1 AN ACT relating to the prescriptive authority of advanced practice registered

- 3 Be it enacted by the General Assembly of the Commonwealth of Kentucky:
- **→** Section 1. KRS 314.011 is amended to read as follows:
- 5 As used in this chapter, unless the context thereof requires otherwise:
- 6 (1) "Board" means Kentucky Board of Nursing;
- 7 (2) "Delegation" means directing a competent person to perform a selected nursing
- 8 activity or task in a selected situation under the nurse's supervision and pursuant to
- 9 administrative regulations promulgated by the board in accordance with the
- provisions of KRS Chapter 13A;

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nurses.

- 11 (3) "Nurse" means a person who is licensed or holds the privilege to practice under the
- provisions of this chapter as a registered nurse or as a licensed practical nurse;
- 13 (4) "Nursing process" means the investigative approach to nursing practice utilizing a
- method of problem-solving by means of:
- 15 (a) Nursing diagnosis, a systematic investigation of a health concern, and an
- analysis of the data collected in order to arrive at an identifiable problem; and
- 17 (b) Planning, implementation, and evaluation based on nationally accepted
- standards of nursing practice;
- 19 (5) "Registered nurse" means one who is licensed or holds the privilege under the
- 20 provisions of this chapter to engage in registered nursing practice;
- 21 (6) "Registered nursing practice" means the performance of acts requiring substantial
- specialized knowledge, judgment, and nursing skill based upon the principles of
- psychological, biological, physical, and social sciences in the application of the
- 24 nursing process in:
- 25 (a) The care, counsel, and health teaching of the ill, injured, or infirm;
- 26 (b) The maintenance of health or prevention of illness of others;
- 27 (c) The administration of medication and treatment as prescribed by a physician,

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1			nysician assistant, dentist, or adv	vanced practice registered nurse and as
2			rther authorized or limited by the	e board, and which are consistent either
3			ith American Nurses' Association	Scope and Standards of Practice or with
4			andards of practice established l	by nationally accepted organizations of
5			gistered nurses. Components of n	nedication administration include but are
6			ot limited to:	
7			Preparing and giving medicati	ons in the prescribed dosage, route, and
8			frequency, including dispens	sing medications only as defined in
9			subsection (17)(b) of this section	on;
10			Observing, recording, and repo	orting desired effects, untoward reactions,
11			and side effects of drug therapy	7;
12			Intervening when emergency ca	are is required as a result of drug therapy;
13			Recognizing accepted prescrib	ing limits and reporting deviations to the
14			prescribing individual;	
15			Recognizing drug incompati	bilities and reporting interactions or
16			potential interactions to the pre	scribing individual; and
17			Instructing an individual regard	ling medications;
18		(d)	ne supervision, teaching of, and	delegation to other personnel in the
19			erformance of activities relating to	nursing care; and
20		(e)	ne performance of other nursing ac	ets which are authorized or limited by the
21			oard, and which are consistent ei	ther with American Nurses' Association
22			andards of Practice or with Stand	ards of Practice established by nationally
23			cepted organizations of registered	nurses;
24	(7)	"Ad	ced practice registered nurse"	or "APRN" means a certified nurse
25		prac	oner, certified registered nurse a	anesthetist, certified nurse midwife, or
26		clini	nurse specialist, who is licensed	to engage in advance practice registered

nursing pursuant to KRS 314.042 and certified in at least one (1) population focus;

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"Advanced practice registered nursing" means the performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited education program that prepares the registered nurse for one (1) of the four (4) APRN roles; who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances described in or as classified pursuant to KRS 218A.020, 218A.060, 218A.080, 218A.100, and 218A.120 under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006.

- (a) 1. Prescriptions issued by advanced practice registered nurses for Schedule II controlled substances classified under KRS 218A.060, except hydrocodone combination products as defined in KRS 218A.010, shall be limited to a seventy-two (72) hour supply without any refill.
 - 2. Prescriptions issued by advanced practice registered nurses for hydrocodone combination products as defined in KRS 218A.010 shall be limited to a thirty (30) day supply without any refill.
 - 3. Prescriptions issued under this subsection for psychostimulants may be written for a thirty (30) day supply with up to two (2) sequential prescriptions only by an advanced practice registered nurse certified in

