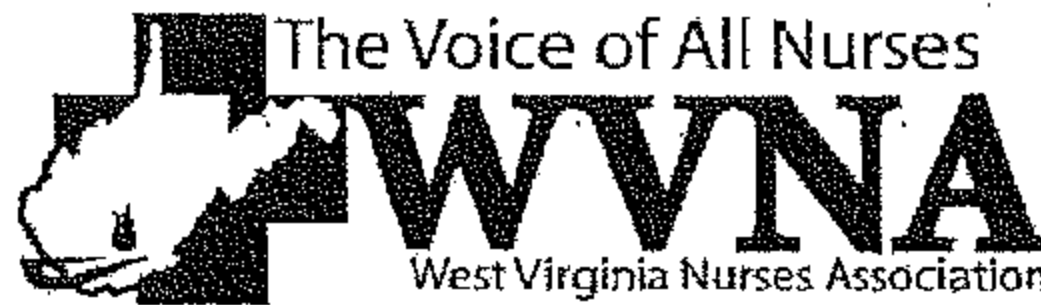
West Virginia Board of Examiners
for Registered Professional Nurses
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Dear WV Board of Examiners for Registered Professional Nurses,

As president of the West Virginia Nurses Association (WVNA), the board members and I, have reviewed the proposed changes to the West Virginia State Rules Title 19, Series 8 (19CSR8), Limited Prescriptive authority for Nurses in Advanced Practice. We fully support the WV Board of Registered Professional Nursing's proposed rule changes submitted to the Secretary of State for public comment on 6/15/2016. It is particularly important that APRNs' prescribing practices allow for full care of WV citizens, and thus, that the formulary restrictions are stricken, including the limitation on benzodiazepines, which are currently afforded safely to all other WV prescribers. It is imperative to mental health service in the state that APRNs be included as full prescribing health care providers.

Below is a list of the few remaining concerns WVNA would request be supported in the updated rules proposal and why the nurses association feels these are essential:

1. Remove "West Virginia" as a requirement for medical physicians to collaborate in a regulatory agreement. Many physicians in the Veterans Administration within West Virginia are not required to hold West Virginia medical licenses from West Virginia to practice in this setting and therefore limit physician collaborators. This rule has caused grave limitation in critical access clinics like the Veterans Administration (VA) clinics. Many Physicians in these type of institutions hold out of state licenses and are following national standards. The WV Board of Medicine has adopted statewide medical compact licensure to accommodate critical access areas. WVNA would recommend the same consideration to the physician as their regulatory body allows.



2. Add new section §19-8-3.1.b.5 to support out of state endorsements for granting prescriptive authority without a regulatory collaborative requirement. This statement as we understand it must be included formally in regulation for out of state endorsements "An advanced practice registered nurse who has practiced and prescribed at least three years with granted prescriptive authority in another state or US jurisdiction may prescribe prescription drugs without the further requirement of a collaborative relationship, unless the board determines, by the board's application for licensure process, that a collaborative relationship is necessary for protection of the public." WVNA feels that is imperative to increase access to care in WV, which was the legislative intent of the change to the code, that there needs to be a way to accept safe APRN's who have prescribed in another state to be able to return to WV and not wait the 3 years for autonomous prescribing.

Thank you for your consideration and hard work on improving health care delivery in WV.

Respectfully,

Elizabeth Baldwin, APRN, PNP, BC
President West Virginia Nurse Association.

Dr. Sue Painter, DNP, RN
Executive Director

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web address: wvrnboard.wv.gov



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STATE OF WEST VIRGINIA
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101 Dee Drive, Suite 102
Charleston, WV 25311-1620

Elizabeth Baldwin, APRN, PNP, BC
President
West Virginia Nurses Association
PO Box 1946
Charleston, WV 25327

7/27/2016

Dear Ms. Baldwin,

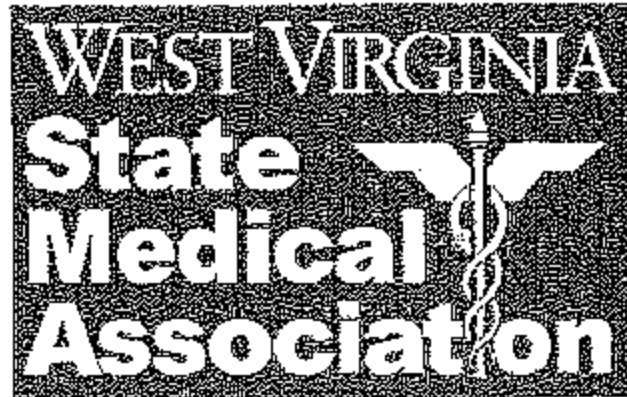
The West Virginia Board of Examiners for Registered Professional Nurses (Board) appreciates your comments from the West Virginia Nurses Association and wants to provide a response to the comments submitted during the public comment period. The responses are below:

