

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

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

4 ➔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  
10 provisions of KRS Chapter 13A;
- 11 (3) "Nurse" means a person who is licensed or holds the privilege to practice under the  
12 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  
14 method of problem-solving by means of:
- 15 (a) Nursing diagnosis, a systematic investigation of a health concern, and an  
16 analysis of the data collected in order to arrive at an identifiable problem; and
- 17 (b) Planning, implementation, and evaluation based on nationally accepted  
18 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  
22 specialized knowledge, judgment, and nursing skill based upon the principles of  
23 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,

1 physician assistant, dentist, or advanced practice registered nurse and as  
2 further authorized or limited by the board, and which are consistent either  
3 with American Nurses' Association Scope and Standards of Practice or with  
4 standards of practice established by nationally accepted organizations of  
5 registered nurses. Components of medication administration include but are  
6 not limited to:

- 7 1. Preparing and giving medications in the prescribed dosage, route, and  
8 frequency, including dispensing medications only as defined in  
9 subsection (17)(b) of this section;
  - 10 2. Observing, recording, and reporting desired effects, untoward reactions,  
11 and side effects of drug therapy;
  - 12 3. Intervening when emergency care is required as a result of drug therapy;
  - 13 4. Recognizing accepted prescribing limits and reporting deviations to the  
14 prescribing individual;
  - 15 5. Recognizing drug incompatibilities and reporting interactions or  
16 potential interactions to the prescribing individual; and
  - 17 6. Instructing an individual regarding medications;
- 18 (d) The supervision, teaching of, and delegation to other personnel in the  
19 performance of activities relating to nursing care; and
- 20 (e) The performance of other nursing acts which are authorized or limited by the  
21 board, and which are consistent either with American Nurses' Association  
22 Standards of Practice or with Standards of Practice established by nationally  
23 accepted organizations of registered nurses;
- 24 (7) "Advanced practice registered nurse" or "APRN" means a certified nurse  
25 practitioner, certified registered nurse anesthetist, certified nurse midwife, or  
26 clinical nurse specialist, who is licensed to engage in advance practice registered  
27 nursing pursuant to KRS 314.042 and certified in at least one (1) population focus;

1 (8) "Advanced practice registered nursing" means the performance of additional acts by  
2 registered nurses who have gained advanced clinical knowledge and skills through  
3 an accredited education program that prepares the registered nurse for one (1) of the  
4 four (4) APRN roles; who are certified by the American Nurses' Association or  
5 other nationally established organizations or agencies recognized by the board to  
6 certify registered nurses for advanced practice registered nursing as a certified nurse  
7 practitioner, certified registered nurse anesthetist, certified nurse midwife, or  
8 clinical nurse specialist; and who certified in at least one (1) population focus. The  
9 additional acts shall, subject to approval of the board, include but not be limited to  
10 prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced  
11 practice registered nurses who engage in these additional acts shall be authorized to  
12 issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS  
13 217.905 and to issue prescriptions for but not to dispense Schedules II through V  
14 controlled substances described in or as classified pursuant to KRS 218A.020,  
15 218A.060, 218A.080, 218A.100, and 218A.120 under the conditions set forth in  
16 KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or  
17 before August 15, 2006.

- 18 (a) 1. Prescriptions issued by advanced practice registered nurses for Schedule  
19 II controlled substances classified under KRS 218A.060, except  
20 hydrocodone combination products as defined in KRS 218A.010, shall  
21 be limited to a seventy-two (72) hour supply without any refill.
- 22 2. Prescriptions issued by advanced practice registered nurses for  
23 hydrocodone combination products as defined in KRS 218A.010 shall  
24 be limited to a thirty (30) day supply without any refill.
- 25 3. Prescriptions issued under this subsection for psychostimulants may be  
26 written for a thirty (30) day supply only by an advanced practice  
27 registered nurse certified in psychiatric-mental health nursing who is

1 providing services in a health facility as defined in KRS Chapter 216B  
2 or in a regional services program for mental health or individuals with  
3 an intellectual disability as defined in KRS Chapter 210.

