

West Virginia

RN Nursing News

Volume 3 Number 1

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses



Legislative Rule for the West Virginia Board For Registered Professional Nurses

Proposed Changes to Limited Prescriptive Authority for Nurses in Advanced Practice

West Virginia

RN Nursing News

Official Publication of the West Virginia Board of Examiners for Registered Professional Nurses

West Virginia Board of Examiners
for Registered Professional Nurses

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Reach every Registered Professional
Nurse licensed in West Virginia.

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WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

MISSION

The West Virginia Board of Examiners for Registered Professional Nurses is established to promote and protect public health, safety, and welfare through the regulation of registered professional nurses and dialysis technicians.

GOALS AND OBJECTIVES

In accordance with WV Code §30-7-1 et seq., the Board will:

1. Function according to the Code of Conduct.
2. Be accessible to the public.
3. Assure the quality of the basic education process for registered professional nurses.
4. Assure the quality of the basic education process for the dialysis technician.
5. Assure initial and continuing competence of the registered professional nurse.
6. Assure initial and continuing competence of the dialysis technician.
7. Define the scope of practice for registered professional nursing and advanced practice nurses.
8. Define the scope of practice for the dialysis technician.
9. Provide a disciplinary process.
10. Review issues related to the nursing shortage.
11. Support the mission of the West Virginia Center for Nursing.

STATUTORY HISTORY

The Board of Nursing is mandated under Chapter 30 of the West Virginia Code to:

PERFORMANCE MEASURES

1. Review and evaluate National Council of State Boards of Nursing registered nurse licensure examination scores of each program in relation to the standard.
2. Conduct on-site visits to at least two nursing education programs annually.
3. Issue licenses to qualified persons in a timely fashion.
4. Provide educational information to registered nurses, dialysis technicians, and the public related to:
 - a. Discipline
 - b. Orientation to the Board
 - c. Advanced Practice
 - d. Licensure
 - e. Practice Issues
5. Process complaints from health care professionals and the public in a timely fashion.
6. Expeditiously respond to requests related to:
 - a. Verification of licenses and certification
 - b. Discipline cases
 - c. The function of the Board
 - d. Patients' rights information
7. Continue the review and evaluation of multi-state regulation.
8. Provide and evaluate the effectiveness of the impaired nurse treatment program.
9. Provide multiple modes of communication opportunities with the Board.
10. Implement the rules relative to the regulation of dialysis technicians.

RECOMMENDED IMPROVEMENTS

Continue updating computer equipment and database program. Evaluate and provide personnel, equipment, and database programs.

Reviewed and revised by the Board 6/14/1999; 6/13/2000; 6/13/2001; 6/12/2002; Reaffirmed 6/12/2003; Reviewed and revised by the Board 6/15/2004; 6/15/2005; 6/14/2006; 6/13/2007; Reaffirmed 6/12/2008.



From the President



Recently, my 13- year-old daughter spent some time in the hospital. From the time she was admitted to the emergency department to the time spent on the floor, I had time to sit back and experience the profession of nursing, not as an employee, but as a recipient of care.

I continue to be amazed at the advances in the profession since I graduated from nursing school. Also, I marvel at the skill level of today's nurse, the challenges and demands placed upon them, and the knowledge they possess.

The nursing care my daughter received was exceptional. Procedures were explained, IVs administered, medications given, and questions answered with all the care and compassion one would expect when faced with hospitalization. Her nurses were the best, and I am grateful for the care she received.

During our stay in the hospital, my daughter looked at me and said with wide-eyed amazement "Mommy, did you do that? Were you really a nurse in a hospital? Wow, I can't believe how hard they work!" For a moment I was taken aback, then I remembered she came along after I left hospital nursing. Sometimes it takes our children to remind us of the real reasons we chose a profession. I answered her, "Yes, I was a nurse; yes, I did similar things while working in the emergency department, and yes I do sometimes miss bedside nursing." This invoked a lengthy discussion about some of my memories of hospital nursing, the good, bad, happy and sad events that took place over many years working in a hospital. It was with great pride I shared my memories with my daughter.

From the bottom of my heart, I want to thank all nurses for what you do. You are a blessing to your patients, students, family, coworkers, and employers. Nurses deserve to be recognized and to be thanked on a regular basis.

I want to wish you all a Happy and Prosperous New Year!

Pamela Alderman, MSN, RN
Board President



From the Executive Director

Laura Skidmore Rhodes, MSN, RN, *Executive Director*



Winter greetings from the Board office! As we begin this new year, most of us think about how we can make a difference over the next year, both personally and professionally. The Board and staff are the same. The Board has already put into place the steps needed to make a difference this year by submitting revisions to two legislative rules. WV 19 CSR 1 pertains to nursing education programs and WV 19 CSR 8 pertains to Limited Prescriptive Authority for Nurses in Advanced Practice. A copy of each rule is on the Web site for review.

The Limited Prescriptive Authority Rule, as approved by the Legislative Rule Making Review Committee on January 12, 2009, is printed in this news magazine. The prescriptive authority rule provides several changes that will be helpful to West Virginia's citizens and to nurse practitioners with prescriptive authority. When you read the rule, the underlined language is new, and the words with a line through (or "stricken") are those that will be deleted from the rule. Some of the language has been moved from one place in the rule to another, so you may see that language stricken in one place and underlined in another. To read the rule as it is proposed, read it omitting the "stricken" words and including the underlined words. The Board is in full support of this rule. In order to show your support of the rule, contact your representative to the West Virginia Legislature and let them know. You may visit www.wv.gov to find the link to the Legislature Web site. The Legislature Web page provides links to help you determine who your representatives are and how to get in touch with them.

