

REGULATORY REVIEW OF RULES FOR THE WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

SERIES 1 Policies, Standards and Criteria and the Evaluation and Accreditation of Colleges, Departments or Schools of Nursing

DESCRIPTION: This rule establishes the policies and standards criteria for the evaluation and accreditation of colleges, departments or schools of nursing. Currently submitted to the Rule-Making Review Committee.

According to the records available the rule was first promulgated on December 17, 1982, with modifications effective on the following dates:

3/23/2018
7/9/2009
4/27/2007
4/10/2000
4/5/1995

DETERMINATION: The Board is currently waiting for this rule to be placed on the RMRC agenda.

SERIES 3 Requirements for Registration and Licensure and Conduct Constituting Professional Misconduct

DESCRIPTION: This rule establishes the requirements for registration and licensure of a registered professional nurse and describes behavior which constitutes professional misconduct subject to disciplinary action. Currently submitted to the Rule-Making Review Committee.

According to the records available the rule was first promulgated on December 17, 1982, with modifications effective on the following dates:

5/2/2017
7/1/2007
7/1/2002
4/5/1995

DETERMINATION: The Board is currently waiting for this rule to be placed on the RMRC agenda.

SERIES 5 Contested Case Hearing Procedure

DESCRIPTION: This rule establishes the procedural rules for the procedures for the adjudication of contested case hearings before the Board.

According to the records available the rule was first promulgated on December 17, 1982, with modifications effective on the following dates:

11/21/2016
2/7/1993

DETERMINATION: The Board updated the rule in CY2016.

REASON: The Board does not need to make changes at this time.

SERIES 6 Open Meetings and Bylaws

DESCRIPTION: These rules establish general rules pertaining to regular meetings, special meetings and emergency meetings of the West Virginia Board of Examiners for Registered Professional Nurses and also sets forth certain bylaws of the Board.

According to the records available the rule was first promulgated on November 13, 1987, with modifications effective on the following dates:

11/8/2016

DETERMINATION: The Board updated the rule in CY2016.

REASON: The Board does not need to make changes at this time.

SERIES 7 Advanced Practice Registered Nurse

DESCRIPTION: These rules establish the scope of the Advanced Practice Registered Nurse. Currently submitted to the Rule-Making Review Committee for a title change.

According to the records available the rule was first promulgated on July 1, 1991, with modifications effective on the following dates:

7/1/2013

DETERMINATION: The Board is currently waiting for this rule to be placed on the RMRC agenda.

SERIES 8 Limited Prescriptive Authority for Nurses in Advanced Practice

DESCRIPTION: This rule establishes the requirements whereby the board authorizes qualified advanced practice registered nurses to prescribe prescription drugs in accordance with the provisions of W. Va. Code "30-7-15a, 15b, and 15c.

According to the records available the rule was first promulgated on June 15, 1993, with modifications effective on the following dates:

5/15/2017

6/12/2013

7/21/2009

DETERMINATION: The Board updated the rule in CY2017.

REASON: The Board does not need to make changes at this time.

SERIES 9 COMPLAINT PROCEDURE

DESCRIPTION: This rule defines the role and authority of the board in investigation and resolution of disciplinary matters.

According to the records available the rule was first promulgated on April 1, 1994, with modifications effective on the following dates:

9/1/2018

9/18/2004

5/1/2001

DETERMINATION: The Board revised this procedural rule and became effective on 9/1/2018.

SERIES 10 STANDARDS FOR PROFESSIONAL NURSING PRACTICE

DESCRIPTION: This rule establishes standards of safe practice for the registered professional nurse and serves as a guide for the board in evaluating nursing care to determine if it is safe and effective.

Currently submitted to the Rule-Making Review Committee for review and consideration of modernization.

According to the records available the rule was first promulgated on April 1, 1994, without modifications.

DETERMINATION: The Board is currently waiting for this rule to be placed on the RMRC agenda.

SERIES 11 CONTINUING EDUCATION AND COMPETENCE

DESCRIPTION: This legislative rule establishes requirements for continuing education for re-licensure of registered professional nurses.

According to the records available the rule was first promulgated on April 5, 1995, with modifications effective on the following dates:

7/1/2007

DETERMINATION: The Board does not need to make changes.