4 (b) Prescriptions issued by advanced practice registered nurses for Schedule III  
5 controlled substances classified under KRS 218A.080 shall be limited to a  
6 thirty (30) day supply without any refill. Prescriptions issued by advanced  
7 practice registered nurses for Schedules IV and V controlled substances  
8 classified under KRS 218A.100 and 218A.120 shall be limited to the original  
9 prescription and refills not to exceed a six (6) month supply.

10 ~~[(c) Limitations for specific controlled substances which are identified as having  
11 the greatest potential for abuse or diversion, based on the best available  
12 scientific and law enforcement evidence, shall be established in an  
13 administrative regulation promulgated by the Kentucky Board of Nursing. The  
14 regulation shall be based on recommendations from the Controlled Substances  
15 Formulary Development Committee, which is hereby created. The committee  
16 shall be composed of two (2) advanced practice registered nurses appointed by  
17 the Kentucky Board of Nursing, one (1) of whom shall be designated as a  
18 committee co-chair; two (2) physicians appointed by the Kentucky Board of  
19 Medical Licensure, one (1) of whom shall be designated as a committee co-  
20 chair; and one (1) pharmacist appointed by the Kentucky Board of Pharmacy.  
21 The initial regulation shall be promulgated on or before August 15, 2006, and  
22 shall be reviewed at least annually thereafter by the committee.]~~

23 Nothing in this chapter shall be construed as requiring an advanced practice  
24 registered nurse designated by the board as a certified registered nurse anesthetist to  
25 obtain prescriptive authority pursuant to this chapter or any other provision of law  
26 in order to deliver anesthesia care. The performance of these additional acts shall be  
27 consistent with the certifying organization or agencies' scopes and standards of

- 1 practice recognized by the board by administrative regulation;
- 2 (9) "Licensed practical nurse" means one who is licensed or holds the privilege under  
3 the provisions of this chapter to engage in licensed practical nursing practice;
- 4 (10) "Licensed practical nursing practice" means the performance of acts requiring  
5 knowledge and skill such as are taught or acquired in approved schools for practical  
6 nursing in:
- 7 (a) The observing and caring for the ill, injured, or infirm under the direction of a  
8 registered nurse, advanced practice registered nurse, physician assistant,  
9 licensed physician, or dentist;
- 10 (b) The giving of counsel and applying procedures to safeguard life and health, as  
11 defined and authorized by the board;
- 12 (c) The administration of medication or treatment as authorized by a physician,  
13 physician assistant, dentist, or advanced practice registered nurse and as  
14 further authorized or limited by the board which is consistent with the  
15 National Federation of Licensed Practical Nurses or with Standards of  
16 Practice established by nationally accepted organizations of licensed practical  
17 nurses;
- 18 (d) Teaching, supervising, and delegating except as limited by the board; and
- 19 (e) The performance of other nursing acts which are authorized or limited by the  
20 board and which are consistent with the National Federation of Practical  
21 Nurses' Standards of Practice or with Standards of Practice established by  
22 nationally accepted organizations of licensed practical nurses;
- 23 (11) "School of nursing" means a nursing education program preparing persons for  
24 licensure as a registered nurse or a practical nurse;
- 25 (12) "Continuing education" means offerings beyond the basic nursing program that  
26 present specific content planned and evaluated to meet competency based  
27 behavioral objectives which develop new skills and upgrade knowledge;