Board staff is planning to make a difference this year by updating the Board's Web site. We are interested in any suggestions you may have about our Web site. We are always looking for ways to share information and keep registered professional nurses up to date on Board activities. You may send your suggestions to rnboard@state.wv.us and place "Web site" in the subject line.

Let's all do what we can to make a difference!



CONSENT AGREEMENTS, REPRIMANDS, SUSPENSIONS, REINSTATEMENTS

FY '09 • JULY '08 - JUNE '09

Prior to taking any actions related to the information on this page, contact this office for more information. You may contact the Board by phone at (304) 558-3596, by mail at 101 Dee Drive, Suite 102, Charleston, WV 25313-1620, or by e-mail at rnboard@state.wv.us. Requests for copies of documents must be made in writing. Clearly state your request and provide a name and address where the information may be mailed. The fee for documents is \$3.00 for the first page and 0.25 cents for each additional page. You will be invoiced for this amount.

A **Consent Agreement** is a settlement agreement between the Board and the licensee. The agreement is the result of an informal settlement of a complaint filed against a licensee. Consent Agreements with a probation requirement generally include certain restrictions in the practice of a registered professional nurse. Time is counted toward the required probationary period only while the individual nurse is working as a registered professional nurse. If an individual does not work for a period of time, this time is not counted toward the probation requirement. Therefore, some individuals may have a probation license longer than the dates may suggest.

A **reprimand** is the least restrictive disciplinary action the Board takes against a license. A licensee can practice if a reprimand has been issued against the license.

A **suspension** is generally the result of a violation of a contract between the licensee and the Board. A suspension can also be the resulting action taken by the Board in relation to discipline. A licensee cannot practice nursing while the license is suspended.

A **Summary Suspension** is an action taken by the Board when a licensee is considered an immediate threat to public safety. A licensee receiving a Summary Suspension cannot work as a nurse or represent themselves as such.

A **Reinstatement** occurs when a licensee has completed the discipline requirements. Reinstatement may return the license to the full unencumbered status or return a suspended license to a probation status, or any other action the Board deems appropriate.

NOVEMBER '08

Adkins, Stacy	59488	Wayne, WV	Probation 1 year	11/17/2008
Goff, Dedra	71269	Vienna, WV	Probation 1 year	11/10/2008
Jenkins, Gregory	48705	Barboursville, WV	Suspension	11/03/2008
Kurtzman, Patrica	39980	Moundsville, WV	Reprimand	11/10/2008
Schmalz, Myrtle	51020	Bridgeport, OH	Reprimand	11/10/2008

DECEMBER '08

Brown, Loretta	58246	Danville, WV	Probation 1 year	12/08/2008
Burke-Ross, Diana	56728	Elkins, WV	Probation 1 year	12/08/2008
Jaquay, Jamie	57223	Wheeling, WV	Reprimand	12/23/2008
Moore, Stephanie	51300	Charleston, WV	Probation 1 year	12/29/2008
Parkes, Alvin	22902	Draper, VA	Voluntary Surrender	12/08/2008
Sickles, Elizabeth	30576	Bridgeport, WV	Voluntary Surrender	12/08/2008
Scott, Jo Ann	11411	Clarksburg, WV	Probation 1 year	12/08/2008
Smith, Denise	26697	Matewan, WV	Probation 1 year	12/10/2008
Williams, Angela	43101	Smithers, WV	Suspended	12/10/2008

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, 15c, and §30-15-1 through 7c. An authorized advanced nurse practitioner may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

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

1.3. Filing Date. --

1.4. Effective Date. --

§19-8-2. Definitions.

2.1. ~~The nurse in a~~Advanced p~~Practice~~ Nurse means is a nurse who has been recognized by the Board for Announcement of Advanced Practice as provided for in ~~Legislative Rules~~ the Board's rule, Announcement of Advanced Practice, 19 CSR 7.

2.2. Advanced Nurse Practitioner means an advanced practice nurse as defined in the Board's rule, Announcement of Advanced Practice, 19 CSR 7.

2.3 ~~Nurses in advanced practice shall be referred to in these rules as:~~

~~a. Advanced Nurse Practitioners, and~~

~~c. Certified Nurse-Midwives.~~

~~The "Certified n~~Nurse-m~~Midwife" is~~ means a nurse who has been licensed by the Board to practice nurse-midwifery as provided for in W. Va. Code §30-15-1(c).

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

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

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

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



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

~~3.1.b~~ The advanced nurse practitioner or certified nurse-midwife shall submit a notarized application for prescriptive authority on forms provided by the Board along with the following a fee of one hundred twenty-five dollars (\$125.00):

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

~~3.1.a-b.2.~~ A voided sample of the prescription form shall be submitted with the application.

~~3.1.b.3~~ The advanced nurse practitioner or certified nurse-midwife shall submit w Written verification of an agreement to a collaborative relationship with a licensed physician for prescriptive practice on forms provided by the Board. The applicant shall certify on this form that the collaborative agreement includes the following:

3.1.b.3.A. Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced nurse practitioner's or certified nurse-midwife's clinical practice;

3.1.b.3.B. Statements describing the individual and shared responsibilities of the advanced nurse practitioner or certified nurse-midwife and the physician pursuant to the collaborative agreement between them;

3.1.b.3.C. A P-provision for the periodic and joint evaluation of the prescriptive practice; and

3.1.b.3.D. A P-provision for the periodic and joint review and updating of the written guidelines or protocols.

~~3.1.e-b.3.E.~~ The advanced nurse practitioner or certified nurse-midwife with prescriptive authority shall submit a Additional documentation of the regulations of Section 3.1.b. of this rule at the request of the Board.

~~3.5. 2.~~ If at the time of application for prescriptive authority, the Board obtains information that an applicant for prescriptive authority was previously nurse, although not currently addicted to or dependent upon alcohol or the use of controlled substances, has had any addiction or dependency problem in the past, the Board may grant prescriptive authority 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.