1			psychiatric-mental health nursing who is providing services in a health						
2			facility as defined in KRS Chapter 216B or in a regional services						
3			program for mental health or individuals with an intellectual disability as						
4			defined in KRS Chapter 210.						
5		(b)	Prescriptions issued by advanced practice registered nurses for Schedule III						
6			controlled substances classified under KRS 218A.080 shall be limited to a						
7			thirty (30) day supply without any refill. Prescriptions issued by advanced						
8			practice registered nurses for Schedules IV and V controlled substances						
9			classified under KRS 218A.100 and 218A.120 shall be limited to the original						
10			prescription and refills not to exceed a six (6) month supply.						
11		Notl	ning in this chapter shall be construed as requiring an advanced practice						
12		regis	stered nurse designated by the board as a certified registered nurse anesthetist to						
13		obta	obtain prescriptive authority pursuant to this chapter or any other provision of law						
14		in order to deliver anesthesia care. The performance of these additional acts shall be							
15		cons	consistent with the certifying organization or agencies' scopes and standards of						
16		prac	tice recognized by the board by administrative regulation;						
17	(9)	"Lic	ensed practical nurse" means one who is licensed or holds the privilege under						
18		the p	provisions of this chapter to engage in licensed practical nursing practice;						
19	(10)	"Lic	ensed practical nursing practice" means the performance of acts requiring						
20		knov	wledge and skill such as are taught or acquired in approved schools for practical						
21		nurs	ing in:						
22		(a)	The observing and caring for the ill, injured, or infirm under the direction of a						
23			registered nurse, advanced practice registered nurse, physician assistant,						
24			licensed physician, or dentist;						
25		(b)	The giving of counsel and applying procedures to safeguard life and health, as						

The administration of medication or treatment as authorized by a physician,

defined and authorized by the board;

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(c)

1		physician assistant, dentist, or advanced practice registered nurse and as
2		further authorized or limited by the board which is consistent with the
3		National Federation of Licensed Practical Nurses or with Standards of
4		Practice established by nationally accepted organizations of licensed practical
5		nurses;
6		d) Teaching, supervising, and delegating except as limited by the board; and
7		(e) The performance of other nursing acts which are authorized or limited by the
8		board and which are consistent with the National Federation of Practical
9		Nurses' Standards of Practice or with Standards of Practice established by
10		nationally accepted organizations of licensed practical nurses;
11	(11)	School of nursing" means a nursing education program preparing persons for
12		icensure as a registered nurse or a practical nurse;
13	(12)	'Continuing education" means offerings beyond the basic nursing program that
14		present specific content planned and evaluated to meet competency based
15		behavioral objectives which develop new skills and upgrade knowledge;
16	(13)	'Nursing assistance" means the performance of delegated nursing acts by unlicensed
17		nursing personnel for compensation under supervision of a nurse;
18	(14)	'Sexual assault nurse examiner" means a registered nurse who has completed the
19		required education and clinical experience and maintains a current credential from
20		he board as provided under KRS 314.142 to conduct forensic examinations of
21		victims of sexual offenses under the medical protocol issued by the Justice and
22		Public Safety Cabinet in consultation with the Sexual Assault Response Team
23		Advisory Committee pursuant to KRS 216B.400(4);
24	(15)	'Competency" means the application of knowledge and skills in the utilization of
25		critical thinking, effective communication, interventions, and caring behaviors
26		consistent with the nurse's practice role within the context of the public's health,
27		safety, and welfare;

1	(16)	"Credential" means a current license, registration, certificate, or other similar
2		authorization that is issued by the board;
3	(17)	"Dispense" means:
4		(a) To receive and distribute nonscheduled legend drug samples from
5		pharmaceutical manufacturers to patients at no charge to the patient or any
6		other party; or
7		(b) To distribute nonscheduled legend drugs from a local, district, and
8		independent health department, subject to the direction of the appropriate
9		governing board of the individual health department;
10	(18)	"Dialysis care" means a process by which dissolved substances are removed from a
11		patient's body by diffusion, osmosis, and convection from one (1) fluid
12		compartment to another across a semipermeable membrane;
13	(19)	"Dialysis technician" means a person who is not a nurse, a physician assistant, or a
14		physician and who provides dialysis care in a licensed renal dialysis facility under
15		the direct, on-site supervision of a registered nurse or a physician;
16	(20)	"Population focus" means the section of the population within which the advanced
17		practice registered nurse has targeted to practice. The categories of population foci
18		are:
19		(a) Family and individual across the lifespan;
20		(b) Adult gerontology;
21		(c) Neonatal;
22		(d) Pediatrics;
23		(e) Women's health and gender-related health; and
24		(f) Psychiatric mental health; and
25	(21)	"Conviction" means but is not limited to:
26		(a) An unvacated adjudication of guilt;