- 1 (13) "Nursing assistance" means the performance of delegated nursing acts by unlicensed  
2 nursing personnel for compensation under supervision of a nurse;
- 3 (14) "Sexual assault nurse examiner" means a registered nurse who has completed the  
4 required education and clinical experience and maintains a current credential from  
5 the board as provided under KRS 314.142 to conduct forensic examinations of  
6 victims of sexual offenses under the medical protocol issued by the Justice and  
7 Public Safety Cabinet in consultation with the Sexual Assault Response Team  
8 Advisory Committee pursuant to KRS 216B.400(4);
- 9 (15) "Competency" means the application of knowledge and skills in the utilization of  
10 critical thinking, effective communication, interventions, and caring behaviors  
11 consistent with the nurse's practice role within the context of the public's health,  
12 safety, and welfare;
- 13 (16) "Credential" means a current license, registration, certificate, or other similar  
14 authorization that is issued by the board;
- 15 (17) "Dispense" means:
- 16 (a) To receive and distribute noncontrolled legend drug samples from  
17 pharmaceutical manufacturers to patients at no charge to the patient or any  
18 other party; or
- 19 (b) To distribute noncontrolled legend drugs from a local, district, and  
20 independent health department, subject to the direction of the appropriate  
21 governing board of the individual health department;
- 22 (18) "Dialysis care" means a process by which dissolved substances are removed from a  
23 patient's body by diffusion, osmosis, and convection from one (1) fluid  
24 compartment to another across a semipermeable membrane;
- 25 (19) "Dialysis technician" means a person who is not a nurse, a physician assistant, or a  
26 physician and who provides dialysis care in a licensed renal dialysis facility under  
27 the direct, on-site supervision of a registered nurse or a physician;

- 1 (20) "Population focus" means the section of the population within which the advanced  
2 practice registered nurse has targeted to practice. The categories of population foci  
3 are:
- 4 (a) Family and individual across the lifespan;
  - 5 (b) Adult gerontology;
  - 6 (c) Neonatal;
  - 7 (d) Pediatrics;
  - 8 (e) Women's health and gender-related health; and
  - 9 (f) Psychiatric mental health; and
- 10 (21) "Conviction" means but is not limited to:
- 11 (a) An unvacated adjudication of guilt;
  - 12 (b) Pleading no contest or nolo contendere or entering an Alford plea; or
  - 13 (c) Entering a guilty plea pursuant to a pretrial diversion order;
- 14 Regardless of whether the penalty is rebated, suspended, or probated.
- 15 ➔Section 2. KRS 314.042 is amended to read as follows:
- 16 (1) An applicant for licensure to practice as an advanced practice registered nurse shall  
17 file with the board a written application for licensure and submit evidence, verified  
18 by oath, that the applicant has completed an approved organized postbasic program  
19 of study and clinical experience; is certified by a nationally established organization  
20 or agency recognized by the board to certify registered nurses for advanced practice  
21 registered nursing; and is able to understandably speak and write the English  
22 language and to read the English language with comprehension.
  - 23 (2) The board may issue a license to practice advanced practice registered nursing to an  
24 applicant who holds a current active registered nurse license issued by the board or  
25 holds the privilege to practice as a registered nurse in this state and meets the  
26 qualifications of subsection (1) of this section. An advanced practice registered  
27 nurse shall be:

- 1 (a) Designated by the board as a certified registered nurse anesthetist, certified  
2 nurse midwife, certified nurse practitioner, or clinical nurse specialist; and
- 3 (b) Certified in at least one (1) population focus.
- 4 (3) The applicant for licensure or renewal thereof to practice as an advanced practice  
5 registered nurse shall pay a fee to the board as set forth in regulation by the board.
- 6 (4) An advanced practice registered nurse shall maintain a current active registered  
7 nurse license issued by the board or hold the privilege to practice as a registered  
8 nurse in this state and maintain current certification by the appropriate national  
9 organization or agency recognized by the board.
- 10 (5) Any person who holds a license to practice as an advanced practice registered nurse  
11 in this state shall have the right to use the title "advanced practice registered nurse"  
12 and the abbreviation "APRN." No other person shall assume the title or use the  
13 abbreviation or any other words, letters, signs, or figures to indicate that the person  
14 using the same is an advanced practice registered nurse. No person shall practice as  
15 an advanced practice registered nurse unless licensed under this section.
- 16 (6) Any person heretofore licensed as an advanced practice registered nurse under the  
17 provisions of this chapter who has allowed the license to lapse may be reinstated on  
18 payment of the current fee and by meeting the provisions of this chapter and  
19 regulations promulgated by the board pursuant to the provisions of KRS Chapter  
20 13A.
- 21 (7) The board may authorize a person to practice as an advanced practice registered  
22 nurse temporarily and pursuant to applicable regulations promulgated by the board  
23 pursuant to the provisions of KRS Chapter 13A if the person is awaiting the results  
24 of the national certifying examination for the first time or is awaiting licensure by  
25 endorsement. A person awaiting the results of the national certifying examination  
26 shall use the title "APRN Applicant" or "APRN App."
- 27 (8) (a) Except as authorized by KRS 314.196 and subsection (9) of this section,