~~3.2.3.~~ The Board shall forward a copy of the verification specified in Subdivision Section 3.1.b. 3. of this rule to the Board of Medicine or to the Board of Osteopathy, whichever is indicated.

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

~~a.~~ If any evidence exists that all eligibility requirements have not been met, the Board shall not grant prescriptive authority:

~~3.4.~~ The certified nurse-midwife applicant for prescriptive authority

shall meet all eligibility requirements as specified in W. Va. Code §30-15-7b:

~~a.~~ If any evidence exists that all eligibility requirements have not been met, the Board shall not grant prescriptive authority:

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

~~3.5.~~ If at the time of application for prescriptive authority, the Board obtains information that nurse, although not currently addicted to or dependent upon alcohol or the use of controlled substances, has had any addiction or dependency problem in the past, the Board may grant prescriptive authority 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. The Board shall notify the Board of Medicine, the Board of Osteopathy, and the Board of Pharmacy of those advanced nurse practitioners or certified nurse-midwives who have been granted prescriptive authority, and shall also provide the prescriber's identification number and effective date of prescriptive authority.

~~3.6.~~ Upon satisfactory evidence that the applicant has met all requirements for prescriptive authority as set forth in W. Va. Code §30-7-15a, 15b, 15c, §30-15-1 through 7c, and this rule, the Board may grant authority to prescribe drugs as set forth in this rule and shall assign an identification number. The advanced nurse practitioner or certified nurse-midwife shall file with the Board any restrictions on prescriptive authority that are not imposed by W. Va. Code §60A-3, or this rule, but which are within the written collaborative agreement and the name of the collaborating physician for each advanced nurse practitioner or certified nurse-midwife on the approved list.

~~3.6.a.~~ The Board shall notify the Board of Medicine, the Board of Osteopathy, and the Board of Pharmacy of those advanced nurse practitioners or certified nurse-midwives who have been granted prescriptive authority, and shall also provide the prescriber's identification number and effective date of prescriptive authority:

~~A.~~ The advanced nurse practitioner or certified nurse-midwife shall file with the Board any restrictions on prescriptive authority that are not imposed by W. Va. Code §60A-3, or this rule, but which are agreed to within the written collaborative agreement and the name of the collaborating physician(s) for each advanced nurse practitioner or certified nurse-midwife on the approved list.

~~3.7.~~ The advanced nurse practitioner and/or certified nurse-midwife with prescriptive authority who wishes to prescribe Schedules III through V drugs shall comply with federal Drug Enforcement Agency requirements prior to prescribing controlled substances.

~~3.8.~~ The advanced nurse practitioner and/or certified nurse-midwife shall immediately file any and all of his or her Drug Enforcement Agency registrations and numbers with the Board.

~~3.9.~~ The Board shall maintain a current record of all advanced nurse practitioners and/or certified nurse-midwives 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.

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

~~4.1.~~ An The applicant for renewal of prescriptive authority shall



meet all eligibility requirements as specified in W. Va. Code §30-7-15b for advanced nurse practitioners or W. Va. Code §30-15-7b for certified nurse-midwives.

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

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

4.4. The Board shall renew prescriptive authority for advanced nurse practitioners or certified nurse-midwives biennially by June 30 of odd-numbered years.

4.5. The advanced nurse practitioner or certified nurse-midwife 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, 19 CSR 12 of ~~one hundred twenty-five dollars (\$125.00)~~ must accompany the application.

~~§19-8-5. Pharmacology Course Requirements.~~

~~5.1. Prior to application to the Board for approval for limited prescriptive authority, the applicant shall successfully complete an accredited course(s) of instruction in clinical pharmacology and clinical management of drug therapy approved by the Board of not less than forty-five (45) contact hours; provided that fifteen (15) of these hours have been completed within two (2) years prior to application for prescriptive authority.~~

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

§19-8-6.5. Drugs Excluded from Prescriptive Authority.

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

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

6.5.1.b. Anticoagulants;:

6.5.1.c. Antineoplastics; :

6.5.1.d. Radio-pharmaceuticals; or :

6.5.1.e. General anesthetics.

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

6.5.2. Drugs listed under Schedule III and benzodiazepines are limited to a ~~seventy-two~~(72) hour supply without refill.

6.5.3. The advanced nurse practitioner or certified nurse-midwife may shall not prescribe drugs from Schedules IV through V in ~~excess of a quantity necessary for thirty~~(30) up to a 90 day supply, shall not ~~may~~ provide for ~~more than five~~(5) only one(1) refill, and shall provide that



the prescription expires in six (6) months: Provided, that 1) prescriptions for phenothiazines shall be limited to up to a 30 day supply and shall be non-refillable. Provided, however, that 2) prescriptions for non-controlled substances of antipsychotics and sedatives prescribed by the advanced nurse practitioner or certified nurse-midwife shall not exceed the quantity necessary for a 30 day supply, shall provide for no more than five prescription refills and shall expire in 6 months.