(b) Pleading no contest or nolo contendere or entering an Alford plea; or

1		(c)	Entering a guilty plea pursuant to a pretrial diversion order;
2		Reg	ardless of whether the penalty is rebated, suspended, or probated.
3		→ S	ection 2. KRS 314.042 is amended to read as follows:
4	(1)	An a	applicant for licensure to practice as an advanced practice registered nurse shall
5		file	with the board a written application for licensure and submit evidence, verified
6		by o	ath, that the applicant:
7		(a)	Has completed an education program that prepares the registered nurse for one
8			(1) of four (4) APRN roles that has been accredited by a national nursing
9			accrediting body recognized by the United States Department of Education;
10		(b)	Is certified by a nationally established organization or agency recognized by
11			the board to certify registered nurses for advanced practice registered nursing;
12		(c)	Is able to understandably speak and write the English language and to read the
13			English language with comprehension; and
14		(d)	Has passed the jurisprudence examination approved by the board as provided
15			in subsection (12) of this section.
16	(2)	The	board may issue a license to practice advanced practice registered nursing to an
17		appl	icant who holds a current active registered nurse license issued by the board or
18		hold	s the privilege to practice as a registered nurse in this state and meets the
19		qual	ifications of subsection (1) of this section. An advanced practice registered
20		nurs	e shall be:
21		(a)	Designated by the board as a certified registered nurse anesthetist, certified
22			nurse midwife, certified nurse practitioner, or clinical nurse specialist; and
23		(b)	Certified in at least one (1) population focus.
24	(3)	The	applicant for licensure or renewal thereof to practice as an advanced practice
25		regis	stered nurse shall pay a fee to the board as set forth in regulation by the board.
26	(4)	An	advanced practice registered nurse shall maintain a current active registered
27		nurs	e license issued by the board or hold the privilege to practice as a registered

nurse in this state and maintain current certification by the appropriate national organization or agency recognized by the board.

- Any person who holds a license to practice as an advanced practice registered nurse in this state shall have the right to use the title "advanced practice registered nurse" and the abbreviation "APRN." No other person shall assume the title or use the abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is an advanced practice registered nurse. No person shall practice as an advanced practice registered nurse unless licensed under this section.
- 9 (6) Any person heretofore licensed as an advanced practice registered nurse under the provisions of this chapter who has allowed the license to lapse may be reinstated on payment of the current fee and by meeting the provisions of this chapter and regulations promulgated by the board pursuant to the provisions of KRS Chapter 13 13A.

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- (7) The board may authorize a person to practice as an advanced practice registered nurse temporarily and pursuant to applicable regulations promulgated by the board pursuant to the provisions of KRS Chapter 13A if the person is awaiting the results of the national certifying examination for the first time or is awaiting licensure by endorsement. A person awaiting the results of the national certifying examination shall use the title "APRN Applicant" or "APRN App."
- 20 (8) Except as authorized by KRS 314.196 and subsection (9) of this section, (a) 21 before an advanced practice registered nurse engages in the prescribing or 22 dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), 23 the advanced practice registered nurse shall enter into a written "Collaborative 24 Agreement for the Advanced Practice Registered Nurse's Prescriptive 25 Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician 26 licensed in Kentucky that defines the scope of the prescriptive authority for 27 nonscheduled legend drugs.

(b)	The advanced practice registered nurse shall notify the Kentucky Board of
	Nursing of the existence of the CAPA-NS and the name of the collaborating
	physician and shall, upon request, furnish to the board or its staff a copy of the
	completed CAPA-NS. The Kentucky Board of Nursing shall notify the
	Kentucky Board of Medical Licensure that a CAPA-NS exists and furnish the
	collaborating physician's name.

- (c) The CAPA-NS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician. A copy of the completed collaborative agreement shall be available at each site where the advanced practice registered nurse is providing patient care.
- (d) The CAPA-NS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the collaborating physician regarding the prescribing of nonscheduled legend drugs by the advanced practice registered nurse.
- (e) The advanced practice registered nurse who is prescribing nonscheduled legend drugs and the collaborating physician shall be qualified in the same or a similar specialty.
- (f) The CAPA-NS is not intended to be a substitute for the exercise of professional judgment by the advanced practice registered nurse or by the collaborating physician.
- (g) The CAPA-NS shall be reviewed and signed by both the advanced practice registered nurse and the collaborating physician and may be rescinded by either party upon written notice via registered mail to the other party, the Kentucky Board of Nursing, and the Kentucky Board of Medical Licensure.
- 25 (9) (a) Before an advanced practice registered nurse may discontinue or be exempt 26 from a CAPA-NS required under subsection (8) of this section, the advanced 27 practice registered nurse shall have completed four (4) years of prescribing as

