NPs and CNMs are Advanced Practice Registered Nurses (APRNs)

"Who are Nurse Practitioners (NPs) and Nurse-Midwives (CNMs)?"

Background on NPs and CNMs

Over 50 years of research demonstrates that NPs and CNMs provide quality, safe care. Recognizing this, the Institute of Medicine recommends that APRNs be allowed to practice to the full extent of their education and license.

Under Kentucky law, NPs and CNMs are recognized as licensed independent providers and have never been required to work under the supervision of a physician.

Kentucky NPs and CNMs have been safely prescribing non-scheduled (NS) drugs since 1996 and controlled substances (CS) since 2006 with Collaborative Agreements for Prescriptive Authority (CAPAs) signed by a physician.

The CAPA-NS and the CAPA-CS are prescribing agreements only and do not apply to any other aspect of the APRN's practice.

In 2014, the General Assembly passed legislation to remove the requirement for the agreement for prescribing non-scheduled drugs (CAPA-NS) after the APRN had been prescribing with a CAPA-NS for 4 years.

Since 2014, the number of NPs practicing in Health Provider Shortage Areas (HPSAs) has increased.

The Federal Trade Commission has stated that the requirement for the Collaborative Agreements for Prescriptive Authority (CAPAs) unnecessarily restrict the practice of APRNs and limit consumer choice.

Education

NPs and CNMs have graduate degrees and advanced education and clinical training. A Master's degree is required for licensure and many NPs and CNMs have doctoral degrees.

Kentucky NPs and CNMs are required to pass a national certification exam before being licensed and are required to maintain national certification.

Practice

NPs and CNMs practice in rural, urban and suburban communities, in the military, in clinics, hospital, emergency rooms, urgent care settings, private practices, nursing homes, schools and public health departments.

NPs and CNMs are recognized as independent primary care providers (PCPs) by Medicaid, other insurers and the VA and may have hospital privileges.

In 2017, CNMs across the country attended 351,968 births in the home, in birthing centers or in hospitals.

Services Provided by NPs and CNMs

Diagnose and treat acute and chronic conditions such as diabetes, high blood pressure, mental illness, substance use disorders, infections and injuries.

Order and interpret diagnostic tests such as lab work and x-rays.

Prescribe medications and treatments.

CNMs provide primary care for women including prenatal care, delivery of infants, and GYN care.

Manage patients' care with a holistic approach and an emphasis on education and prevention based on clear, current, scientific evidence.

Counsel patients to help them make educated and wise choices about their health.

Kentucky Association of Nurse Practitioners & Nurse-Midwives

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SECTION BY SECTION SUMMARY

SB 78

AN ACT relating to the prescriptive authority of advanced practice registered nurses.

Sponsor Senator Julie Raque Adams

SECTION	DESCRIPTION	COMMENTS
Section 1 **Definitions**	**AMENDS KRS 314.011** Section 1 (8) (a) 3 Allows psychiatric-mental health APRNs to prescribe psychostimulants (used to treat attention deficit-hyperactivity disorders) with an initial 30-day supply plus up to two sequential prescriptions written in the same office visit. This is consistent with current DEA rules. All other prescribing limits remain unchanged.	This will aid patients who struggle to have to travel back to the ARPN's office for each prescription. This will not change how the medication is dispensed, but provides flexibility for the patient in the event they are unable to travel to the ARPNs office each month for the prescription.
Section 2 **AMENDS KRS 314.042 – License to Practice as an Advanced Practice Registered Nurse (APRN)**	**AMENDS KRS 314.042 – License to Practice as an Advanced Practice Registered Nurse (APRN)** 1. **Section 2 (8) and (9):** Addresses the requirement for the CAPA-NS, with Subsection (9) addressing the conditions for removing the CAPA-NS requirement, as passed in the 2014 GA. 2. **Section 2 (10), (11), (12) and (13):** Addresses the requirement for the CAPA-CS, with a new Subsection (13) addressing the conditions to be met to remove the requirement for a CAPA-CS. 3. **Section Subsections (10) (g) 1 and 2**: Removes the one-year waiting period before a licensed APRN can begin the process of prescribing controlled substances. Removes the one-year waiting period for APRNs from other states to be licensed in Kentucky by endorsement. 4. **NEW Subsection (13) (a) through (e):** Outlines the process/requirements to determine if the APRN's license is in good standing with the KY Board of Nursing.	This section outlines the requirements for the CAPA-NS and the CAPA-CS and spells out how the CAPA-NS and CAPA-CS requirements would be removed. Does **NOT** change any prescribing laws related to HB 1 or HB 333. This simply provides direction on how the CAPA-CS requirement can be removed after the APRN has prescribed with a CAPA-CS for four (4) years. At the suggestion of a member of the General Assembly, language was added to clarify the process/requirements which an APRN and KBN must follow when the APRN has completed four (4) years of prescribing with a CAPA-CS and is then eligible for removal of the CAPA-CS requirement. In addition, the term "good standing" was defined so KBN could implement the process.

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Overview of Process

✓ An APRN who wishes to prescribe controlled substances without a CAPA-CS shall submit a form to the KY Board of Nursing (KBN) after the completion of the four-year prescribing period with a CAPA-CS requesting a review of their license by KBN to determine if it is in good standing.

KBN review of APRN's license includes:

- Verify DEA registration
- Must have a current CAPA-CS registration on file with KBN
- Verify active KASPER master account
- Criminal background check
- Review the national nursing disciplinary databank

- Upon KBN review:
  - If APRN's license is found in good standing, then KBN will notify APRN he/she is no longer required to maintain the CAPA-CS.
  - If APRN's license is found NOT in good standing, the CAPA-CS requirement will remain in place until the APRN's license is restored to good standing.