1 before an advanced practice registered nurse engages in the prescribing or  
2 dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8),  
3 the advanced practice registered nurse shall enter into a written "Collaborative  
4 Agreement for the Advanced Practice Registered Nurse's Prescriptive  
5 Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician  
6 licensed in Kentucky who has had no disciplinary actions regarding  
7 prescribing that defines the scope of the prescriptive authority for  
8 nonscheduled legend drugs.

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

15 (c) The CAPA-NS shall be in writing and signed by both the advanced practice  
16 registered nurse and the collaborating physician. A copy of the completed  
17 collaborative agreement shall be available at each site where the advanced  
18 practice registered nurse is providing patient care.

19 (d) The CAPA-NS shall describe the arrangement for collaboration and  
20 communication between the advanced practice registered nurse and the  
21 collaborating physician regarding the prescribing of nonscheduled legend  
22 drugs by the advanced practice registered nurse.

23 (e) The advanced practice registered nurse who is prescribing nonscheduled  
24 legend drugs and the collaborating physician shall be qualified in the same or  
25 a similar specialty.

26 (f) The CAPA-NS is not intended to be a substitute for the exercise of  
27 professional judgment by the advanced practice registered nurse or by the

1 collaborating physician.

2 (g) The CAPA-NS shall be reviewed and signed by both the advanced practice  
3 registered nurse and the collaborating physician and may be rescinded by  
4 either party upon written notice via registered mail to the other party, the  
5 Kentucky Board of Nursing, and the Kentucky Board of Medical Licensure.

6 (9) (a) Before an advanced practice registered nurse may discontinue or be exempt  
7 from a CAPA-NS required under subsection (8) of this section, the advanced  
8 practice registered nurse shall have completed four (4) years of prescribing as  
9 a nurse practitioner, clinical nurse specialist, nurse midwife, or as a nurse  
10 anesthetist. For nurse practitioners and clinical nurse specialists, the four (4)  
11 years of prescribing shall be in a population focus of adult-gerontology,  
12 pediatrics, neonatal, family, women's health, acute care, or psychiatric-mental  
13 health.

14 (b) After four (4) years of prescribing with a CAPA-NS in collaboration with a  
15 physician:

- 16 1. An advanced practice registered nurse whose license is in good standing  
17 at that time with the Kentucky Board of Nursing and who will be  
18 prescribing nonscheduled legend drugs without a CAPA-NS shall notify  
19 that board that the four (4) year requirement has been met and that he or  
20 she will be prescribing nonscheduled legend drugs without a CAPA-NS;
- 21 2. The advanced practice registered nurse will no longer be required to  
22 maintain a CAPA-NS and shall not be compelled to maintain a CAPA-  
23 NS ~~as a condition to prescribe~~ after the four (4) years have expired, but  
24 an advanced practice registered nurse may choose to maintain a CAPA-  
25 NS indefinitely after the four (4) years have expired; and
- 26 3. If the advanced practice registered nurse's license is not in good  
27 standing, the CAPA-NS requirement shall not be removed until the

1 license is restored to good standing.

2 (c) An advanced practice registered nurse wishing to practice in Kentucky  
3 through licensure by endorsement is exempt from the CAPA-NS requirement  
4 if the advanced practice registered nurse:

5 1. Has met the prescribing requirements in a state that grants independent  
6 prescribing to advanced practice registered nurses; and

7 2. Has been prescribing for at least four (4) years.

8 (d) An advanced practice registered nurse wishing to practice in Kentucky  
9 through licensure by endorsement who had a collaborative prescribing  
10 agreement with a physician in another state for at least four (4) years is  
11 exempt from the CAPA-NS requirement.

