



**WEST VIRGINIA
SECRETARY OF STATE**

NATALIE E. TENNANT

ADMINISTRATIVE LAW DIVISION

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WEST VIRGINIA SECRETARY OF STATE

FORM 7 -- NOTICE OF AN EMERGENCY RULE (Page 1)

AGENCY **Registered Professional Nurses**

RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **19-08**

RULE NAME **Limited Prescriptive Authority for Nurses in Advanced Practice**

CITE AUTHORITY **§30-7-4**

THE ABOVE RULE IS BEING FILED AS AN EMERGENCY RULE TO BECOME EFFECTIVE AFTER APPROVAL BY SECRETARY OF STATE OR 42ND DAY AFTER FILING, WHICHEVER OCCURS FIRST. THE FACTS AND CIRCUMSTANCES CONSTITUTING THE EMERGENCY ARE AS FOLLOWS:

The rule revisions are prompted by the changes to the law after passage of HB 4334 during the 2016 Legislative Session effective June 10, 2016. Changes relate to the prescribing authority without a legal requirement for a collaborative agreement, Schedule III drugs; language updates and removal of some prescribing restrictions which will allow Advanced Practice Registered Nurses to provide health care at the full scope of their education and competencies and allowing improved access to health care.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes

Sue Ann Painter -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



Title-Series: 19-08



Rule Id: 10105



Document: 28808



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FORM 9 -- EMERGENCY RULE QUESTIONNAIRE (Page 1)

AGENCY Registered Professional Nurses

RULE TYPE Legislative **AMENDMENT TO EXISTING RULE** Yes **TITLE-SERIES** 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

PRIMARY CONTACT

Sue Ann Painter
101 Dee Drive Suite 102

Charleston, STATE ZIP

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FORM 9 -- EMERGENCY RULE QUESTIONNAIRE (Page 2)

AGENCY Registered Professional Nurses

RULE TYPE Legislative **AMENDMENT TO EXISTING RULE** Yes **TITLE-SERIES** 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

DATE OF FILING

Friday, August 05, 2016

STATUTORY AUTHORITY FOR PROMULGATING EMERGENCY RULE

§30-7-4

DATE OF FILING OF PROPOSED LEGISLATIVE RULE

Tuesday, August 02, 2016

**DOES THE EMERGENCY RULE ADOPT NEW LANGUAGE OR DOES IT AMEND OR APPEAL A
CURRENT LEGISLATIVE RULE?**

HAS THE SAME OR SIMILAR EMERGENCY RULE PREVIOUSLY BEEN FILED AND EXPIRED?

No

STATE, WITH PARTICULARITY, THOSE FACTS AND CIRCUMSTANCES WHICH MAKE THE
EMERGENCY RULE NECESSARY FOR THE IMMEDIATE PRESERVATION OF PUBLIC PEACE,
HEALTH, SAFETY OR WELFARE.

This is needed to expand access to primary care. WV Medicaid reported (2015) an increase of 143,463 persons since 2013. These changes allow experienced APRNs prescribing authority without a collaborative agreement and remove restrictions limiting their ability to provide more citizens access to health care at times and locations where that opportunity may not have previously existed or may have ceased to exist.

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FORM 9 -- EMERGENCY RULE QUESTIONNAIRE (Page 3)

AGENCY Registered Professional Nurses

RULE TYPE Legislative **AMENDMENT TO EXISTING RULE** Yes **TITLE-SERIES** 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

IF THE EMERGENCY RULE WAS PROMULGATED IN ORDER TO COMPLY WITH A TIME LIMIT ESTABLISHED BY THE CODE OR FEDERAL STATUTE OR REGULATION, CITE THE CODE PROVISION, FEDERAL STATUTE OR REGULATION AND TIME LIMIT ESTABLISHED THEREIN.

Does not apply to this rule.

STATE, WITH PARTICULARITY, THOSE FACTS AND CIRCUMSTANCES WHICH MAKE THE EMERGENCY RULE NECESSARY TO PREVENT SUBSTANTIAL HARM TO THE PUBLIC INTEREST.