REASON: The Board does not need to make changes at this time.

SERIES 12 FEES FOR SERVICES RENDERED BY THE BOARD AND SUPPLEMENTAL RENEWAL FEE FOR THE CENTER FOR NURSING

This legislative Rule establishes the fees to be charged by the board for services rendered and the supplemental fee for the West Virginia center for nursing. The Board is not adding or changing fees only clarifying some fees and eliminating fees which are no longer applicable.

According to the records available the rule was first promulgated on July 1, 2002 with modifications effective on the following dates:

6/1/2013

7/1/2005

DETERMINATION: The Board is currently waiting for this rule to be placed on the RMRC agenda.

SERIES 13 DIALYSIS TECHNICIANS

This legislative Rule establishes the general requirements for certification of and renewal and reinstatement of certification for dialysis technicians, delegation of acts by the registered professional nurse to dialysis technicians, discipline of dialysis technicians and for approval of dialysis technicians training programs. Currently submitted to the Rule-Making Review Committee.

According to the records available the rule was first promulgated on April 27, 2007, without modifications.

DETERMINATION: The Board is currently waiting for this rule to be placed on the RMRC agenda.

SERIES 13 PRACTITIONER REQUIREMENTS FOR ACCESSING THE WEST VIRGINIA CONTROLLED SUBSTANCES MONITORING PROGRAM DATABASE

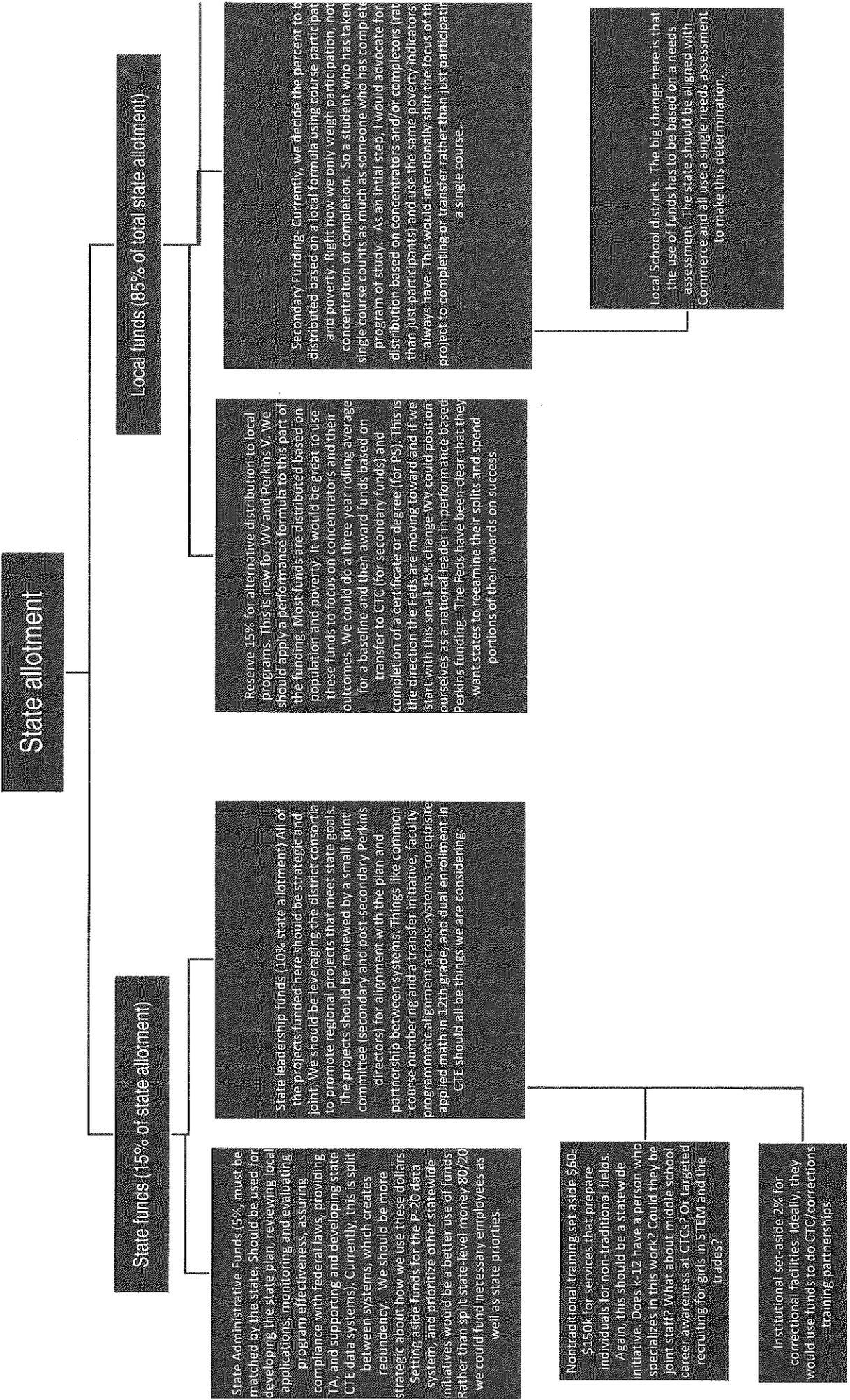
This legislative rule provides that upon initially prescribing or dispensing any pain-relieving substance for a patient and at least annually thereafter should the prescriber or dispenser continue to treat the patient with controlled substances, all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and licensed shall access the West Virginia Controlled Substances Monitoring Program database for information regarding specific patients for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not suffering from a terminal illness, and that the information obtained shall be documented in the patient's medical record. W. Va. Code §60A-9-5a(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W. Va. Code §60A-9-5a.