1		a <u>certified</u> nurse practitioner, clinical nurse specialist, <u>certified</u> nurse midwife,
2		or as a <i>certified registered</i> nurse anesthetist. For <i>certified</i> nurse practitioners
3		and clinical nurse specialists, the four (4) years of prescribing shall be in a
4		population focus as defined in KRS 314.011.
5	(b)	After four (4) years of prescribing with a CAPA-NS in collaboration with a
6		physician:
7		1. An advanced practice registered nurse whose license is in good standing
8		at that time with the Kentucky Board of Nursing and who will be
9		prescribing nonscheduled legend drugs without a CAPA-NS shall notify
10		that board that the four (4) year requirement has been met and that he or
11		she will be prescribing nonscheduled legend drugs without a CAPA-NS;
12		2. The advanced practice registered nurse will no longer be required to
13		maintain a CAPA-NS and shall not be compelled to maintain a CAPA-
14		NS as a condition to prescribe after the four (4) years have expired, but
15		an advanced practice registered nurse may choose to maintain a CAPA-
16		NS indefinitely after the four (4) years have expired; and
17		3. If the advanced practice registered nurse's license is not in good
18		standing, the CAPA-NS requirement shall not be removed until the
19		license is restored to good standing.
20	(c)	An advanced practice registered nurse wishing to practice in Kentucky
21		through licensure by endorsement is exempt from the CAPA-NS requirement
22		if the advanced practice registered nurse:
23		1. Has met the prescribing requirements in a state that grants independent
24		prescribing to advanced practice registered nurses; and
25		2. Has been prescribing for at least four (4) years.
26	(d)	An advanced practice registered nurse wishing to practice in Kentucky
27		through licensure by endorsement who had a collaborative prescribing

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1	agreement	with	a	physician	in	another	state	for	at	least	four	(4)	years	is
2	exempt from	m the	C.	APA-NS re	equ	irement.								

- (e) 1. An advanced practice registered nurse whose license is in good standing at that time with the Kentucky Board of Nursing and who will be prescribing nonscheduled legend drugs without a CAPA-NS shall notify that board that the four (4) year requirement has been met and that he or she will be prescribing nonscheduled legend drugs without a CAPA-NS.
 - 2. An advanced practice registered nurse who has maintained a CAPA-NS for four (4) years or more will no longer be required to maintain a CAPA-NS and shall not be compelled to maintain a CAPA-NS as a condition to prescribe after the four (4) years have expired, but an advanced practice registered nurse may choose to maintain a CAPA-NS indefinitely after the four (4) years have expired.
 - 3. An advanced practice registered nurse who has maintained a CAPA-NS for less than four (4) years shall be required to continue to maintain a CAPA-NS until the four (4) year period is completed, after which the CAPA-NS will no longer be required.
- (10) (a) Before an advanced practice registered nurse engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the advanced practice registered nurse shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) with a physician licensed in Kentucky that defines the scope of the prescriptive authority for controlled substances.
 - (b) The advanced practice registered nurse shall notify the Kentucky Board of Nursing of the existence of the CAPA-CS and the name of the collaborating physician and shall, upon request, furnish to the board or its staff a copy of the

1		completed CAPA-CS. The Kentucky Board of Nursing shall notify the
2		Kentucky Board of Medical Licensure that a CAPA-CS exists and furnish the
3		collaborating physician's name.
4	(c)	The CAPA-CS shall be in writing and signed by both the advanced practice
5		registered nurse and the collaborating physician. A copy of the completed
6		collaborative agreement shall be available at each site where the advanced
7		practice registered nurse is providing patient care.
8	(d)	The CAPA-CS shall describe the arrangement for collaboration and
9		communication between the advanced practice registered nurse and the
10		collaborating physician regarding the prescribing of controlled substances by
11		the advanced practice registered nurse.
12	(e)	The advanced practice registered nurse who is prescribing controlled
13		substances and the collaborating physician shall be qualified in the same or a
14		similar specialty.
15	(f)	The CAPA-CS is not intended to be a substitute for the exercise of
16		professional judgment by the advanced practice registered nurse or by the
17		collaborating physician.
18	(g)	Before engaging in the prescribing of controlled substances, the advanced
19		practice registered nurse shall:
20		1. <u>Be[Have been]</u> licensed to practice as an advanced practice registered
21		nurse[for one (1) year] with the Kentucky Board of Nursing; or
22		2. Be nationally certified as an advanced practice registered nurse and be
23		registered, certified, or licensed in good standing as an advanced
24		practice registered nurse in another state[for one (1) year] prior to
25		applying for licensure by endorsement in Kentucky.