1. Remove West Virginia license requirement for collaborative physician – This requirement remains in the rule as the Board finds the public is best protected by assuring the physician is licensed in West Virginia and familiar with the laws and rules of our state. Physician and nurses in the Veterans Administration system follow federal laws and rules specific to that setting.
2. Add new section to support out of state endorsements – This language was not added as the law provides the legal requirements for prescriptive authority without a collaborative agreement. The application process allows for individuals from other states to apply. The details of the requirements are further addressed in the application instructions, the Board's FAQ section of the website and in the upcoming news magazine which will provide information to assist individuals in seeking a West Virginia license and prescribing authority.

Again, thank you for your comments and suggestions.

A handwritten signature in cursive script that reads "Sue Painter DNP RN".

Sue Painter DNP RN
Executive Director



July 15, 2016

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

Dear Ms. Rhodes:

The West Virginia State Medical Association (WVSMA) is grateful for the opportunity to comment on the draft amendment to rule 19-03, Limited Prescriptive Authority for Nurses in Advanced Practice.

We understand that the amendment is based on HB 4334 (2016), which permits APRNs to prescribe independently if they have met certain requirements, including practicing for at least three years in a collaborative agreement with a physician. However, many APRNs (especially those who are new graduates) will still practice under collaborative agreements, and so it is important to consider that the rules apply to them, as well. HB 4334 also called for the creation of an interdisciplinary Joint Advisory Council on Limited Prescriptive Authority, and we are disappointed that the Council has not had an opportunity to convene or participate in the development of the amendment.

The WVSMA primarily focuses on promoting public health and safety, and for that reason we have the following concerns in regard to the proposed amendments to the rule:

1. Section 19-8-3: Application and Eligibility for Limited Prescriptive Authority
Subsection 3.5 strikes the requirement for the RN Board to notify the Board of Medicine and the Board of Osteopathy "of those advanced practice registered nurses who have been granted prescriptive authority, and . . . provide the prescriber's identification number and effective date of prescriptive authority." This information is important for the medical boards, especially in regard to those APRNs practicing under the required collaborative agreements with physicians licensed by the medical boards, as well as for physicians who employ APRNs, and so the WVSMA encourages you to retain the original language in this subsection.
2. Section 19-8-5: Drugs Excluded from Prescriptive Authority
The current rule prohibits APRNs from prescribing certain classifications of drugs, and limits the duration or conditions under which other drugs should be prescribed. The proposed amendment strikes several reasonable limitations from the current rule, and the changes do not have an apparent beneficial effect for patient and health and safety, as detailed below:

19-8-5.1.e. Under the current rule, APRNs can only prescribe MAO inhibitors when in a collaborative agreement with a psychiatrist. This language was stricken from the amended rule. MAO inhibitors are associated with a variety of side effects and serious interactions with other medications and food, and alternative treatments are available, so the current restriction seems reasonable. HB 4334 authorized the RN Board to identify classifications of drugs that APRNs cannot prescribe, and while MAO inhibitors were not specifically named by the Legislature in the bill, the RN Board could use its discretion to retain the current language and include MAO inhibitors on the list, for the benefit of patient safety.

West Virginia State Medical Association
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19-8-5.2. The current rule limits APRNs to prescribing Schedule III medications and benzodiazepines to a 72-hour supply. The proposed amendment changes the duration to 30 days and it also strikes benzodiazepines from any limitation. HB 4334 expands the duration for Schedule III drugs to 30 days and allows annual supplies of non-scheduled drugs for chronic conditions except chronic pain. Since benzodiazepines are scheduled, and are not indicated for long-term use, the current restriction on benzodiazepines can be retained in the rules. The restriction should be retained for the benefit of public health and safety because the abuse of benzodiazepines has been rising dramatically over the past few years, and a recent study by the CDC showed they were involved in 30% of drug overdose deaths.