~~6.4. In addition, an advanced nurse practitioner or certified nurse-midwife may not prescribe any parenteral preparations except insulin and epinephrine:~~

~~6.5. The Board may revise the prescribing protocols annually, and they shall include the following designated sections:~~

~~a. Choice of drugs used less commonly in primary care outpatient settings not to be prescribed by advanced nurse practitioners and/or certified nurse-midwives shall have the following limitations:~~

~~6.5.a.A.5.4. The maximum dosage of any drug, including antidepressants, prescribed by the advanced nurse practitioner or certified nurse-midwife shall be indicated in the protocol and shall be consistent with industry prescribing guidelines specific to the advanced nurse practitioner or certified nurse-midwife area of practice, and these guidelines shall be included in the collaborative agreement, in no case exceed the manufacturer's average therapeutic dose for that drug:~~

~~6.5.a.B.5.5. Each prescription and subsequent refill(s) given by the advanced nurse practitioner and/or certified nurse-midwife shall be entered on the patient's chart.~~

~~C. The advanced nurse practitioner and/or certified nurse-midwife authorized to issue prescriptions for Schedules III through V controlled substances shall write on the V prescription the federal Drug Enforcement Agency number issued to that advanced nurse practitioner and/or certified nurse-midwife:~~

~~D. The maximum amount of Schedule IV or V drugs prescribed shall be not more than ninety (90) dose units or a thirty (30) day supply, whichever is less:~~

~~E. Prescriptions for phenothiazines and benzodiazepines shall be limited up to a seventy-two (72) hour thirty (30) day supply and shall be non-refillable:~~

~~F. Prescriptions for specific antidepressants, to include tricyclics, MAO inhibitors, and miscellaneous antidepressants of bupropion, fluoxetine, maprotiline, trazodone, shall be limited to non-toxic quantities and shall be non-refillable.~~

~~G. Prescriptions for non-controlled substances of antipsychotics, and sedatives prescribed by the advanced nurse practitioner and/or certified nurse-midwife shall not exceed the manufacturer's recommended average therapeutic dose for that drug, shall not exceed the quantity necessary for a thirty (30) day supply, shall provide for no more than five (5) prescription refills and shall expire in six (6) months:~~

~~6.5.a.H.5.6. Advanced nurse practitioners and certified nurse midwives shall not prescribe other prescription drugs or refill for a period exceeding six (6) months; provided, that this limitation shall not include contraceptives.~~

~~I. Advanced nurse practitioners and certified nurse midwives shall not prescribe combination drug products containing drugs fully excluded in section 6.1 of this rule and limitations set forth in this rule apply to any other combination drug products:~~

~~6.6. 5.7. An advanced nurse practitioner and/or certified nurse-midwife may administer local anesthetics.~~

~~6.7. 5.8. The advanced nurse practitioner or certified nurse-midwife who has been approved for limited prescriptive authority by the Board may is ~~authorized~~ to sign for, accept, and provide to patients samples of drugs received from a drug company representative.~~

~~6.8. 5.9. The form of the prescription shall comply with all state and federal laws and regulations.~~

~~6.8.a. 5.9.a. All prescriptions shall include the following information:~~

~~6.8.a.A. 5.9.a.1. The name, title, address and phone number of the prescribing advanced nurse practitioner and/or certified nurse-midwife who is prescribing;~~

~~6.8.a.B. 5.9.a.2. The name and address of the patient;~~

~~6.8.a.C. 5.9.a.3. The date of the prescription;~~

~~6.8.a.D. 5.9.a.4. The full name of the drug, the dosage, the route of administration and directions for its use;~~

~~6.8.a.E. 5.9.a.5. The number of refills;~~

~~6.8.a.F. 5.9.a.6. The expiration date of the advanced nurse practitioner or certified nurse-midwife's prescriptive authority;~~

~~6.8.a.G. 5.9.a.7. The signature of the prescriber on the written prescription; and~~

~~6.8.a.H. 5.9.a.8. The Drug Enforcement Agency number of the prescriber, when required by federal laws.~~

~~6.8.b. 5.9.b. The advanced nurse practitioner and/or certified nurse mid-wife shall document the records of all prescriptions in patient records.~~

~~6.8.c. 5.9.c An advanced nurse practitioner and/or certified nurse-midwife shall, within thirty (30) days at the time of the initial prescription; record in the patient client record the plan for his or her continued evaluation of the effectiveness of the controlled substances prescribed.~~

~~6.8.d. 5.9.d. An advanced nurse practitioner and/or certified nurse-midwife shall not prescribe refills of controlled substances according to current laws and standards unless the refill prescription is in writing.~~

~~6.8.e. 5.9.e. Drugs considered to be proved human teratogens shall not be prescribed during a known pregnancy by the advanced nurse practitioner and/or certified nurse midwife. 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.~~

~~6.9. 5.10. The Board may, in its discretion, approve a formulary classifying pharmacologic categories of all drugs which may be prescribed by an advanced nurse practitioner or certified nurse-midwife with prescriptive authority.~~

~~§19-8-7.6. Termination of Limited Prescriptive Privileges.~~

~~7-6.1 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.

~~7-6.2.~~ The Board shall notify the Board of Pharmacy, the Board of Osteopathy, and the Board of Medicine within ~~twenty-four (24)~~ hours after the termination of, or a change in, an advanced nurse practitioner's or certified nurse-midwife's prescriptive authority.

~~7-6.3.~~ The Board shall immediately terminate prescriptive authority of the advanced nurse practitioner or certified nurse-midwife if disciplinary action has been taken against his or /her license to practice registered professional nursing in accordance with W. Va. Code §30-7-11.

~~7-6.4.~~ Prescriptive authority for the advanced nurse practitioner or the certified nurse-midwife terminates immediately if either the license to practice registered professional nursing in the State of West Virginia lapses or the license to practice as a certified nurse-midwife in the State of West Virginia lapses.

~~7-5.~~ Prescriptive authority for the certified nurse-midwife terminates immediately if either the license to practice registered professional nursing

~~7-6.5.~~ Prescriptive authority is immediately and automatically terminated if national certification as an advanced nurse practitioner or certified nurse-midwife lapses.

~~7-7.6.6.~~ 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 ~~upon~~ expiration date.

~~7-8.6.7.~~ Any advanced nurse practitioner or certified nurse-midwife who allows her or his prescriptive authority to lapse by failing to renew in a timely manner may have his or her prescriptive authority ~~be~~ reinstated by the Board on satisfactory explanation for the failure to renew and submission of the prescriptive authority application and fee.