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Prior to prescribing controlled substances, the advanced practice registered

nurse shall obtain a Controlled Substance Registration Certificate through the

1	U.S.	Drug	Enforcement	Agency.

(i) The CAPA-CS shall be reviewed and signed by both the advanced practice registered nurse and the collaborating physician and may be rescinded by either party upon written notice to the other party and the Kentucky Board of Nursing.

- (j) The CAPA-CS shall state the limits on controlled substances which may be prescribed by the advanced practice registered nurse, as agreed to by the advanced practice registered nurse and the collaborating physician. The limits so imposed may be more stringent than either the schedule limits on controlled substances established in KRS 314.011(8) or the limits imposed in regulations promulgated by the Kentucky Board of Nursing thereunder.
- (11) Nothing in this chapter shall be construed as requiring an advanced practice registered nurse designated by the board as a certified registered nurse anesthetist to enter into a collaborative agreement with a physician, pursuant to this chapter or any other provision of law, in order to deliver anesthesia care.
- (12) The jurisprudence examination shall be prescribed by the board and be conducted on the licensing requirements under this chapter and board regulations and requirements applicable to advanced practice registered nursing in this Commonwealth. The board shall promulgate administrative regulations in accordance with KRS Chapter 13A, establishing the provisions to meet this requirement.

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1		clinical nurse specialists, the four (4) years of prescribing shall be in a
2		population focus of adult-gerontology, pediatrics, neonatology, family,
3		women's health, or psychiatric-mental health.
4	<u>(b)</u>	After four (4) years of prescribing authority with a CAPA-CS in
5		collaboration with a physician:
6		1. An advanced practice registered nurse whose license is in good
7		standing at that time with the Kentucky Board of Nursing and who
8		will be prescribing controlled substances without a CAPA-CS shall
9		notify the board that the four (4) year requirement has been met and
10		that he or she will be prescribing controlled substances without a
11		<u>CAPA-CS;</u>
12		2. The advanced practice registered nurse shall no longer be required to
13		maintain a CAPA-CS and shall not be compelled to maintain a
14		CAPA-CS as a condition to prescribe controlled substances after the
15		four (4) years have expired, but an advanced practice registered nurse
16		may choose to maintain a CAPA-CS indefinitely after the four (4)
17		years have expired; and
18		3. If the advanced practice registered nurse's license is not in good
19		standing, the CAPA-CS requirement shall not be removed until the
20		license is restored to good standing.
21	<u>(c)</u>	An advanced practice registered nurse wishing to practice in Kentucky
22		through licensure by endorsement is exempt from the CAPA-CS
23		requirement if the advanced practice registered nurse:
24		1. Has met the prescribing requirements for controlled substances in a
25		state that grants prescribing authority to advanced practice registered
26		nurses; and
27		2. Has had authority to prescribe controlled substances for at least four

1	(4) years.
2	(d) An advanced practice registered nurse wishing to practice in Kentucky
3	through licensure by endorsement who has had the authority to prescribe
4	controlled substances for less than four (4) years, shall enter into a CAPA-
5	CS with a physician licensed in Kentucky until the four (4) year period is
6	completed, after which the CAPA-CS shall no longer be required.
7	(e) On or after the effective date of this Act:
8	1. An advanced practice registered nurse whose license is in good
9	standing at that time with the Kentucky Board of Nursing and who
10	will be prescribing controlled substances without a CAPA-CS shall
11	notify the board that the four (4) year requirement has been met and
12	that he or she will be prescribing controlled substances without a
13	<u>CAPA-CS;</u>
14	2. An advanced practice registered nurse who has maintained a CAPA-
15	CS for four (4) years or more shall no longer be required to maintain
16	a CAPA-CS as a condition for prescribing controlled substances and
17	shall not be compelled to maintain a CAPA-CS after the four (4) years
18	have expired, but an advanced practice registered nurse may choose to
19	maintain a CAPA-CS indefinitely after the four (4) years have
20	expired; and
21	3. An advanced practice registered nurse who has maintained a CAPA-
22	CS for less than four (4) years shall be required to continue to
23	maintain a CAPA-CS until the four (4) year period is completed, after
24	which the CAPA-CS will no longer be required.