19-8-5.3. The current rules limit APRNs to prescribing Schedule IV and V medications to a 90-day supply with one refill. These medications include benzodiazepines, as described above, and other medications that have a potential for abuse and dependency. The current limit is already more permissive than some physicians voluntarily use in their practices: some WVSMA physicians have reported that they only prescribe 30-day supplies of these drugs, and require a follow-up visit for refills, due to the potential for abuse and dependency. Since HB 4334 did not address Schedule IV and V medications, and because of their risk, the current language should be retained or strengthened for public safety.

19-8-5.10d. The current rules prohibit APRNs from prescribing human teratogens during pregnancy, and states that Category C drugs should only be given if the benefit justifies the risk and after consultation with the collaborating physicians. The prohibition against prescribing human teratogens during pregnancy represents the standard of care, and APRNs should consult with their collaborator, if they have one in regard to potentially risky medications, so it would seem prudent to retain this language in the rules.

3. Section 19-8-6: Termination of Limited Prescriptive Privileges

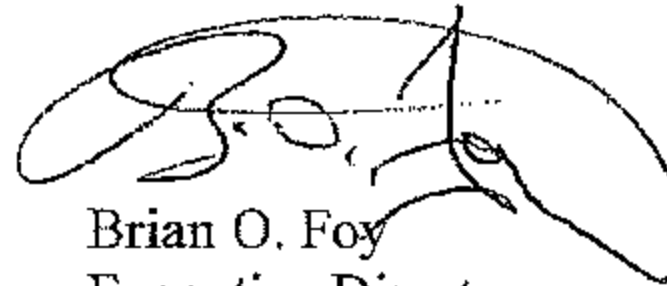
The proposed amendment to subsection 6.2 of this rule would remove the requirement to notify medical boards regarding termination of or changes in an APRN's prescriptive authority. As stated above, information regarding APRNs' prescriptive authority is important for the medical boards, especially in regard to those APRNs practicing under the required collaborative agreements with physicians licensed by the medical boards, and so the WVSMA encourages you to retain the original language in this subsection.

The WVSMA hopes that you will modify the proposed rules to retain current language, as detailed above, for the benefit of public health and safety.

Sincerely,



Paula Taylor, R.Ph., M.D.
President



Brian O. Foy
Executive Director



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

Paula Taylor, R.Ph., M.D.
President
West Virginia State Medical Association
4307 Mac Corkle Avenue, SE
Charleston, WV 25304

7/27/2016

Dear Dr. Taylor,

The West Virginia Board of Examiners for Registered Professional Nurses (Board) appreciates your comments from the West Virginia State Medical Association and wants to provide a response to the comments submitted during the public comment period. The responses are below:

1. Notification of the Boards of Medicine and Osteopathy of Advanced Practice Registered Nurses granted prescriptive authority, identification number and effective date of prescriptive authority – This information is available on the RN Boards website. Providing additional lists is no longer a legal requirement with the recent code changes.

2. Drugs excluded:

19-18-5.1.e MAO inhibitors – This language is excluded from the proposed rule. As indicated, there is not a legal requirement for a restriction on MOA inhibitors. There is no evidence patient safety will be comprised with this change, which permits Advanced Practice Registered Nurse to prescribe within their scope. Following Standards of Care and laws related to appropriate prescribing is required of every APRN in the state of West Virginia.

19-18-5.2 Benzodiazepines – This language is excluded from the proposed rule. As indicated, there is not a legal requirement for a restriction on benzodiazepines. There is no evidence full prescribing privileges will result in inappropriate prescribing or an increase in drug abuse.

19-18-5.3 Schedule IV and V medications - This language is excluded from the proposed rule. As indicated, there is not a legal requirement for a restriction on these medications. While we commend physicians who voluntarily limit use in their practice, there is no evidence full prescribing privileges will increase substance abuse or improper prescribing by the Advanced Practice Registered Nurse.

19-18-10d Human Teratogens – This language is excluded from the proposed rule. As indicated, there is not a code requirement to restrict human teratogens particularly when there is no know pregnancy. There is no evidence limiting prescribing privilege for human teratogens will affect patient safety.

3. Notification medical boards regarding termination and/or changes in prescriptive authority – This information is available on the RN Boards website. Providing additional lists is no longer a legal requirement with the recent code changes.

Again, we appreciate your comments from the physician perspective.