As the number of available health care professionals available to our states citizens decreases, the number of sick individuals needing health care continues to increase. APRNs that have had a documented collaborative relationship with granted prescriptive authority for 3 years are now eligible for prescriptive authority without a collaborative agreement(HB4334). A recent review (Legislative Auditor, 2014) reported does not find any apparent public safety issues with the prescribing and clinical practice of experienced APRNs.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 1)

AGENCY Registered Professional Nurses

RULE TYPE Legislative **AMENDMENT TO EXISTING RULE** Yes **TITLE-SERIES** 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

PRIMARY CONTACT

Sue Ann Painter
101 Dee Drive Suite 102

Charleston, STATE ZIP

SECONDARY CONTACT

Alice R. Faucett
101 Dee Drive Suite 102

Charleston, STATE SECONDARY ZIP SECONDARY

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 1)

AGENCY Registered Professional Nurses

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RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

SUMMARIZE IN A CLEAR AND CONCISE MANNER WHAT IMPACT THIS MEASURE WILL HAVE ON COSTS AND REVENUES OF STATE GOVERNMENT.

There will be no affect on the costs or revenues of state government as the Board is a self-funded agency.

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 2)

AGENCY Registered Professional Nurses

RULE TYPE Legislative AMENDMENT TO EXISTING RULE Yes TITLE-SERIES 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

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.

Effect Of Proposal	Current Increase/Decrease (use ' - ')	Next Increase/Decrease (use ' - ')	Fiscal Year (Upon Full Implementation)
ESTIMATED TOTAL COST	0	0	0
PERSONAL SERVICES	0	0	0
CURRENT EXPENSES	0	0	0
REPAIRS AND ALTERATIONS	0	0	0
ASSETS	0	0	0
OTHER	0	0	0
ESTIMATED TOTAL REVENUES	0	0	0

Sue Ann Painter -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 3)

AGENCY Registered Professional Nurses

RULE TYPE Legislative **AMENDMENT TO EXISTING RULE** Yes **TITLE-SERIES** 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

3. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT). PLEASE INCLUDE ANY INCREASE OR DECREASE IN FEES IN YOUR ESTIMATED TOTAL REVENUES.

There will be no increase or decrease in Board revenue or fees.

Sue Ann Painter -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 4)

AGENCY Registered Professional Nurses

RULE TYPE Legislative AMENDMENT TO EXISTING RULE **Yes** **TITLE-SERIES** 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

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.

None identified at this time.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Sue Ann Painter -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 12 -- BRIEF SUMMARY AND STATEMENT OF CIRCUMSTANCES (Page 1)

AGENCY Registered Professional Nurses

RULE TYPE Legislative AMENDMENT TO EXISTING RULE Yes TITLE-SERIES 19-08

RULE NAME Limited Prescriptive Authority for Nurses in Advanced Practice

CITE AUTHORITY §30-7-4

SUMMARIZE IN A CLEAR AND CONCISE MANNER CONTENTS OF CHANGES IN RULE AND STATEMENT OF CIRCUMSTANCES REQUIRING THE RULE.

The rule revisions are prompted by the changes to the lase after passage of HB 4334 during the 2016 Legislative Session. Changes relate to the prescribing authority without a legal requirement for a collaborative agreement, Schedule III drugs; language updates and removal of some prescribing restrictions which will allow Advanced Practice Registered Nurses to provide health care at the full scope of their education and competencies and allowing improved access to health care.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes

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Title-Series: 19-08



Rule Id: 10105



Document: 28808

TITLE 19
LEGISLATIVE RULE
REGISTERED PROFESSIONAL NURSES

SERIES 8
LIMITED PRESCRIPTIVE AUTHORITY FOR NURSES IN ADVANCED PRACTICE

§19-8-1. General.

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

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

1.3. Filing Date. --

1.4. Effective Date. --

1.5. Sunset Date. -- This rule will Sunset effective 10 years from July 1, 2016.

§19-8-2. Definitions.

2.1. "Actively prescribe prescription medication" means the Advanced Practice Registered Nurse currently holds active prescriptive authority.

2.42. Advanced Practice Registered Nurse (APRN) means a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients, as a certified nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist, or clinical nurse specialist, who has completed a board-approved graduate-level education program and who has passed a board approved national certification examination.

2.23. "Antineoplastics" means chemotherapeutic agents in the active treatment of current cancer.

~~2.3. "Certified Nurse-Midwife" means a nurse who has been licensed by the board to practice nurse-midwifery as provided for in W. Va. Code §30-15-1e.~~

2.4. "Chronic Condition" means a condition which lasts three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication, and does not generally disappear. These conditions with the exception of chronic pain, include but are not

limited to anemia, anxiety, arthritis, asthma, bladder outlet obstruction, cardiovascular and pulmonary disease, cancer, diabetes, epilepsy and seizures, thyroid disease, and obesity, and do not include any condition which requires antineoplastics, all subject to the scope of practice of the advanced practice registered nurse with limited prescriptive authority privilege W.Va. Code §30-7-15(a)(b)(c) and this rule.