~~7-9.6.8.~~ An advanced nurse practitioner and/or certified nurse-midwife shall not prescribe controlled substances for his or her personal use or for the use of members of his or /her immediate family.

~~7-10.6.9.~~ An advanced nurse practitioner and/or certified nurse-midwife shall not provide controlled substances or prescription drugs for other than therapeutic purposes.

~~7-11.6.10.~~ An advanced nurse practitioner and/or certified nurse-midwife with prescriptive authority shall may not delegate the prescribing of drugs to any other person.

~~§19-8-8.~~ Adoption/Revision of Rules/Policies.

~~8.1.~~ The Board has the authority may subject to legislative approval to adopt and revise such rules and/or policies as may be necessary to enable it to carry into effect the provisions of W. Va. Code §30-7-1 et seq.



Overview of Board Activities and Responsibilities

The mission of the West Virginia Board of Examiners for Registered Professional Nurses (Board) is to promote and protect public health, safety and welfare through the regulation of the practice of registered professional nurses. Further, the Board is authorized to regulate the practice of Dialysis Technicians to protect public health, safety and welfare. The West Virginia Legislature has empowered the Board to perform a number of functions to ensure this mission is accomplished.

The Board is authorized to, among other things, adopt and amend rules and regulations, accredit and prescribe standards for educational programs preparing persons for registered professional nursing licensure, examine, license and renew licenses, and conduct hearing(s) upon charges calling for discipline of a licensee or revocation or suspension of a license.

The Board is also authorized to adopt and amend rules and regulations, accredit and prescribe standards for educational programs preparing persons for Dialysis Technician certification, certify and renew certifications, and conduct hearing(s) upon charges calling for discipline of a certification or revocation or suspension of a certification.

In order to fulfill its mission the Board has developed specific goals. Included with the Board's goals and objectives are performance measures. The Board's goals are on page 4 of this publication.

The 2004 West Virginia Legis-

lature passed a bill establishing the West Virginia Center for Nursing (Center) as a result of recommendations from the "Nursing Shortage Study Commission" which was funded by the Board. The Center was created to establish a statewide strategic plan to address the nursing shortage in the state and to facilitate recruitment and retention of nurses. The Center is funded in part by a supplemental fee added to the license renewal for RNs and LPNs. The Board continues to work with and support the efforts of the Center. This is reflected in the chart related to Receipts and Disbursements on page 19 by the dollar amount transferred to the Center's account each year. The Center requested that the Board modify the annual renewal form by adding questions about workforce data. The Board approved modification of the online and paper renewal process and the licensure system to capture this information. This data collection began with the renewal season in 2008.

This overview provides a brief description of the Board's activities over the past year in the fulfillment of its mission. Included are tables and charts covering a ten (10) or twenty (20) year time period revealing how the number of registered professional nurses has increased or decreased during the time frame, the number of students that have graduated from nursing programs throughout the state during this time, disciplinary actions that have taken place, as well as

other interesting facts regarding the functions of the Board. This information can be found throughout this publication.

One of the most important ways the Board achieves its mission is ensuring that it is easily accessible to the public, its licensees and to other state and national agencies. To that end, the Board convenes an average of 10 days a year, with Committees meeting an additional 4 days a year. The law requires one meeting per year. In accordance with the law, Board meeting notices are placed in the State Register. The agenda for each meeting is also provided to each nursing school, to Directors of Nursing across the state, and interested parties. Board meetings this year were: January 3, 2008; March 20-21, 2008; June 11-12, 2008 with the Joint RN/LPN meeting on June 11, 2008; July 17, 2008; August 11, 2008; and, October 23-24, 2008. All meetings start at 9:00 am and are held at the Board's office.

At the beginning of each Board meeting there is an Open Forum. Open Forum allows anyone in attendance at the meeting the opportunity to raise issues of concern with the Board and to have an open discussion with Board members.

The Board office is available by telephone twenty four hours a day, seven days a week through a voice mail system 1-877-743-6877(NURS). During regular business hours, Monday through Friday, the office is staffed



to respond to questions by phone, facsimile, e-mail, U.S. mail and from persons coming to the office.

Additional avenues the Board utilizes to remain accessible to the public are by way of e-mail and web page. The Board's e-mail address is rnboard@state.wv.us. The web site address is www.wvrnboard.com. Most of the Board's applications are available for downloading from the web. Renewal applications may be submitted online.

The Board has informational brochures available to the public on continuing education, discipline and the complaint process. Because the Board sees educating the public as one of its priorities, it continues to be active in providing information through presentations at various sites throughout the state. These presentations cover Board functions, the licensing process, mandatory continuing education, advanced practice, prescriptive authority, discipline and how to file a complaint. Board staff participated in several presentations in FY2008

One of the main functions of the Board in the fulfillment of its mission is the regulation of the nursing programs in the State of West Virginia. Currently, there are 19 schools of nursing providing 20 nursing programs (the University of Charleston has bachelor and associate degree programs) in the state that require Board approval.

Between 1998 and 2008 a total of 8,961 students graduated from West Virginia Schools of Nursing (Chart 1). The total number of graduates include: Baccalaureate graduates - 3,997; Associate Degree graduates - 4,964 and no Diploma graduates as the last diploma class in West Virginia graduated in 1996 (Chart 2). The class of 2007 had the largest number of graduates with 1,024. The lowest number of graduates occurred in 2001 with 598

graduates. This information does not include registered professional nurses pursuing additional nursing degrees beyond basic education, such as a Bachelor degree after obtaining an Associate degree; or, obtaining a Master's or Doctoral degree.