12 (e) After July 15, 2014:

13 1. An advanced practice registered nurse whose license is in good standing  
14 at that time with the Kentucky Board of Nursing and who will be  
15 prescribing nonscheduled legend drugs without a CAPA-NS shall notify  
16 that board that the four (4) year requirement has been met and that he or  
17 she will be prescribing nonscheduled legend drugs without a CAPA-NS;

18 2. An advanced practice registered nurse who has maintained a CAPA-NS  
19 for four (4) years or more will no longer be required to maintain a  
20 CAPA-NS and shall not be compelled to maintain a CAPA-NS ~~as a~~  
21 ~~condition to prescribe~~ after the four (4) years have expired, but an  
22 advanced practice registered nurse may choose to maintain a CAPA-NS  
23 indefinitely after the four (4) years have expired; and

24 3. An advanced practice registered nurse who has maintained a CAPA-NS  
25 for less than four (4) years shall be required to continue to maintain a  
26 CAPA-NS until the four (4) year period is completed, after which the  
27 CAPA-NS will no longer be required.

- 1 (10) (a) Before an advanced practice registered nurse engages in the prescribing of  
2 Schedules II through V controlled substances as authorized by KRS  
3 314.011(8), the advanced practice registered nurse shall enter into a written  
4 "Collaborative Agreement for the Advanced Practice Registered Nurse's  
5 Prescriptive Authority for Controlled Substances" (CAPA-CS) with a  
6 physician licensed in Kentucky or a collaborating advanced practice  
7 registered nurse who has had a CAPA-CS for more than four (4) years and  
8 who has had no disciplinary action with regard to prescribing that defines  
9 the scope of the prescriptive authority for controlled substances.
- 10 (b) The advanced practice registered nurse shall notify the Kentucky Board of  
11 Nursing of the existence of the CAPA-CS and the name of the collaborating  
12 physician or collaborating advanced practice registered nurse and shall,  
13 upon request, furnish to the board or its staff a copy of the completed CAPA-  
14 CS. The Kentucky Board of Nursing shall notify the Kentucky Board of  
15 Medical Licensure that a CAPA-CS exists and furnish the collaborating  
16 physician's name when a physician is the collaborator.
- 17 (c) The CAPA-CS shall be in writing and signed by both the advanced practice  
18 registered nurse and the collaborating physician or collaborating advanced  
19 practice registered nurse. A copy of the completed collaborative agreement  
20 shall be available at each site where the advanced practice registered nurse is  
21 providing patient care.
- 22 (d) The CAPA-CS shall describe the arrangement for collaboration and  
23 communication between the advanced practice registered nurse and the  
24 collaborating physician or collaborating advanced practice registered nurse  
25 regarding the prescribing of controlled substances by the advanced practice  
26 registered nurse.
- 27 (e) The advanced practice registered nurse who is prescribing controlled

- 1 substances and the collaborating physician *or collaborating advanced*  
2 *practice registered nurse* shall be qualified in the same or a similar specialty.
- 3 (f) The CAPA-CS is not intended to be a substitute for the exercise of  
4 professional judgment by the advanced practice registered nurse or by the  
5 collaborating physician *or collaborating advanced practice registered nurse*.
- 6 (g) Before engaging in the prescribing of controlled substances, the advanced  
7 practice registered nurse shall:
- 8 1. Have been licensed to practice as an advanced practice registered nurse  
9 for one (1) year with the Kentucky Board of Nursing; or
  - 10 2. Be nationally certified as an advanced practice registered nurse and be  
11 registered, certified, or licensed in good standing as an advanced  
12 practice registered nurse in another state for one (1) year prior to  
13 applying for licensure by endorsement in Kentucky.
- 14 (h) Prior to prescribing controlled substances, the advanced practice registered  
15 nurse shall obtain a Controlled Substance Registration Certificate through the  
16 U.S. Drug Enforcement Agency.
- 17 (i) The CAPA-CS shall be reviewed and signed by both the advanced practice  
18 registered nurse and the collaborating physician *or collaborating advanced*  
19 *practice registered nurse* and may be rescinded by either party upon written  
20 notice via registered mail to the other party, the Kentucky Board of Nursing,  
21 and the Kentucky Board of Medical Licensure *when a physician is the*  
22 *collaborator*.
- 23 (j) The CAPA-CS shall state the limits on controlled substances which may be  
24 prescribed by the advanced practice registered nurse, as agreed to by the  
25 advanced practice registered nurse and the collaborating physician *or*  
26 *collaborating advanced practice registered nurse*. The limits so imposed may  
27 be more stringent than either the schedule limits on controlled substances

