

**CHAPTER 80****(HB 67)**

AN ACT relating to nursing practice in health facilities.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

SECTION 1. A NEW SECTION OF KRS CHAPTER 212 IS CREATED TO READ AS FOLLOWS:

- (1) *The governing board for each local, district, and independent health department shall have a written policy concerning the distribution of nonscheduled legend drugs at the health department by an advanced registered nurse practitioner or a registered nurse. In a health department, an advanced registered nurse practitioner or a registered nurse may distribute nonscheduled legend drugs from a list that has been prepared by the commissioner of the Department for Public Health. Nothing in this section shall be construed to limit advanced registered nurse practitioners from dispensing nonscheduled drug samples under KRS 314.011. Each prescription drug distributed or dispensed at the health department shall be recorded in the patient record. The director of each health department shall be responsible for keeping track of the inventory of stock medications and accounting for the medications dispensed or distributed.*
- (2) *Only a health department board having within its membership a pharmacist holding a valid license issued pursuant to KRS 315.030 shall be authorized to permit advanced registered nurse practitioners or registered nurses to dispense nonscheduled legend drugs according to the written policy of the board. If a health department is unable to recruit a licensed pharmacist to serve on the board, the board shall document consultation with a pharmacist licensed pursuant to KRS 315.030 in the public health practice of the health department.*
- (3) *No health department shall dispense any medication or device prescribed for the purpose of causing an abortion as defined in KRS 311.720(1).*

Section 2. KRS 212.020 is amended to read as follows:

- (1) The secretary of the Cabinet for Health Services shall appoint, from a list of nominees, three (3) qualified, licensed, and practicing physicians; one (1) qualified, licensed, and practicing dentist; one (1) qualified, licensed, and practicing registered nurse; one (1) licensed engineer engaged in the practice of civil or sanitary engineering; one (1) qualified, licensed, and practicing optometrist; one (1) qualified licensed and practicing veterinarian; **one (1) licensed pharmacist**; and one (1) lay person knowledgeable in consumer affairs residing in each county who, together with the county judge/executive and one (1) person appointed by the fiscal court in each county, shall constitute a local board of health for the respective counties in which they reside. The list of nominees submitted to the secretary shall be accepted from any source and shall be solicited and obtained from the county judge/executive, fiscal court, and county health department staff; and nominations of physicians, dentists, nurses, engineers, optometrists, ~~and~~ veterinarians, **and pharmacists** shall be solicited and obtained from the county's medical society, dental society, nursing association, engineering association, optometric association, ~~and~~ veterinarian association, **and pharmacists' association**, respectively. If a county does not have three (3) qualified, licensed, and practicing physicians or one (1) qualified, licensed, and practicing dentist or one (1) qualified, licensed, and practicing registered nurse or one (1) qualified, licensed, and

practicing civil or sanitary engineer or one (1) qualified, licensed, and practicing optometrist or one (1) qualified, licensed, and practicing veterinarian, **or one (1) licensed pharmacist** residing therein, the secretary of the Cabinet for Health Services may appoint a resident lay person knowledgeable in consumer affairs in lieu thereof for each such vacancy. The members of the local board shall hold office for a term of two (2) years with physicians, dentists, **pharmacists**, and fiscal court appointees appointed in even-numbered years and nurses, engineers, optometrists, veterinarians, and lay appointees appointed in odd-numbered years, for terms from the date of their appointment, beginning on or after January 1, 1993, and until their successors are appointed, except the terms of the first appointment of all physician and fiscal court appointee terms beginning on January 1, 1993, shall expire on December 31, 1993; dentist terms beginning on August 1, 1992, shall expire on December 31, 1993; nurse, engineer, and optometrist appointments beginning on August 1, 1992, shall expire on December 31, 1994; and veterinarian and lay appointments beginning on October 1, 1992, shall expire on December 31, 1994. The members of the board shall receive no compensation for their services.

- (2) The secretary shall remove any member, other than the county judge/executive or fiscal court appointee, who fails to attend three (3) consecutive scheduled meetings, and may remove any board member, except the county judge/executive or fiscal court appointee, as provided by KRS 65.007. The fiscal court may remove its appointee in like fashion.