The accreditation process of a school of nursing goes far beyond the initial accreditation of that school. It is an ongoing process. Each year every Board approved program is required to submit an Annual Report to the Board for review. The Annual Report covers every aspect of the program, from

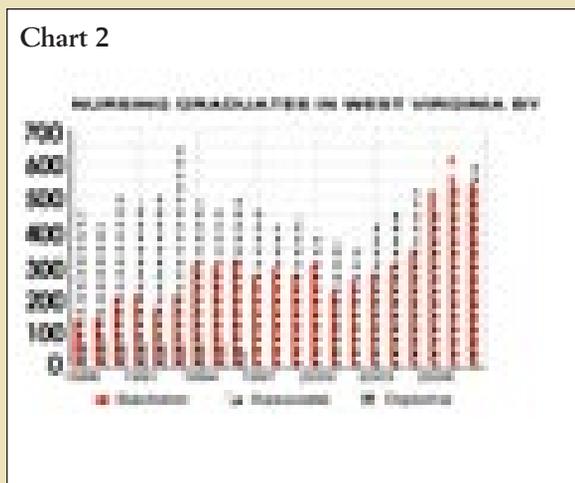
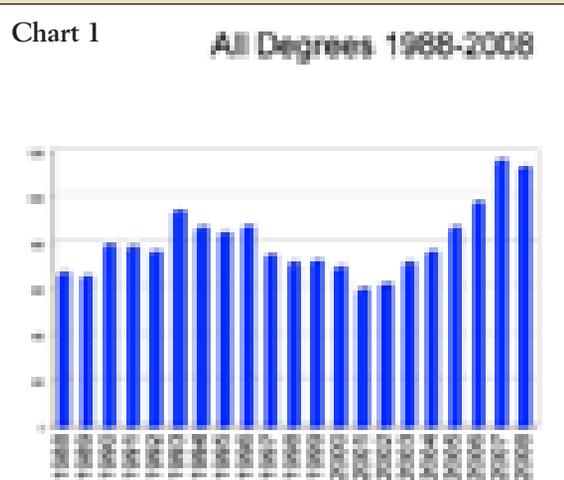
representatives have the opportunity to view the quality of the information contained in the library for nursing students and to also speak with nursing students on campus regarding the nursing program. In FY2008 the Board performed seven (7) On-Site Visits to campuses in the state.

Another Board function is to provide a test for graduates to successfully complete for initial licensure. Currently, that test is known as the National Council Licensure Examination -RN (NCLEX-RN). It has been a computer adaptive test since April 1994. The candidate may take the examination at any test center in the United States or U.S. Territories provided the state where they wish to hold initial licensure is designated, and an application specific to that state has been completed.

The national pass rate for first time candidates taking the licensure examination during FY2008 is 85.51%. West Virginia's percentage is 81.32%. This percentage ranks West Virginia as forty-six (46) out of fifty-four (54) member board jurisdictions. This information is provided through a report from the National Council of State Boards of Nursing, Inc.

From the graduates who pass the licensing examination who are able to hold the title registered professional nurse, there are a number of individuals who pursue advanced practice in more specialized areas. The Board regulates advanced practice in more specialized areas. The Board regulates 1,219 nurses with Announcement of Advanced Practice. This number includes the 569 nurses in advanced practice and having prescription writing privileges granted by the Board

Because nurses are continuing to specialize in different areas, the Board's approach to discipline continues to evolve. Disciplinary cases continue to increase in complexity. Board staff process a significant num-



the financial status to the degrees held by instructors and most importantly the quality of the information being taught to the student. The Board also conducts a number of on-site visits to programs to have a "hands on" view of the activity taking place at the school. During the on-site visit, Board



This is the first article of a series that will be included in upcoming newsletters from the Board pertaining to advanced practice nursing, including limited prescriptive authority. We hope this series will be a helpful source of information for those in advanced practice nursing and those working with advanced practice nurses.

Limited Prescriptive Authority for Nurses in Advanced Practice Review of Collaborative Agreement Requirement

Limited prescriptive authority for nurses in advanced practice in West Virginia began in the early 1990s. The first prescriber number was issued in June of 1993. There are approximately five hundred (500) advanced practice nurses (APNs) and certified nurse midwives (CNMs) with active prescribing privileges.

Collaborative agreements establish what is mutually agreed upon between the APN or CNM and the collaborating physician and are legal documents. Currently, CNM's are required to practice in a collaborative relationship with a licensed physician engaged in family practice or the specialized field of gynecology or obstetrics, or as a member of the staff of any maternity, newborn or family planning service approved by the West Virginia department of health and human resources, who, as such, shall practice nurse-midwifery in a collaborative relationship with a board-certified or board-eligible obstetrician, gynecologist or the primary-care physician normally directly responsible for obstetrical and gynecological care in said area of practice. A collaborative agreement is required for the establishment of prescribing privileges in West Virginia for the APN. As a part of the application process and continuation of limited prescriptive authority, the APN or CNM is required to have a written collaborative agreement with an actively licensed West Virginia physician that is familiar with their practice. Verification of the agreement must be on file with the Board.

The APN or CNM may have as many agreements as needed for their practice setting. However, when a collaborative agreement is no longer valid, the APN or CNM is to notify the Board immediately and may not prescribe under that agreement. Termination of prescribing privileges will occur if the APN or CNM does not have a current collaborative agreement on file with the Board. It is the responsibility of the APN or CNM to keep the Board informed of any changes in their collaborative agreement or collaborating physician. Collaborative agreements must be approved by the Board prior to prescribing under the agreement. The office forms for use to notify the Board of a change in collaborative agreement are available on the Board's Web site.

Collaborative agreements for limited prescriptive authority must include, but not be limited to, the requirements in West Virginia Code Chapter 30, Article 7-15a,b & c for APNs and Chapter 30 Article 15-7a,b & c for CNMs. The agreement may be as specific and detailed as the APN or CNM and collaborating physician determine, but cannot go beyond what is permitted by law. The above information is determined mutually by the APN/CNM and collaborating physician. The prescribing privileges issued by this Board are for practice only in West Virginia. The following are required in the collaborative agreement:

1. Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the APNs/CNMs clinical practice.

