

House Bill 4334 provides for many changes related to Limited Prescriptive Authority and Advanced Practice Registered Nurse (APRN) Practice. The entire bill can be reviewed at this link: [HB4334](#). The bill becomes law on June 10, 2016 with the exception of some of the details related to Limited Prescriptive Authority changes which will be made in an Emergency Rule expected to be filed in late July or early August. This rule will go out for public comment in late June 2016.

Prescriptive Authority

- As of June 10, 2016 APRNs with Prescriptive Authority may prescribe up to a 30 day supply of Schedule III drugs with **no refills**. All other current rules remain in place until the EMERGENCY RULE is approved which is anticipated to be in August 2016. You will be notified.
- **APRNS MUST MAINTAIN A COLLABORATIVE AGREEMENT UNTIL APPROVED TO PRESCRIBE WITHOUT HAVING A COLLABORATIVE AGREEMENT**
The application and review process for **not** having a collaborative agreement is ready and may be accessed at <https://apps.wv.gov/Nursing/OnlineRegistration/>. You will be notified by email when your application is approved. **Until you are approved for not having a collaborative agreement**, the collaborative agreement is still required.
- **Requirements for APRNS to obtain Limited Prescriptive Authority without having a collaborative agreement:** (e) The board shall, upon application, authorize an advanced practice registered nurse to prescribe prescription drugs in accordance with section fifteen-a of this article without the further requirement of a collaborative agreement if the applicant has satisfied the following prerequisites: (1) Has practiced at least three years in a duly-documented collaborative relationship with granted prescriptive authority; (2) Licensed in good standing with the board; and (3) Has submitted a completed application on forms developed by the board and paid an application fee established by the board in legislative rule. (f) Notwithstanding the provisions of subsection (e) of this section, the board may require an advanced practice registered nurse to practice in a collaborative agreement if the board determines, by order arising out of the board's complaint process, that a collaborative relationship is necessary for the rehabilitation of a licensee or for protection of the public.

Signature Authority

An advanced practice registered nurse may provide an authorized signature, certification, stamp, verification, affidavit or endorsement on documents within the scope of their practice, including but not limited to, the following documents: (1) Death certificates: [Provided, That the advanced practice registered nurse has received training from the board on the completion of death certificates; \(click this link to go to the training program\)](#) (2) “Physician orders for life sustaining treatment,” “physician orders for scope of treatment” and “do not resuscitate” forms; (3) Handicap hunting certificates; and (4) Utility company forms requiring maintenance of utilities regardless of ability to pay. (b) An advanced practice registered nurse may not sign a certificate of merit for a medical malpractice claim against a physician.

Certified Nurse-Midwife Law

The Certified Nurse-Midwife Code language was stricken as this APRN group is licensed under the APRN laws. With this change the APRN CNM is no longer **legally** required to have a collaborative relationship with a physician. **“Legally”** is highlighted as health care providers constantly collaborate with each other. This change removes the legal requirement and still recognizes that health care providers collaborate as needed to assure patient safety.

Joint Advisory Council for Prescriptive Authority

Establishes the Joint Advisory Council on Limited Prescriptive Authority. This group will provide advice for the Board’s consideration on matters listed in the law and any other issues that arise for which the Board may seek its input.