Section 3. KRS 212.380 is amended to read as follows:

- (1) Said board shall be composed of ten (10) members, two (2) of whom shall be the mayor of such city, and the county judge/executive of such county, as members ex officio, and four (4) of whom shall be appointed by the mayor of such city and four (4) of whom shall be appointed by the county judge/executive of such county with the approval of the fiscal court. Each appointive member shall be not less than thirty (30) years of age, intelligent, discreet, and shall have been a continuous resident of such county for at least two (2) years prior to the date of his or her appointment. At least one (1) and not more than three (3) of said appointive members shall be physicians, one (1) of said appointive members shall be a dentist, **one (1) of said appointive members shall be a licensed pharmacist**, and at least one (1) of said appointive members shall be a registered nurse. All appointive members shall be eligible for reappointment.
- (2) At the expiration of each of the terms of office of said eight (8) appointive members, the successor to each member shall be appointed by said county judge/executive and said mayor for a term of office of four (4) years and until his successor is appointed and qualified.
- (3) The two (2) appointments which increase the appointed members from six (6) to eight (8) shall both occur on July 1, 1974, one (1) of which shall be for a term expiring on June 30, 1978, the other of which shall be for a term expiring on June 30, 1975. Each subsequent appointment to the board shall be for a term of four (4) years.
- (4) Notwithstanding subsection (2) of this section, when a city of the first class and a county containing such city have in effect a compact under KRS 79.310 to 79.330, the terms of the members on the board shall be for three (3) years and until their successors are appointed and qualified. Upon the effective date of the compact, the mayor, and county judge/executive with the approval of the fiscal court, shall adjust the terms of the sitting members so that the terms of two (2) each of their appointments expire in one (1) year, the term of one (1) each of their appointments expire in two (2) years and the term of one (1)

each of their appointments expire in three (3) years. Upon expiration of these staggered terms, successors shall be appointed for a term of three (3) years.

Section 4. KRS 212.632 is amended to read as follows:

- (1) The board shall be composed of nine (9) members, one (1) of whom shall be an ex officio member and the mayor of the urban-county government, one (1) of whom shall be an ex officio member and a member of the urban-county government legislative body and appointed by the mayor, and seven (7) of whom shall be appointed by the mayor with the approval of the urban-county government legislative body. Of the seven (7) appointed members, three (3) shall be licensed and practicing physicians, one (1) a licensed and practicing dentist, one (1) a licensed and practicing registered nurse, **one (1) licensed pharmacist**, and **one (1) member**~~[two (2) members]~~ at large. Appointment of the physician, dentist, **pharmacist**, and nurse shall be made from a list of three (3) nominees submitted by any of the respective county professional societies for which a vacancy exists. All appointed members shall reside in the county of the board to which they are appointed and shall be eligible for reappointment.
- (2) Of the original appointments to fill the seven (7) appointed positions on the board, the mayor shall, within thirty (30) days from July 1, 1977, appoint three (3) members for a term expiring June 30, 1978, and four (4) members for a term expiring June 30, 1979. All seven (7) original appointees shall be appointive members serving on the city-county board of health on July 1, 1977.
- (3) At the expiration of the terms of office of the seven (7) original appointees, the successor to each such member shall be appointed in the manner prescribed under the provisions of subsection (1) of this section for a term of office of two (2) years and until his successor is appointed and qualified.
- (4) All vacancies occurring on the board by reason of death, resignation, disqualification, removal or otherwise, shall be filled for the unexpired term in the manner prescribed under the provisions of subsection (1) of this section.

Section 5. KRS 212.640 is amended to read as follows:

In any county containing a city of the second class the fiscal court of the county and the legislative body of the city of the second class, may by joint action, establish a city-county health department. The department when established shall be governed by a city-county board of health composed of **twelve (12)**~~[eleven (11)]~~ members, one (1) of whom shall be either the mayor, city manager or the designee of the city manager of the city, whichever is appointed by the city legislative body, one (1) of whom shall be the county judge/executive, one (1) of whom shall be a dentist, one (1) of whom shall be a registered nurse, and three (3) of whom shall be physicians, one (1) of whom shall be a veterinarian, one (1) of whom shall be an engineer engaged in the practice of civil or sanitary engineering, one (1) of whom shall be an optometrist, **one (1) licensed pharmacist**, and one (1) lay person knowledgeable in consumer affairs residing in each county and appointed in the same manner as county board of health members and to hold office as provided in KRS 212.020.