1 established in KRS 314.011(8) or the limits imposed in regulations  
2 promulgated by the Kentucky Board of Nursing thereunder.

3 (11) Nothing in this chapter shall be construed as requiring an advanced practice  
4 registered nurse designated by the board as a certified nurse anesthetist to enter into  
5 a collaborative agreement with a physician or collaborating advanced practice  
6 registered nurse, pursuant to this chapter or any other provision of law, in order to  
7 deliver anesthesia care.

8 (12) (a) Before an advanced practice registered nurse may discontinue or be exempt  
9 from a CAPA-CS required under subsection (10) of this section, the  
10 advanced practice registered nurse shall have completed four (4) years of  
11 prescribing controlled substances as a nurse practitioner, clinical nurse  
12 specialist, nurse midwife, or as a nurse anesthetist. For nurse practitioners  
13 and clinical nurse specialists, the four (4) years of prescribing shall be in a  
14 population focus of adult-gerontology, pediatrics, neonatology, family,  
15 women's health, or psychiatric-mental health.

16 (b) After four (4) years of prescribing with a CAPA-CS in collaboration with a  
17 physician or a collaborating advanced practice registered nurse  
18 practitioner:

19 1. An advanced practice registered nurse whose license is in good  
20 standing at that time with the Kentucky Board of Nursing and who  
21 will be prescribing scheduled drugs without a CAPA-CS shall notify  
22 the board that the four (4) year requirement has been met and that he  
23 or she will be prescribing scheduled drugs without a CAPA-CS;

24 2. The advanced practice registered nurse will no longer be required to  
25 maintain a CAPA-CS and shall not be compelled to maintain a  
26 CAPA-CS after the four (4) years have expired, but an advanced  
27 practice registered nurse may choose to maintain a CAPA-CS

- 1                   indefinitely after the four (4) years have expired; and
- 2                   3. If the advanced practice registered nurse's license is not in good
- 3                   standing, the CAPA-CS requirement shall not be removed until the
- 4                   license is restored to good standing.
- 5                   (c) An advanced practice registered nurse wishing to practice in Kentucky
- 6                   through licensure by endorsement is exempt from the CAPA-CS
- 7                   requirement if the advanced practice registered nurse:
- 8                   1. Has met the prescribing requirements in a state that grants
- 9                   independent prescribing to advanced practice registered nurses; and
- 10                  2. Has been prescribing for at least four (4) years.
- 11                  (d) An advanced practice registered nurse wishing to practice in Kentucky
- 12                  through licensure by endorsement who had a collaborative prescribing
- 13                  agreement with a physician or an advanced practice registered nurse in
- 14                  another state for at least four (4) years is exempt from the CAPA-CS
- 15                  requirement.
- 16                  (e) On or after the effective date of this Act:
- 17                  1. An advanced practice registered nurse whose license is in good
- 18                  standing at that time with the Kentucky Board of Nursing and who
- 19                  will be prescribing scheduled drugs without a CAPA-CS shall notify
- 20                  the board that the four (4) year requirement has been met and that he
- 21                  or she will be prescribing scheduled drugs without a CAPA-CS;
- 22                  2. An advanced practice registered nurse who has maintained a CAPA-
- 23                  CS for four (4) years or more will no longer be required to maintain a
- 24                  CAPA-CS and shall not be compelled by any employer for any reason
- 25                  to maintain a CAPA-CS after the four (4) years have expired, but an
- 26                  advanced practice registered nurse may choose to maintain a CAPA-
- 27                  CS indefinitely after the four (4) years have expired; and