Protocols and guidelines serve as a standard and reference of current practice. Written protocols and guidelines may include established, current resources, such as textbooks, that are relevant and specific to the APN or CNM practice. They may be in the form of evidenced-based protocols for the practice, textbooks and reliable current resources that may be disease-specific practice standards. APNs or CNMs with limited prescriptive authority must comply and maintain current knowledge of state and federal prescribing requirements that affect their practice. It is important to check the information and Web sites for those boards and federal agencies regularly.



Guidelines and protocols may not go beyond the prescribing requirements in the Code (§30-7-15a,b&c or 30-15-7a,b&c) and Rule (19CSR8). For the prescribing of controlled substances, the APN/CNM must apply for DEA registration and may not prescribe beyond the requirements in the Code (§30-7-15a,b&c or 30-15-7a,b&c) and Rule (19CSR8). Several states have durable medical equipment specified in the law. Currently, West Virginia regulation is silent on this issue.

2. Statements describing the individual and shared responsibilities of the APN or CNM pursuant to the collaborative agreement between them.

The APN or CNM and collaborative physician outline guidelines for their relationship that include their individual and shared responsibilities relating to the agreement for



limited prescriptive authority. The responsibilities may include the process for consultation, communication, and review of these responsibilities on a regular basis.

3. Periodic and joint evaluation of prescriptive practice.

The APN or CNM and collaborative physician outline guidelines, and this includes the process for review and evaluation of the APN or CNM prescribing practice. An example may include the number of charts reviewed and how often review will occur.

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

The APN or CNM and collaborative physician outline the guidelines and process for review

Limited prescriptive authority for nurses in advanced practice in West Virginia began in the early 1990s.

and updating of the guidelines and protocols used by the APN or CNM for their prescribing practice. This may include ongoing review as well as how often the review will occur.

The West Virginia Code and Legislative Rules for limited prescriptive writing privileges may be found on our Web site at www.wvrnboard.com. From the homepage, click on "Law/Scope." From this page, click on "West Virginia Code/Law." This will take



you to Chapter 30, Article 7 of the West Virginia Code. Scroll down to §30-7-15a,b & c. This is the Code for APNs that have limited prescriptive writing privileges. You may save or print this information. For CNMs, the Code is Chapter 30, Article 15-7a,b & c.

The Legislative Rule that further defines the Code for limited prescriptive writing privileges is Title 19, Series 8. You may access this rule from our Web site as well. From the homepage, click on "Law/Scope." From this page, click on "Code of Legislative Rules." This will take you to the West Virginia Secretary of State Web site and Title 19. Click on "19-08," and you may save or print in Word or WordPerfect format.

The Board may audit the prescribing practice of the APN or CNM with limited prescriptive authority. The audit is an on-site visit by the Board to the office of the APN or CNM. Documents are reviewed and verified as indicated in the collaborative agreement on file with the Board.

As a reminder, be familiar with state and federal laws pertaining to prescribing; maintain all current information with the Board; never be without a current collaborative agreement on file with the Board, and always prescribe within the law and APN or CNM scope of practice.



If you have questions or wish to speak with someone regarding limited prescriptive authority in West Virginia, please contact this office at 304.558.3596.

ber of discipline related records. In past years the majority of complaints against registered nurses, resulting in action, involved the use, misuse and abuse of drugs and alcohol. Although these issues still make up the majority of the complaints, there is an increase in practice related issues, such as documentation errors and the lack of competency. Health care institutions are utilizing more unlicensed individuals than ever before. With the predicted decrease in available registered nurses and the increase in work demand on the nurses who are available, the amount of complaints with practice issues will surely rise over the next several years.

In order to completely fulfill its mission to protect the public, the Board recognizes the necessity in maintaining open communication with other related national and state agencies. In that regard, the Board always sends representatives to meetings of the National Council of State Boards of Nursing, Inc. (NCSBN) and is actively involved in the discussion and voting processes which occur at these meetings. The Executive Director, Laura Skidmore Rhodes, served as the Chair of the By-Laws Committee and on the Governance and Leadership Task Force for that organization. She is the current president of the Board of Directors for NCSBN. Marty Alston, Secretary II/Accounting Assistant II has completed her second term on the Awards Panel for NCSBN. Cyndy R. Haynes, Director of Education and Practice is on the NCSBN Innovations in Nursing Education Committee. Alice R. Faucett, General Counsel and Director of Discipline serves on the Professional Discipline, International Relations, and Legal Issues Committees for the Council on Licensure, Enforcement and Regulation.

The Board, in conjunction with NCSBN, developed an on-line continuing education program for registered professional nurses about the current law. This program offers two (2) continuing education hours which qualify for inclusion in the total requirement of thirty (30) continuing education hours every two years. The continuing education requirements are changed in January 2008 to a twelve (12) hour requirement each year.

Locally, the Board keeps an ongoing

ents. An outcome of this committee is the practice of holding a yearly Joint RN/LPN Board meeting. Together the two Boards publish a document entitled ACriteria for Determining Scope of Practice for Licensed Nurses and Guidelines for Determining Acts That May Be Delegated or Assigned by Licensed Nurses' or simply the "Purple Book." This document was updated in 2005 and currently under review by a joint committee of the Boards.

The Board participates in the Commitment to Excellence project through the National Council of State Boards of Nursing, Inc. as the evaluation process for the agency. This project looks at best practices from boards of nursing in the United States and U.S. Territories.