According to the records available the rule was first promulgated on June 1, 2013, without modifications.

DETERMINATION: This rule does not require change at this time.

REASON: The Board does not need to make changes at this time.

FUNDING SPLIT SUGGESTIONS



State allotment

State funds (15% of state allotment)

State-Administrative Funds (5%) must be matched by the state. Should be used for developing the state plan, reviewing local applications, monitoring and evaluating program effectiveness, assuring compliance with federal laws, providing TA, and supporting and developing state CTE data systems). Currently, this is split between systems, which creates redundancy. We should be more strategic about how we use these dollars. Setting aside funds for the P-20 data system, and prioritize other statewide initiatives would be a better use of funds. Rather than split state-level money 80/20 we could fund necessary employees as well as state priorities.

State leadership funds (10% state allotment) All of the projects funded here should be strategic and joint. We should be leveraging the district consortia to promote regional projects that meet state goals. The projects should be reviewed by a small, joint committee (secondary and post-secondary Perkins directors) for alignment with the plan and partnership between systems. Things like common course numbering and a transfer initiative, faculty programmatic alignment across systems, corequisite applied math in 12th grade, and dual enrollment in CTE should all be things we are considering.

Nontraditional training set aside \$60-\$150k for services that prepare individuals for non-traditional fields. Again, this should be a statewide initiative. Does K-12 have a person who specializes in this work? Could they be joint staff? What about middle school career awareness at CTCs? Or targeted recruiting for girls in STEM and the trades?

Institutional set-aside 2% for correctional facilities. Ideally, they would use funds to do CTC/corrections training partnerships.

Local funds (85% of total state allotment)

Reserve 15% for alternative distribution to local programs. This is new for WV and Perkins V. We should apply a performance formula to this part of the funding. Most funds are distributed based on population and poverty. It would be great to use these funds to focus on concentrators and their outcomes. We could do a three-year rolling average for a baseline and then award funds based on transfer to CTC (for secondary funds), and completion of a certificate or degree (for PS). This is the direction the Feds are moving toward and if we start with this small 15% change WV could position ourselves as a national leader in performance based Perkins funding. The Feds have been clear that they want states to reexamine their splits and spend portions of their awards on success.

Secondary Funding- Currently, we decide the percent to be distributed based on a local formula using course participation and poverty. Right now we only weigh participation, not concentration or completion. So a student who has taken single course counts as much as someone who has completed program of study. As an initial step, I would advocate for distribution based on concentrators and/or completors (ratios that just participants) and use the same poverty indicators always have. This would intentionally shift the focus of the project to completing or transfer rather than just participating a single course.

Local School districts. The big change here is that the use of funds has to be based on a needs assessment. The state should be aligned with Commerce and all use a single needs assessment to make this determination.