1           **3. An advanced practice registered nurse who has maintained a CAPA-**  
2           **CS for less than four (4) years shall be required to continue to**  
3           **maintain a CAPA-CS until the four (4) year period is completed, after**  
4           **which the CAPA-CS will no longer be required.**

5           ➔Section 3. KRS 314.193 is amended to read as follows:

6           (1) There is hereby created an Advanced Practice Registered Nurse Council to be made  
7           up of nine (9) members, including one (1) member who shall be from the Board of  
8           Nursing, one (1) member from the Board of Medical Licensure, one (1) member  
9           from the Board of Pharmacy, and six (6) advanced practice registered nurses who  
10          shall be determined as follows:

11          (a) Three (3) advanced practice registered nurse members shall include one (1)  
12          certified nurse anesthetist, one (1) certified nurse midwife, and one (1)  
13          certified nurse practitioner who shall be nominated from members chosen by  
14          their respective nursing specialty groups or organizations and recommended to  
15          the Board of Nursing for appointment; and

16          (b) Three (3) advanced practice registered nurse members, at least one (1) of  
17          whom shall be a designated clinical nurse specialist, shall be nominated by the  
18          Kentucky Nurses Association, and recommended to the Board of Nursing for  
19          appointment.

20          (2) The council shall meet annually or as the members designate and shall seek all  
21          available information from concerned nursing groups. The council shall have the  
22          duty of recommending standards in the performance of any acts requiring additional  
23          education which is recognized by the nursing profession. The Board of Nursing may  
24          authorize the performance of additional acts by its regulations, after seeking all  
25          available information from the groups to be regulated. The regulations shall not be  
26          inconsistent with statutory law and shall be promulgated pursuant to the provisions  
27          of KRS Chapter 13A.

1 (3) *The council shall review information regarding controlled substances identified*  
2 *as having the greatest potential for abuse or diversion based on the best scientific*  
3 *and law enforcement information. The council shall make recommendations to*  
4 *the Board of Nursing for prescribing limitations if indicated by their analysis.*  
5 *The council shall review current continuing education requirements for*  
6 *controlled substances and make recommendations to the board. The council shall*  
7 *share annually their recommendations with the controlled substances councils of*  
8 *all other prescribing professionals in the Commonwealth.*

9 (4) The terms for the council shall be for four (4) years.

10 ➔Section 4. KRS 314.196 is amended to read as follows:

11 (1) There is hereby established the Collaborative Prescribing Agreement Joint Advisory  
12 Committee, designed to serve in an advisory role regarding the "Collaborative  
13 Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for  
14 Nonscheduled Legend Drugs" (CAPA-NS), as authorized under KRS 314.042(8)  
15 *and the "Collaborative Agreement for the Advanced Practice Registered Nurse*  
16 *Prescriptive Authority for Controlled Substances" (CAPA-CS) as authorized*  
17 *under KRS 314.042(10).* The committee shall be composed of six (6) members  
18 selected as follows:

19 (a) Three (3) members shall be advanced practice registered nurses who currently  
20 prescribe nonscheduled legend *and scheduled* drugs *who have had no*  
21 *disciplinary action with regard to prescribing,* each appointed by the  
22 Kentucky Board of Nursing; and

23 (b) Three (3) members shall be physicians who currently have or previously had a  
24 signed CAPA-NS *or a signed CAPA-CS* with an advanced practice registered  
25 nurse who prescribes nonscheduled *and scheduled* legend drugs *who have*  
26 *had no disciplinary action with regard to prescribing,* each appointed by the  
27 Kentucky Board of Medical Licensure.

1 (2) The committee may make recommendations to the Kentucky Board of Nursing and  
2 the Kentucky Board of Medical Licensure about the CAPA-NS and CAPA-CS  
3 agreements and shall perform other duties as required by this section. The  
4 committee may recommend a common CAPA-NS and CAPA-CS form for use by  
5 all advanced practice registered nurses and all physicians in Kentucky who enter  
6 into a CAPA-NS or CAPA-CS. The common CAPA-NS and CAPA-CS forms  
7 ~~form~~ shall only be required for CAPA-NS and CAPA-CS agreements if both the  
8 Kentucky Board of Nursing and the Kentucky Board of Medical Licensure approve  
9 the same version of the common CAPA-NS and CAPA-CS forms~~form~~. If those  
10 boards do not both approve the same version of the common CAPA-NS and  
11 CAPA-CS forms~~form~~, advanced practice registered nurses and physicians may  
12 use their own CAPA-NS and CAPA-CS forms as authorized by KRS 314.042.