Sue Painter DNP RN
Executive Director



WV Board of Examiners for Registered Professional Nursing
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July 20, 2016

Dear WV Board of Examiners for Registered Professional Nurses:

As a member of the West Virginia Affiliate of the American College of Nurse-Midwives (ACNM), I have reviewed the proposed changes to the West Virginia State Rules Title 19, Series 8 (19CSR8), Limited Prescriptive Authority for Nurses in Advanced Practice.

I commend the Board on the thoughtful composition of the Joint Advisory Council for Limited Prescriptive Authority. I am pleased that this interdisciplinary panel will be available to make recommendations to further strengthen APRN practice in West Virginia.

I fully support the WV Board of Registered Professional Nursing's proposed rule changes submitted to the Secretary of State for public comment on June 15, 2016. It is particularly important that advance practice registered nurses' (APRNs') prescribing practices allow for full treatment of patients receiving health care in West Virginia, and for restrictions on controlled substances to be removed. It is appropriate in primary care and mental health services that WV APRNs be included as fully prescribing health care providers.

Below are two issues that I request be considered in the updated rules proposal, and why—as a certified nurse-midwife and APRN—I feel these are essential:

1. Consider some mechanism to allow either West Virginia licensure, or other state licensure, as a requirement of physicians in formal collaborations with APRNs. For example, physicians employed within West Virginia by the US Department of Veterans Affairs are not required to hold West Virginia licenses in order to practice in that setting. In addition, there may be physicians holding valid out-of-state licenses, who reside and/or practice in areas that border WV, and who are available and willing to formally collaborate with WV APRNs when required.

Rationale: Requiring WV physician licensure of all collaborating physicians potentially limits the supply of qualified physician collaborators.

2. Consider adding a new section (such as §19-8-3.1.b.5), which would support out-of state APRN endorsements for prescriptive authority without a collaborative requirement, and increase access to care by APRNs. Here is some sample wording:
"An advanced practice registered nurse who has practiced and prescribed for at least

three years with prescriptive authority granted in another state or US jurisdiction may prescribe prescription drugs without the further requirement of a collaborative relationship, unless the board determines, by the board's application for licensure process, that a collaborative relationship is necessary for protection of the public."

Rationale: It would be a mechanism to include qualified APRNs who have been granted full prescriptive authority in another state to relocate or return to WV without having to negotiate and maintain a collaborative agreement and waiting three (3) additional years to prescribe autonomously.

Thank you for your consideration of these issues, and for your hard work on improving health care delivery in West Virginia.

Sincerely,

Ellen CMM APRN

DEA MH2009202

WV 79872

NPI 1841432606

Dr. Sue Painter, DNP, RN
Executive Director

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

Esta K. Hill
337 Lillian Street
Morgantown, WV 26501

7/27/2016

Dear Ms. Hill,

The West Virginia Board of Examiners for Registered Professional Nurses (Board) appreciates your comments. The Board wants to provide a response to your comments submitted during the public comment period. The responses are below:

1. Remove West Virginia license requirement for collaborative physician – This requirement remains in the rule as the Board finds the public is best protected by assuring the physician is licensed in West Virginia and familiar with the laws and rules of our state. Physician and nurses in the Veterans Administration system follow federal laws and rules specific to that setting.
2. Add new section to support out of state endorsements – This language was not added as the law provides the legal requirements for prescriptive authority without a collaborative agreement. The application process allows for individuals from other states to apply. The details of the requirements are further addressed in the application instructions, the Board's FAQ section of the website and in the upcoming news magazine which will provide information to assist individuals in seeking a West Virginia license and prescribing authority.

Again, thank you for your comments and suggestions.

A handwritten signature in cursive script that reads "Sue Painter DNP RN".

Sue Painter DNP RN
Executive Director



Angelita Nixon, APRN, CNM, FACNM

*Advanced Practice Registered Nurse
Certified Nurse-Midwife*

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July 20, 2016

Dear WV Board of Examiners for Registered Professional Nurses:

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I commend the Board on the thoughtful composition of the Joint Advisory Council for Limited Prescriptive Authority. I am pleased that this interdisciplinary panel will be available to make recommendations to further strengthen APRN practice in West Virginia.

I fully support the WV Board of Registered Professional Nursing's proposed rule changes submitted to the Secretary of State for public comment on June 15, 2016. It is particularly important that advance practice registered nurses' (APRNs') prescribing practices allow for full treatment of patients receiving health care in West Virginia, and for restrictions on controlled substances to be removed. It is appropriate in primary care and mental health services that WV APRNs be included as fully prescribing health care providers.

