BOARDS AND COMMISSIONS

Board of Podiatry

(Amendment)

201 KAR 25:080. HIV/HBV infection control for podiatrists, infection control compliance standards.

RELATES TO: KRS 311.410(4)

STATUTORY AUTHORITY: KRS 311.410(4), 311.495(2)

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311.410(4) empowers the Kentucky State Board of Podiatry to promulgate administrative regulations as necessary to implement and enforce the provisions of KRS 311.380 to 311.500~~[311.390 to 311.510]~~. The purpose of this administrative regulation is to encourage and promote infection control among all Kentucky podiatrists relating to the prevention of the transmission of the human immunodeficiency virus and the hepatitis B virus during exposure-prone invasive procedures, including requirements for Centers for Disease Control and Prevention compliance, board inspections for reliable reports of noncompliance, and procedures relating to corrections.

Section 1. Definitions.

(1) "HIV" means the human immunodeficiency virus.

(2) "HBV" means the hepatitis B virus.

(3) "Universal precautions" means the appropriate use of hand and skin washing, protective barriers, care in the use of and disposal of needles and other sharp instruments, and those other techniques recommended in U.S. Centers for Disease Control Morbidity and Mortality Weekly Report~~[, June 24, 1988, Volume 37, Number 24, hereby incorporated by reference. A copy may be inspected or copied at the board's office during business hours]~~.

Section 2. HIV or HBV Serostatus Determination. A podiatrist who is HIV or HBV seropositive and "e" antigen positive, and who performs patient care procedures which pose a significant risk of transmission of HIV or HBV to patients, may seek counsel from the Kentucky State Board of Podiatry.

Section 3. Review and Monitoring of HIV or HBV Positive Podiatrists.

(1) The Kentucky State Board of Podiatry may convene a review panel to:

(a) Monitor the adherence of a HIV or HBV positive podiatrist to:

1. Universal precautions;

2. Clinical competency; and

3. Practice limitations or restrictions established by the review panel to monitor compliance with universal precautions; and

(b) Periodically evaluate the effects of the disease on the competency of the HIV or HBV positive podiatrist.

(2) The review panel shall include the:

(a) Primary care physician of the HIV or HBV positive podiatrist;

(b) A clinical infectious disease specialist;

(c) An epidemiologist representing the Kentucky Department of Health Services; and

(d) One (1) or more licensed podiatrists.

Section 4. Infection Prevention Control Compliance.

(1) Each licensed podiatrist in the Commonwealth of Kentucky shall:

(a) Adhere to the standard precautions outlined in the Guide to Infection Prevention for Outpatient Podiatry Settings published by the Centers for Disease Control and

Prevention; and

(b) Ensure that any person under the direction, control, supervision, or employment of a licensee whose activities involve contact with patients, lower extremities, blood, body fluids, instruments, equipment, appliances, or other devices adheres with those same standard precautions.

(2) The board or its designee shall perform an infection control inspection of a podiatry practice or office utilizing the CDC Infection Prevention Checklist for Outpatient Podiatry Settings, if the board and its staff become aware of a violation or a reliable allegation of a violation, of the Guide to Infection Prevention for Outpatient Podiatry Settings which may pose imminent public risk.

(3)

(a) Any podiatrist who is found deficient upon an initial infection control inspection shall have thirty (30) days to be in compliance with the guidelines and submit a written plan of correction to the board.

(b) The podiatrist may receive a second inspection after the thirty (30) days have passed and may be required to pay reasonable expenses to the board or its designee to conduct the inspection, not to exceed the amount of the fine required for failure of a second inspection pursuant to this chapter.

Section 5. ~~[Section 4.]~~ Disciplinary Action. Any podiatrist who does not comply with universal precautions, infection control compliance standards, the requirements of this administrative regulation or the limitations and restrictions established by the review panel, pursuant to administrative regulation, shall be subject to disciplinary action by the Kentucky State Board of Podiatry as set forth in KRS 311.480.

Section 6. ~~[Section 5.]~~ Confidentiality. Information obtained by the Kentucky State Board of Podiatry pursuant to Section 3 of this administrative regulation is personal in nature as set forth in KRS 61.878(1)(a) and is excluded from the application of KRS 61.870 to 61.884.

Section 7. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "U.S. Centers for Disease Control Morbidity and Mortality Weekly Report", June 24, 1988, Volume 37, Number 24";

(b) "Guide to Infection Prevention for Outpatient Podiatry Settings", October 2018, or the latest version issued by the Centers for Disease Control on Infection and Prevention; and

(c) "Infection Prevention Checklist for Outpatient Podiatry Settings" issued as Appendix B to the "Guide to Infection Prevention for Outpatient Podiatry Settings", October 2018, or the latest version issued by the Centers for Disease Control on Infection and Prevention.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Podiatry, 500 Mero Street, Frankfort, Kentucky 40601, from 8:00 a.m. to 4:30 p.m., Monday through Friday. This material is also available on the board's Web site at bop.ky.gov.201 KAR 25:080

DR. PAUL KRESTIK, President

APPROVED BY AGENCY: September 10, 2026

FILED WITH LRC: September 11, 2026 at 11:25 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on November 23, 2026, at 9AM, at the Mayo-Underwood Building, Room 206NW, 500 Mero Street, Frankfort, Kentucky. Individuals

interested in being heard at this hearing shall notify this agency in writing by five (5) workdays prior to the hearing of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through November 30, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person by using the PPC public comment portal at the address listed below.

