KENTUCKY BOARD OF MEDICAL LICENSURE

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GOVERNOR

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October 31, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

RE: 201 KAR 9:270. Professional standards for prescribing, dispensing, or administering Buprenorphine-Mono-Product or Buprenorphine-Combined-with Naloxone.

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 9:270, the Kentucky Board of Medical Licensure proposes the attached agency amendment to this regulation.

Sincerely,

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Agency Amendment
(ARRS – November 2025)

Kentucky Board of Medical Licensure

201 KAR 9:270. Professional standards for prescribing, dispensing, or administering Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone.

Page 3
Section 1(3)(f)
Line 11

After "admitted to", insert the following:

an American Society of Addiction Medicine (ASAM)

Delete "a".

Page 7
Section 3(4)(a)2.b.
Line 14

After "despite", insert the following:

a good faith effort

Delete "best efforts".

FISCAL IMPACT STATEMENT

201 KAR 9:270 (No changes with agency amendment)
Contact Person: Leanne K. Diakov
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Email: leanne.diakov@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 218A.205(3)(a) and (b), 311.565(1)(a) and 311.842(1)(b).

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: HB 1 (2013)

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: Kentucky Board of Medical Licensure

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:
   For the first year: None
   For subsequent years: None
2. Revenues:
   For the first year: None
   For subsequent years: None
3. Cost Savings:
   For the first year: None
   For subsequent years: None

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:
   For the first year: None
   For subsequent years: None
2. Revenues:
   For the first year: None
   For subsequent years: None
3. Cost Savings:
   For the first year: None
   For subsequent years: None

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Physicians (MD/DOs) and Physician Assistants (PAs)

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:
   For the first year: None
   For subsequent years: None
2. Revenues:
   For the first year: None
   For subsequent years: None
3. Cost Savings:
   For the first year: None
   For subsequent years: None

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: The amendment of this administrative regulation will not have a major fiscal impact on state or local government or regulated entities.

(b) Methodology and resources used to reach this conclusion: N/A

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(13): The amendment of this administrative regulation will not have a major fiscal impact on state or local government or regulated entities.

(b) The methodology and resources used to reach this conclusion: N/A

Summary of Agency Amendment

Following deferral from the ARRS October meeting and after receiving additional comments from the Kentucky Society of Addiction Medicine (KYSAM) on October 24, 2025, the Board has determined that further amendment is appropriate for the following reasons:

- Section 1(3) excludes certain patients and circumstances from application of the regulation. Section 1(3)(f) specifically provides that the professional standards set forth in the regulation shall not apply to the prescribing, dispensing or administering of buprenorphine products to patients admitted to a "level 3.5 or higher inpatient residential treatment facility with aa qualified on-sight medical director. KYSAM recommended that it be clarified that the determination of the "level 3.5" is the criteria recognized by the American Society of Addiction Medicine (ASAM). The Board considered the recommendation and agrees that clarification is appropriate. An amendment is offered at Page 3, Line 11, to read:

  > "(f) To a patient who is admitted to **an American Society of Addiction Medicine** [a] level 3.5 or higher inpatient residential treatment facility"...

- Section 3(4)(2)(b) provides that it is the acceptable and prevailing medical practice for practitioners to do their best to obtain a patient's prior medical records from a previous provider within two weeks of assuming treatment of the patient. KYSAM agrees that clinicians should obtain prior medical records but recommends that reference to "best efforts" be amended to read "good faith effort." The Board considered the recommendation and agrees that amendment is appropriate. An amendment is offered at Page 7, Line 14, to read:

  > "b. If the prescribing, dispensing, or administering licensee is unable, despite **a good faith effort** [~~best efforts~~], to obtain the patient's prior medical records, the licensee shall document those efforts in the patient's chart;"