~~2.5. "Pharmacology Contact Hour" means a unit of measurement that describes at least 50 minutes of an approved, organized didactic learning experience related to advanced pharmacological therapy."~~

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

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

3.1.a. Prior to application to the board for approval for limited prescriptive authority, the applicant shall:

~~3.1.a.1. Successfully complete an accredited course of instruction in pharmacology during undergraduate study;~~

3.1.a.2~~1~~. Successfully complete an advanced pharmacotherapy graduate level course approved by the board of not less than 45 pharmacology contact hours;

3.1.a.3~~2~~. Provide documentation of the use of pharmacotherapy in clinical practice in the education program;

3.1.a.4~~3~~. Provide evidence of 15 pharmacology contact hours in advanced pharmacotherapy completed within 2 years prior to application for prescriptive authority;

3.1.a.5~~4~~. Submit official transcripts or certificates documenting completion of pharmacology and pharmacotherapy course work.

3.1.a.6~~5~~. The board may request course outlines and/or descriptions of courses if necessary to evaluate the pharmacology course content and objectives.

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

3.1.b.1. A fee set forth in the board's Fees rule, 19CSR12.

3.1.b.2. When required, ~~Written~~ verification of an agreement to a collaborative relationship with a licensed physician holding an unencumbered West Virginia license for prescriptive practice on forms provided by the board. The applicant shall certify on this form that the collaborative agreement includes the following:

3.1.b.2.A. Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced practice registered nurse's clinical practice;

3.1.b.2.B. Statements describing the individual and shared responsibilities of the advanced practice registered nurse and the physician pursuant to the collaborative agreement between them;

3.1.b.2.C. A provision for the periodic and joint evaluation of the prescriptive practice; and,

3.1.b.2.D. A provision for the periodic and joint review and updating of the written guidelines or protocols.

3.1.b.2.E. Additional documentation at the request of the board.

3.1.b.3. The Advanced Practice Registered Nurse may have limited prescriptive authority without a collaborative agreement after meeting the following outlined requirements:

3.1.b.3.(a) Have practiced at least three years in a duly-documented collaborative relationship with granted prescriptive authority;

3.1.b.3.(b) Be licensed in good standing with the board;

3.1.b.3.(c) Submit a completed application on forms developed by the board and pay an application fee.

3.1.b.4. The Board will identify and maintain data designating those Advanced Practice Registered Nurses approved to prescribe without a collaborative agreement.

3.2. If the board obtains information that an applicant for prescriptive authority was previously addicted to or dependent upon alcohol or the use of controlled substances, the board may grant prescriptive authority with any limitations it considers proper. The limitations may include, but are not limited to, restricting the types of schedule drugs a nurse may prescribe.

3.3. The board shall forward a copy of the ~~verified~~collaborative agreement specified in Subdivision 3.1.b.2. of this rule to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.

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

3.5. The board shall notify ~~the Board of Medicine, the Board of Osteopathy, and~~ the Board of Pharmacy of those advanced practice registered nurses who have been granted prescriptive

authority, and shall also provide the prescriber's identification number and effective date of prescriptive authority.

3.6. The advanced practice registered nurse shall file with the board any restrictions on prescriptive authority that are not imposed by W. Va. Code §60A-3-301 *et seq.*, or this rule, but which are within the written collaborative agreement and the name of the collaborating physician for each advanced practice registered nurse on the approved list.

3.7. The advanced practice registered nurse with prescriptive authority who wishes to prescribe Schedules III through V drugs shall comply with federal Drug Enforcement Agency requirements prior to prescribing controlled substances.

3.8. The advanced practice registered nurse shall immediately file any and all of his or her Drug Enforcement Agency registrations and numbers with the board.

3.9. The board shall maintain a current record of all advanced practice registered nurses with Drug Enforcement Agency registrations and numbers.

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

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

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

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

4.2. The applicant shall maintain an active, uninterrupted national certification as an advanced practice registered nurse and maintain this information on file in the Board Office.

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

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

4.3. The applicant shall complete during the 2 years prior to renewal a minimum of 8 contact hours of pharmacology education that has been approved by the board which may be part of the same 12 contact hours of advanced pharmacotherapeutics submitted for the advanced practice registered nurse license renewal requirement.

4.4. The board shall renew prescriptive authority for advanced practice registered nurses biennially on a date determined by the Board by June 30, of odd-numbered years.