Section 6. KRS 212.786 is amended to read as follows:

- (1) The independent district board of health shall be comprised of the following members: the judge/executive or his designee as an ex officio member from each participating county, the chairman from each participating local board of health as an ex officio member, additional members appointed by the judge/executive with the approval of the local board of health

including, at least to the extent practicable, twenty-five percent (25%) who shall be licensed physicians, ten percent (10%) who shall be licensed dentists, twenty-five percent (25%) who shall be licensed registered nurses, ten percent (10%) who shall be licensed veterinarians, **ten percent (10%) who shall be pharmacists**, and **twenty percent (20%)**~~thirty percent (30%)~~ who shall be consumer members. Each member shall serve a term of two (2) years with a maximum of three (3) consecutive terms, except ex officio members who shall continue to serve.

- (2) The judge/executive, or his designee and the chairman of the local board of health shall serve as ex officio members of the district board of health. Additional appointments shall be based on population. Each county shall have an appointment of one (1) member for fifteen thousand (15,000) population or portion thereof. Additional members shall be at a rate of one (1) member per whole increment of fifteen thousand (15,000) population. The mayor of each city of the second class, or his designee, shall serve as an ex officio member of the district board of health and shall count against the population-based appointees.
- (3) The original appointments by the judge/executive to the board shall be made within thirty (30) days of July 13, 1990. One-half (1/2), or the nearest portion thereof, shall be appointed for a term to expire June 30, 1991 and one-half (1/2), or the nearest portion thereof, shall be appointed for a term to expire June 30, 1992. All subsequent appointments and successors shall be appointed in accordance with the provisions of this section.
- (4) The judge/executive shall fill all vacancies occurring by reason of death, resignation, or disqualification and do so for the unexpired term.

Section 7. KRS 212.855 is amended to read as follows:

- (1) Except for district health departments which serve a county containing a city of the first class, an urban-county government, or which are part of an interstate metropolitan statistical area where the Kentucky population of the metropolitan statistical area exceeded two hundred fifty thousand (250,000) people on July 1, 1989, a district board of health shall consist of the following members:
  - (a) The county judge/executive or his designee from each county in the district as an ex officio voting member; and
  - (b) One (1) additional resident member per county per fifteen thousand (15,000) population or fraction thereof, which shall include the mayor, city manager, or the designee of the city manager of each city of the second class as an ex officio voting member, except that the total number of members from any county in a district shall not exceed seven (7) members.
- (2) All members except for the county judges/executive and the mayors of second class cities shall be appointed by the county or city-county boards of health from the membership of each county or city-county board of health.
  - (a) The secretary of the Cabinet for Health Services shall notify the chairman of each county or city-county board of health in the district of the name of each member from that county whose term is expiring.
  - (b) Upon receipt of the notification, under subsection (a) of this section, each county or city-county board of health shall appoint one (1) of its members to fill each vacant position from that county. At least twenty-five percent (25%) or the nearest whole number to twenty-five percent (25%) of the appointed members of the district board

shall be doctors of medicine or osteopathy qualified, licensed, and practicing in the Commonwealth, and there shall be at least one (1) qualified, licensed, and practicing registered nurse, one (1) qualified, licensed, and practicing dentist, *one (1) licensed pharmacist*, one (1) qualified licensed engineer engaged in the practice of civil or sanitary engineering, one (1) qualified, licensed, and practicing optometrist, and one (1) qualified, licensed, and practicing veterinarian, when available, among the membership of the board. The remaining members of the district board shall be concerned community leaders residing within the county from which they are to be representatives.

- (c) The chairman of the county or city-county board of health shall inform the secretary within forty-five (45) days of receipt of this notification of the names of the county or city-county board of health members appointed to serve on the district board. Appointed members of district boards of health shall not begin to serve on a district board of health until the time the secretary has certified their eligibility to serve on the board.
- (3) If a vacancy exists upon the district board, the vacancy shall be filled in a manner consistent with subsection (2) of this section, with the appointed member to fill the vacant seat coming from the county in which the vacancy occurs and the appointed member resides. If the term of a member on the county board of health expires or the member cannot complete the term on the county board, the seat on the district board of health shall be declared vacant and the county or city-county board of health shall appoint another of its members to fill any unexpired portion of the term on the district board.
- (4) The appointed members of the district board of health shall hold office for a term of two (2) years ending on December 31 or until their successors are appointed. The terms of the first appointments shall be staggered so that members whose terms expire on June 30, 1992, shall be replaced with appointed members whose terms expire on December 31, 1994. Members whose terms expire on June 30, 1993, shall be replaced with appointed members whose terms expire on December 31, 1995.
- (5) The secretary shall remove any appointed member who fails to attend three (3) consecutive scheduled meetings.