- Requires KBN to do random audits of APRN prescribing practices, including those APRNs no longer required to have a CAPA-CS in order to prescribe controlled substances.
- Defines "license in good standing".

For further information, please contact KY Association of Nurse Practitioners & Nurse-Midwives | 502-333-0076 | kanpnm@kcnpnm.org

SB 78 Increases Access to Healthcare in Kentucky

Support Elimination of the CAPA-CS

SB 78 allows the APRN to discontinue the CAPA-CS after four years with KBN approval

As the General Assembly approved in 2014 for the CAPA-NS, the bill removes the Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS) requirement after four years for an APRN, Advanced Practice Registered Nurse, whose license is in good standing.

SB 78 does not expand the number of prescribers

APRNs have had the authority to prescribe controlled substances since 2006. Removing the requirement for the CAPA-CS after four years does not increase the number of APRN prescribers.

SB 78 does not expand the scope of practice of APRNs

APRNs in Kentucky have been safely prescribing controlled substances within the statutory restrictions on schedules and refills for the past 14 years. NPs may only prescribe a 72-hour supply of Schedule II drugs such as fentanyl, morphine, and oxycodone. This will not change.

KASPER data shows APRNs responsibly prescribe controlled substances

SB 78 will NOT increase the problem with substance abuse. In fact, although the number of APRNs in Kentucky has increased, the average APRN prescribing of Schedule II opioids has decreased 35.39% from 2015 through 2019, the last year for which we have complete Kentucky All Schedule Prescription Electronic Reporting data. In contrast, the average dentist prescribing Schedule II opioids has decreased 33.08% and the average physician prescribing of Schedule II opioids has decreased 16.30%.

SB 78 increases treatment access for Kentuckians with opioid addiction

There are 570 NPs who have received special training to prescribe Medication Assisted Treatment (MAT) for opioid addiction. Currently, these NPs must have a CAPA-CS with a physician who has also completed the training. However, many NPs are not able to prescribe MAT because they cannot locate a physician with the training who is willing to sign a CAPA-CS.

SB 78 ends issues with provider/insurer alignment for care

Some insurers will not credential the APRN if the physician who signs the CAPA-CS is not also credentialed with that same insurer. This severely limits patients' access to care.

Without a DEA number, APRNs cannot order medical supplies for their practices

APRNs cannot obtain a DEA number without a CAPA-CS under current Kentucky law. A US Drug Enforcement Administration (DEA) number is needed to order certain medical supplies, like oxygen, flu shots, syringes and injectable medications such as Vitamin B12 and antibiotics. Removing the CAPA-CS requirement after four years will allow more APRNs to provide health care access to more patients across the Commonwealth.

KBN actively monitors APRN prescribing and takes action when indicated

The KY Board of Nursing (KBN) carefully monitors the actions of all nurses, including APRNs. KBN will review the APRN's license to assure that it is in good standing before the CAPA-CS requirement is removed. Disciplinary actions taken by KBN are reported quarterly in their publication, *KBN Connection*, which is distributed to legislators.

SB 78 adds Kentucky to the growing list of states removing barriers to care

Kentucky would join twenty-three (23) other states, DC and Guam in allowing APRNs to provide care to the full extent of their education and training.

January, 2021. For further information, please contact Kentucky Association of Nurse Practitioners & Nurse-Midwives.
Jill York, Executive Director | Jill.kanpnm@gmail.com | 502.333.0076

Increase Access to Healthcare in Kentucky

Support Senate Bill 78

The COVID-19 pandemic highlighted the critical role Advanced Practice Registered Nurses (APRNs) have in the care of patients across our state and the need to remove unnecessary regulatory barriers to that care.

APRNs and COVID-19 Care

APRN Primary Care Services

- COVID-19 vaccine administration
- Administration of COVID-19 tests
- Triage and management of COVID-19 positive patients
- Patient and community education on evolving data related to all aspects of the pandemic
- Continued high quality care of patients

APRN Psych Mental Health Services

- Identify and treat mental health issues related to increased financial and economic strain
- Provide support services to essential workers experiencing increased stress and uncertainty, including health care professionals and educators
- Continued care for existing patients with mental health illness, such as depression, which may be exacerbated by the pandemic

APRN Critical / Acute Care Services

- Manage of complex critically ill COVID-19 patients in ICUs
- Management of critically ill patients in non-COVID units

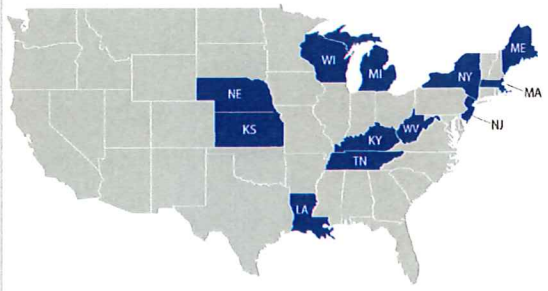
APRN Telehealth Services

- Transitioned to telehealth to decrease risk of disease transmission to patients and health care providers and maintain continuity of care for patients
- Enabled provision of safe and quality care to both new and existing patients
- Patient access to care increased through telehealth visits

Emergency Legislative & Executive Actions

- State of Emergency declared in all 50 states
- March 2020 Letter from HHS Secretary Azar urged states to "*relax scope of practice requirements for healthcare professionals... including any requirements for written supervision or collaboration agreements in order to avoid significant delays in the provision of services.*"
- 12 states with these restrictive supervisory or collaboration requirements waived these entirely or partially for APRNs.

APRN COVID-19 Waivers



In Kentucky, legislative and executive action was taken to temporarily waive collaborative agreements.
Senate Bill 78 would permanently remove these restrictive collaborative agreements after four years.

Kentucky has an opportunity to increase access to care for all citizens.

SUPPORT SENATE BILL 78