CONTACT PERSON: Name: Sara Boswell Janes, Title: Staff Attorney III, Agency: Department of Professional Licensing, Office of Legal Services Address: 500 Mero Street, 2 NC WK#2 Phone Number: (502) 782-2709 (office) Fax: (502) 564-4818 Email: Sara.Janes@ky.gov Link to PPC public comment portal: https://ppc.ky.gov/reg_comment.aspx

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person:Sara Janes Phone: 502-782-2709 Email: sara.janes@ky.gov

Subject Headings:Podiatry and Pedorthics, Licensing, Occupations and Professions

(1) Provide a brief summary of:

(a) What this administrative regulation does:

This administrative regulation is to encourage and promote infection control among all Kentucky podiatrists relating to the prevention of the transmission of the human immunodeficiency virus (HIV) and the hepatitis B virus during exposure-prone invasive procedures, including requirements for Centers for Disease Control and Prevention compliance, board inspections for reliable reports of noncompliance, and procedures relating to corrections.

(b) The necessity of this administrative regulation:

KRS 311.410 authorizes the board to promulgate regulations to implement the provisions of KRS Chapter 311.380 to 311.500. This administrative regulation is necessary to require all podiatrists to adhere to universal precautions. This regulation also ensures that podiatrists recognize the duty to comply with CDC infection prevention requirements and the board's authority to inspect for compliance with the CDC standards utilizing the checklist issued by the CDC.

(c) How this administrative regulation conforms to the content of the authorizing statutes:

KRS 311.410 authorizes the board to promulgate regulations to implement the provisions of KRS Chapter 311.380 to 311.500.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

This administrative regulation will assist the board's effective administration of the enforcement of all provisions of KRS Chapter 311.380 to 311.500, to ensure all podiatrists adhere to universal precautions and recognize the duty to comply with CDC infection prevention requirements.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

The amendment clarifies that podiatrists have an obligation to adhere to the infection prevention control standards established by the Centers for Disease Control; clarifies the board has the authority to inspect offices for reliable reports of noncompliance with infection prevention control standards; establishes a timeline for necessary corrections; and authorizes payment of costs for inspections.

(b) The necessity of the amendment to this administrative regulation:

The amendments are necessary to update the regulation to include the board's authority relating to infection prevention control standards.

(c) How the amendment conforms to the content of the authorizing statutes:

KRS 311.410(4) authorizes the board to make all rules and regulations as may be necessary to implement and carry out its duties.

(d) How the amendment will assist in the effective administration of the statutes:

This regulation assists in the effective administration of KRS Chapter 311 by carrying out the legislative mandate for the board to make all rules and regulations,

as may be necessary to implement and carry out the provisions and purposes of KRS 311.380 through 311.500.

(3) Does this administrative regulation or amendment implement legislation from the previous five years?No.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

This regulation will affect 257 licensed podiatrists, both active and inactive, in the Commonwealth of Kentucky.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:

Licensees will follow the procedures relating to HIV/HBV infection control for podiatrists and infection control compliance standards established by the CDC.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):

There is no cost associated with the amendment, unless a second inspection is required following a finding of a deficiency upon an initial infection control inspection.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):

As a result of compliance with the amendment, licensees will understand the process for relating to HIV/HBV precautions, and the board's duty to inspect an office upon reports of noncompliance with CDC infection prevention control standards, which will protect public health, safety, and welfare.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

This administrative regulation may create a cost for the administrative body if inspections are required based on reliable reporting. However, because there have been no prior inspections, the administrative body is unable to estimate the cost to implement this administrative regulation.

(b) On a continuing basis:

This administrative regulation may create a cost for the administrative body on a continuing basis if inspections are required based on reliable reporting. However, because there have been no prior inspections, the administrative body is unable to estimate the cost of this administrative regulation on a continuing basis.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:

The Kentucky Board of Podiatry is self-funded through the fees paid by licensees. No additional funding is necessary for the implementation and enforcement of this administrative regulation.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

No increases in fees or funding are anticipated to implement the amendment to this administrative regulation.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

This amendment does not directly or indirectly increase any fees.

(10) TIERING: Is tiering applied?

Tiering is not applied because similarly situated licensees are treated similarly under this administrative regulation.

FISCAL IMPACT STATEMENT

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation:
KRS Chapter 311, particularly KRS 311.410.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act:
No.

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

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

1. Expenditures:

For the first year:Neutral

For subsequent years:Neutral

2. Revenues:

For the first year:Neutral

For subsequent years:Neutral

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):
None

(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:

There is no anticipated fiscal impact to this administrative regulation. However, this administrative regulation may create a cost for the administrative body if inspections are required based on reliable reporting. However, since there have been no prior inspections, the administrative body is unable to estimate the fiscal impact to implement this administrative regulation.

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

Methodology and resources was a review of the existing budget by the board's fiscal administrator as well as consideration of the amendment and whether staff time and costs will be increased.

(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(14):

This administrative regulation will not have an overall negative or adverse major economic impact to the entities identified.

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

Methodology and resources was a review of the existing budget by the board's fiscal administrator as well as consideration of the amendment and whether staff time and costs will be increased.