Board members and staff work very hard to make sure the Board accomplishes its mission and goals. Staff members ensure that records reflecting the Board's financial status are accurately maintained. Because of the number of Board meetings held each year, Board members are kept thoroughly apprised of all operations by Board staff. (Chart 3)

Legislation was passed during the 2005 session which placed the regulation of the Dialysis Technician Education programs and Dialysis

Technicians under the jurisdiction of the Board. Emergency Rules were approved August 5, 2005 and are prepared for the 2007 legislative session. The Dialysis Technician Advisory Council has been appointed and met twice in 2008. There are 144 certified dialysis technicians in West Virginia.

As previously stated, there is a predicted increase in the need for registered nurses and a decrease in the number of registered nurses available for employment in upcoming years.

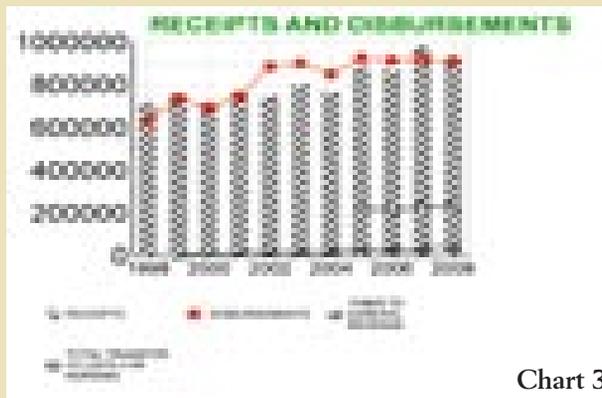


Chart 3

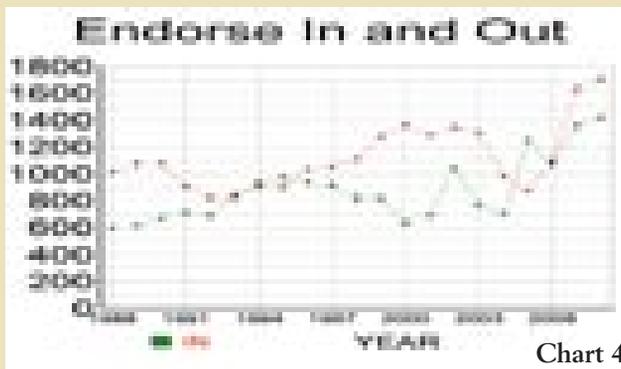


Chart 4

alliance with the West Virginia State Board of Licensed Practical Nurses (LPN Board). Because the two agencies generally have to address similar topics and certainly in the employment arena they usually function together, it is important to the Board to ensure that communication lines are open with this agency. In 1995, the Joint Nursing Regulatory Committee was formed to enhance communications between Board and the LPN Board, and between the Board and constitu-



This decrease will not only affect West Virginia, but will be a national decrease. However, because of the size of our state, the effect on West Virginia will be easily felt. As reflected in Chart 4, licensees have steadily endorsed out of West Virginia to other states, with the exception of FY05 when more nurses endorsed into WV. This is directly related to an influx of nurses preparing to assist a West Virginia hospital in the event of a strike. As the citizenship ages and illnesses increase, the need for registered nurses will increase.

The current trend of maintaining over 23,000 (Chart 5) nurses will not meet the needs of the state. More nurses are still needed. Not having enough nurses makes it even more important for the West Virginia Board of Examiners for Registered Professional Nurses to fulfill its goal to protect the public. When the impending nursing shortage was recognized, schools of nursing across the state increased enrollment in their nursing programs this is reflected in the slight increase in the number of registered nurses. There are approximately 3,284 students enrolled in West Virginia schools of nursing to obtain an initial degree in nursing.

The West Virginia Board of Examiners for Registered Professional Nurses continues to fulfill its mission of protecting the citizens of West Virginia through the regulation of the education and practice of 25,686 registered professional nurses, as well as the 144 Certified Dialysis Technicians. The data for the statistical reports is based on the fiscal year calendar.

Should you have any questions, suggestions or desire more information please contact this office at (304) 558-3596 or 1-877-743-NURSE (6877) or write to 101 Dee Drive, Suite 102, Charleston, West Virginia, 25311-1620. Our e-mail address is rnboard@state.wv.us and our web page is www.wvrnboard.com.

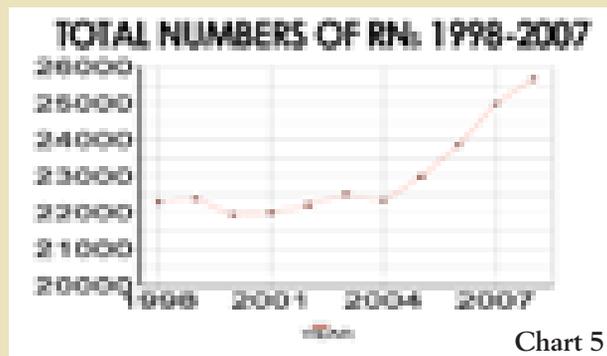


Chart 5





FOR ADVANCED PRACTICE NURSES AND CERTIFIED NURSE MIDWIVES WITH PRESCRIPTIVE WRITING PRIVILEGES



The West Virginia Board of Examiners for Registered Professional Nurses (Board) is reminding prescribers regarding the West Virginia Medicaid Pharmacy Prescriber NPI number. If you have questions or require further information, contact the West Virginia Medicaid Rational Drug Therapy Program at 1.800.847.3859 “Option 1”, and then “Option 1” again. This information is on the Board’s website at www.wvrnboard.com.

The Board is also reminding prescribers regarding the requirement that all written Medicaid prescriptions to be on “tamper-resistant” pads/paper in order to be eligible for federal reimbursement to Medicaid. This new requirement does not apply to telephoned, faxed, or electronic prescriptions. If you or your printer/vendor requires additional information, please refer to the West Virginia Bureau of Medical Services website, www.wvdhhr.org/bms.



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