Section 8. KRS 314.011 is amended to read as follows:

As used in KRS 314.011 to 314.161 and KRS 314.991, unless the context thereof requires otherwise:

- (1) "Board" means Kentucky Board of Nursing;
- (2) "Delegation" means directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations promulgated by the board in accordance with the provisions of KRS Chapter 13A;
- (3) "Nurse" means a person licensed under the provisions of this chapter as a registered nurse or as a licensed practical nurse;
- (4) "Nursing process" means the investigative approach to nursing practice utilizing a method of problem-solving by means of:

- (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
  - (b) Planning, implementation, and evaluation based on nationally accepted standards of nursing practice;
- (5) "Registered nurse" means one who is licensed under the provisions of this chapter to engage in registered nursing practice;
- (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 nursing process in:
- (a) The care, counsel, and health teaching of the ill, injured, or infirm;
  - (b) The maintenance of health or prevention of illness of others;
  - (c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
    - 1. Preparing and giving medications in the prescribed dosage, route, and frequency, ***including dispensing medications only as defined in paragraph (b) of subsection (17) of this section***;
    - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
    - 3. Intervening when emergency care is required as a result of drug therapy;
    - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
    - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
    - 6. Instructing an individual regarding medications;
  - (d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
  - (e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses;
- (7) "Advanced registered nurse practitioner" means one who is registered and designated to engage in advanced registered nursing practice including the nurse anesthetist, nurse midwife, clinical nurse specialist, and nurse practitioner pursuant to KRS 314.042;
- (8) "Advanced registered nursing practice" means the performance of additional acts by registered nurses who have gained added knowledge and skills through an organized postbasic program of study and clinical experience and 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 nursing practice. 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 registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905, under the conditions set forth in KRS 314.042. Nothing in this chapter shall be construed as requiring an advanced registered nurse practitioner designated by the board as a nurse anesthetist to obtain prescriptive authority pursuant to this chapter or any other provision of law in order to deliver anesthesia care. The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation;

- (9) "Licensed practical nurse" means one who is licensed under the provisions of this chapter to engage in licensed practical nursing practice;
- (10) "Licensed practical nursing practice" means the performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:
  - (a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
  - (b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
  - (c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
  - (d) Teaching, supervising, and delegating except as limited by the board; and
  - (e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
- (11) "School of nursing" means a nursing education program preparing persons for licensure as a registered nurse or a practical nurse;
- (12) "Continuing education" means offerings beyond the basic nursing program that present specific content planned and evaluated to meet competency based behavioral objectives which develop new skills and upgrade knowledge;
- (13) "Nursing assistance" means the performance of delegated nursing acts by unlicensed nursing personnel for compensation under supervision of a nurse;
- (14) "Sexual assault nurse examiner" means a registered nurse who has completed the required education and clinical experience and been credentialed by the board as provided under KRS 314.142 to conduct forensic examinations of victims of sexual offenses under the medical protocol issued by the State Medical Examiner pursuant to KRS 216B.400(4);

- (15) "Competency" means the application of knowledge and skills in the utilization of critical thinking, effective communication, interventions, and caring behaviors consistent with the nurse's practice role within the context of the public's health, safety, and welfare;
- (16) "Credential" means a current license, registration, or certificate that is issued by the board and that permits the practice of nursing;
- (17) "Dispense" means:
- (a) To receive and distribute noncontrolled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party; *or*
  - (b) *To distribute noncontrolled legend drugs from a local, district, and independent health department, subject to the direction of the appropriate governing board of the individual health department;*
- (18) "Dialysis care" means a process by which dissolved substances are removed from a patient's body by diffusion, osmosis, and convection from one (1) fluid compartment to another across a semipermeable membrane; and
- (19) "Dialysis technician" means a person who is not a nurse, a physician assistant, or a physician and who provides dialysis care in a licensed renal dialysis facility under the direct, on-site supervision of a registered nurse or a physician.