Below are two issues that I request be considered in the updated rules proposal, and why—as a certified nurse-midwife and APRN—I feel these are essential:

1. Consider some mechanism to allow either West Virginia licensure, or other state licensure, as a requirement of physicians in formal collaborations with APRNs. For example, physicians employed within West Virginia by the US Department of Veterans Affairs are not required to hold West Virginia licenses in order to practice in that setting. In addition, there may be physicians holding valid out-of-state licenses, who reside and/or practice in areas that border WV, and who are available and willing to formally collaborate with WV APRNs when required.

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anmidwife@netzero.net*



Angelita Nixon, APRN, CNM, FACNM

*Advanced Practice Registered Nurse
Certified Nurse-Midwife*

Rationale: Requiring WV physician licensure of all collaborating physicians potentially limits the supply of qualified physician collaborators.

2. Consider adding a new section (such as §19-8-3.1.b.5), which would support out-of state APRN endorsements for prescriptive authority without a collaborative requirement, and increase access to care by APRNs. Here is some sample wording:
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Rationale: It would be a mechanism to include qualified APRNs who have been granted full prescriptive authority in another state to relocate or return to WV without having to negotiate and maintain a collaborative agreement and waiting three (3) additional years to prescribe autonomously.

Thank you for your consideration of these issues, and for your hard work on improving health care delivery in West Virginia.

Sincerely,

Angelita Nixon, APRN, CNM, MSN
State Policy Co-Chair
West Virginia Affiliate of the American College of Nurse-Midwives (ACNM)

147 Scenic Drive
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anmidwife@netzero.net

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Executive Director

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Angelita Nixon APRN, CNM, FACNM
147 Scenic Drive
Scott Depot, WV 25560

7/27/2016

Dear Ms. Nixon,

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2. Add new section to support out of state endorsements – This language was not added as the law provides the legal requirements for prescriptive authority without a collaborative agreement. The application process allows for individuals from other states to apply. The details of the requirements are further addressed in the application instructions, the Board's FAQ section of the website and in the upcoming news magazine which will provide information to assist individuals in seeking a West Virginia license and prescribing authority.

Again, thank you for your comments and suggestions.

A handwritten signature in cursive script that reads "Sue Painter DNP RN".

Sue Painter DNP RN
Executive Director

WV Board of Examiners for Registered Professional Nursing
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E-mail: mboard@wv.gov

July 20, 2016

Dear WV Board of Examiners for Registered Professional Nurses:

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Rationale: Requiring WV physician licensure of all collaborating physicians potentially limits the supply of qualified physician collaborators.

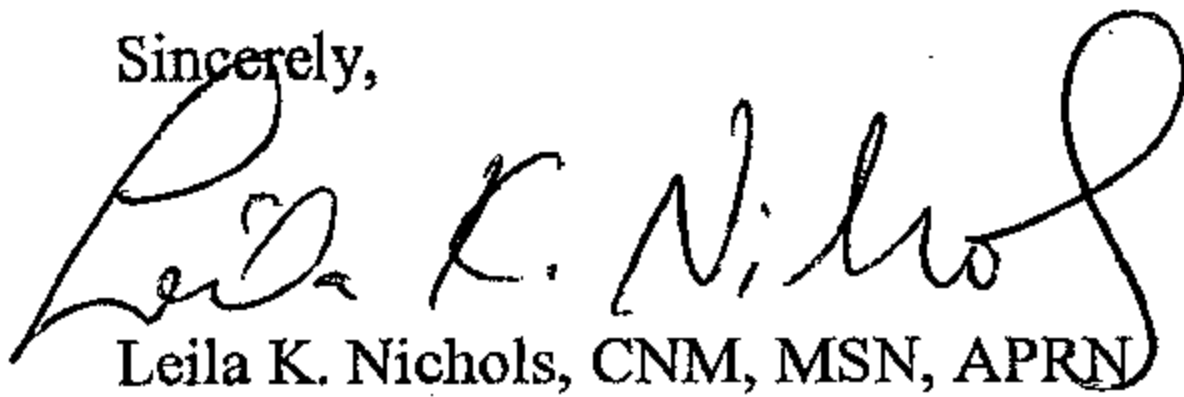
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Rationale: It would be a mechanism to include qualified APRNs who have been granted full prescriptive authority in another state to relocate or return to WV without having to negotiate and maintain a collaborative agreement and waiting three (3) additional years to prescribe autonomously.