4.5. The advanced practice registered nurse shall submit an application for renewal of prescriptive authority on forms provided by the board. The application must be notarized, and the fee set forth in the board's rule, Fees For Services Rendered by the board, 19CSR12 must accompany the application.

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

5.1. The advanced practice registered nurse shall not prescribe from the following categories of drugs:

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

5.1.b. Antineoplastics;

5.1.c. Radio-pharmaceuticals; or

5.1.d. General anesthetics.

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

5.2. Drugs listed under Schedule III ~~and benzodiazepines~~ are limited to a 30 day ~~72-hour~~ supply without refill.

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

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

~~5.3.b. Prescriptions for non-controlled substances of antipsychotics, and sedatives prescribed by the advanced practice registered nurse shall not exceed the quantity necessary for a 90 day supply, shall provide for no more than 1 prescription refill and shall expire in 6 months.~~

~~5.4. Pursuant to a collaborative agreement as set forth in the law governing prescriptive authority the advanced practice registered nurse may prescribe an annual supply of any drug, with~~

~~the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management.~~

~~5.5. The maximum dosage of any drug, including antidepressants, prescribed by the advanced practice registered nurse shall be consistent with the advanced practice registered nurse's area of practice.~~

5.36. Each prescription and subsequent refills given by the advanced practice registered nurse shall be entered on the patient's chart.

~~5.7. Advanced practice registered nurse shall not prescribe other prescription drugs or refill for a period exceeding 6 months; provided, that this limitation shall not include contraceptives or those treating a chronic condition as defined in WV Code §30-7-15a and section 19-8-5.4 of this rule.~~

5.48. An advanced practice registered nurse may administer local anesthetics.

5.59. The advanced practice registered nurse who has been approved for limited prescriptive authority by the board may sign for, accept, and provide to patients samples of drugs received from a drug company representative.

5.610. The prescription authorized by an advanced practice registered nurse shall comply with all applicable standards of care related to prescribing, state and federal laws and regulations; must be signed by the prescriber with the legal designation or the designated certification title of the prescriber and must include the prescriber's identification number assigned by the board or the prescriber's National Provider Identifier (NPI) assigned by the National Plan and Provider Enumeration System pursuant to 45 CFR §162.408.

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

5.406.a.1. The name, title, address and phone number of the prescribing advanced practice registered nurse;

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

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

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

5.406.5. The number of refills;

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

~~5.106.a.7.~~ The prescriptive authority identification number issued by the board; or the prescriber's ~~N~~ational ~~P~~rovider ~~I~~dentifier (NPI) assigned by the National Plan and Provider Enumeration System pursuant to 45 CFR §162.408.

~~5.106.b.~~ An advanced practice registered nurse shall at the time of the initial prescription record in the patient record the plan for continued evaluation of the effectiveness of the controlled substances prescribed.

~~5.10.c.~~ An advanced practice registered nurse shall prescribe refills of controlled substances according to current laws and standards.

~~5.10.d.~~ Drugs considered to be proved human teratogens shall not be prescribed during a known pregnancy by the advanced practice registered nurse. This prohibition includes all Category D and X drugs from the Federal Drug Administration Categories of teratogen risks (21 CFR 201.57). Category C drugs should be given only if the patient benefit justifies the potential risks to the fetus and only after consultation with the collaborating physician.

~~5.11.~~ The board may approve a formulary classifying pharmacologic categories of all drugs which may be prescribed by an advanced practice registered nurse with prescriptive authority.

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

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

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

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

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

6.5. Prescriptive authority for the advanced practice registered nurse terminates immediately if either the license to practice registered professional nursing or the Advanced Practice Registered Nurse license in the State of West Virginia lapses.

6.6. Prescriptive authority is immediately and automatically terminated if national certification as an advanced practice registered nurse lapses or if the advanced practice registered

nurse fails to provide the board evidence of current certification or re-certification of national certification before the expiration of the last certification on record with the board.

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

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

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

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

6.11. When applicable, ~~Prescriptive~~ authorization shall be terminated if the advanced practice registered nurse has not filed a current verification of a collaborative agreement with the board. Upon dissolution of a collaborative agreement, if there is no other current collaborative agreement the advanced practice registered nurse shall cease prescribing immediately, prescribing privileges will be terminated, and the advanced practice registered nurse shall have ~~30~~ 60 days to provide the board a verification of a current collaborative agreement to reinstate the prescribing privilege, after ~~30~~ 60 days a reinstatement application must be completed and submitted for reinstatement of the prescribing privilege.

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

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

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

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

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