Thank you for your consideration of these issues, and for your hard work on improving health care delivery in West Virginia.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Leila K. Nichols', written in black ink.

Leila K. Nichols, CNM, MSN, APRN

Dr. Sue Painter, DNP, RN
Executive Director

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

Leila K. Nichols, CNM, MSN, APRN
901 Woodoak Lane
Charleston, WV 25314

7/27/2016

Dear Ms. Nichols,

The West Virginia Board of Examiners for Registered Professional Nurses (Board) appreciates your comments. The Board wants to provide a response to your comments submitted during the public comment period. The responses are below:

1. Remove West Virginia license requirement for collaborative physician – This requirement remains in the rule as the Board finds the public is best protected by assuring the physician is licensed in West Virginia and familiar with the laws and rules of our state. Physician and nurses in the Veterans Administration system follow federal laws and rules specific to that setting.
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Again, thank you for your comments and suggestions.

A handwritten signature in cursive script that reads "Sue Painter DNP RN".

Sue Painter DNP RN
Executive Director

Deborah Casdorph, FNP

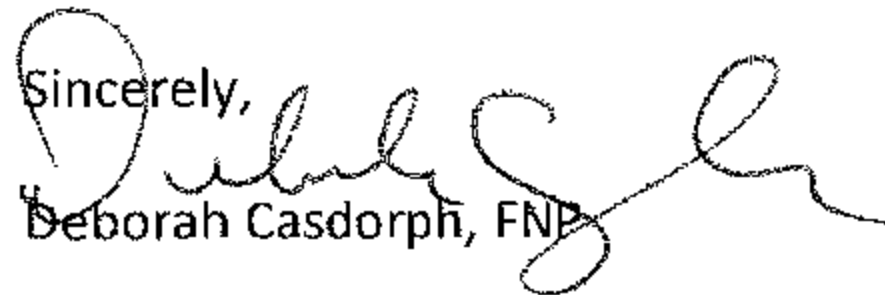
456 Melrose Lane

Ripley, WV 25271

I am writing in support of the rules for APRNs (HB 4334). I feel this will have a positive impact on increasing health care access for the people of WV.

Sincerely,

Deborah Casdorph, FNP

A handwritten signature in cursive script, appearing to read "Deborah Casdorph", written over the printed name.

Painter, Sue A

From: WV Board of Registered Nurses
Sent: Monday, July 11, 2016 7:56 AM
To: Painter, Sue A
Subject: FW: Rule changes

From: deborah casdorph [<mailto:deborahacasdorph@msn.com>]
Sent: Friday, July 08, 2016 1:11 PM
To: WV Board of Registered Nurses
Subject: Rule changes

Dear WV Board of Examiners for Registered Professional Nurses,

As an Advanced Practice Nurse currently practicing in WV, I have reviewed the proposed changes to the WV Code of Rules Title 19, Series 8 (19CSR8), Limited Prescriptive Authority for Nurses in Advanced Practice. I fully support the WV Board Of Registered Nursing's proposed rule changes submitted to the Secretary of State for public comment on 6/15/2016. It is particularly important for my prescribing practice and the care of my patients that the formulary restrictions are stricken, including the limitation on Benzodiazepines for the following reasons:

It will enable me to wean patients off the Benzos that are so addicting and I will be able to prescribe to those patients who qualify and need medical and pharmacological assistance with chronic anxiety. It has been very frustrating for me in the past to have to ask PAs to fill for my patients for more than 3 days as they are able to prescribe these meds for 30 days.

Thank you for your attention to this matter,

Deborah Casdorph, FNP

Dr. Sue Painter, DNP, RN
Executive Director

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

Deborah Casdorph, FNP
456 Melrose Lane
Ripley, WV 25271

7/27/2016

Dear Ms. Casdorph:

The West Virginia Board of Examiners for Registered Professional Nurses (Board) appreciates your communication of support with the proposed changes to WV19CSR8 Limited Prescriptive Authority, in particular the formulary restriction associated with benzodiazepines.

Thank you for taking the time to provide commentary during the public comment period for this rule.

Best Regards,

A handwritten signature in cursive script that reads "Sue Painter DNP RN".

Sue A. Painter, DNP, RN
Executive Director