13 (3) (a) An advanced practice registered nurse may request assistance from the  
14 committee and the Kentucky Board of Nursing to identify any physicians who  
15 are available to enter into the CAPA-NS, or any physicians or advanced  
16 practice registered nurses who are available to enter into the CAPA-CS in a  
17 nonemergency situation if the advanced practice registered nurse is not able to  
18 locate a physician to sign a CAPA-NS or a physician or collaborating  
19 advanced practice registered nurse to sign a CAPA-CS.

20 (b) If the committee and the Kentucky Board of Nursing receive a request from an  
21 advanced practice registered nurse under this subsection, both shall  
22 immediately forward the request to the Kentucky Board of Medical Licensure,  
23 which shall provide the committee and the Kentucky Board of Nursing with  
24 the names, contact information, and any fee requirements provided by any  
25 physicians who are available to enter into the CAPA-NS or the CAPA-CS.  
26 The Kentucky Board of Nursing and the committee shall make those  
27 physician names, contact information, and any fee requirements available to

1 the requesting advanced practice registered nurse. *The Kentucky Board of*  
2 *Nursing and the committee shall provide the names, contact information,*  
3 *and any fee requirements provided by any advanced registered nurse*  
4 *practitioners who are available to enter into the CAPA-CS to the requesting*  
5 *advanced registered nurse practitioners.*

6 (c) Beginning from the date the requesting advanced practice registered nurse first  
7 receives the physician *or the advanced practice registered nurse* information,  
8 whether from the committee or the Kentucky Board of Nursing, the requesting  
9 advanced practice registered nurse shall have sixty (60) days to sign a CAPA-  
10 NS agreement with a physician *or a CAPA-CS agreement with a physician*  
11 *or advanced practice registered nurse.* If the requesting advanced practice  
12 registered nurse is unable to sign a CAPA-NS *or CAPA-CS* within the sixty  
13 (60) days, the committee shall furnish the requesting advanced practice  
14 registered nurse with a physician to sign a *temporary* CAPA-NS *or with a*  
15 *physician or collaborating advanced practice registered nurse to sign a*  
16 *temporary CAPA-CS.* The physician *or collaborating advanced practice*  
17 *registered nurse* shall be qualified in the same or a similar specialty as the  
18 requesting advanced practice registered nurse and shall not charge a fee to  
19 sign the *temporary* CAPA-NS *or CAPA-CS.* The advanced practice registered  
20 nurse may prescribe under this *temporary* CAPA-NS *or CAPA-CS* until that  
21 advanced practice registered nurse signs a CAPA-NS with a different  
22 physician *or signs a CAPA-CS with a different physician or advanced*  
23 *practice registered nurse* as authorized by KRS 314.042.

24 (4) (a) An advanced practice registered nurse may request assistance from the  
25 committee and the Kentucky Board of Nursing to identify any physicians who  
26 are available to enter into the CAPA-NS *or any physicians or collaborating*  
27 *advanced practice registered nurses who are available to enter into the*

1            CAPA-CS in an emergency situation where a collaborating physician or  
2            collaborating advanced practice registered nurse is either unavailable or  
3            suddenly rescinds from a CAPA-NS or CAPA-CS with the advanced practice  
4            registered nurse who is providing care in an established practice, for any  
5            reason other than:

- 6            1. A disciplinary action against the advanced practice registered nurse that  
7            is directly related to prescribing or patient safety; or
- 8            2. The collaborating physician or collaborating advanced practice  
9            registered nurse has filed a complaint with evidence against the  
10            advanced practice registered nurse with the Kentucky Board of Nursing  
11            related to prescribing or patient safety.

12            (b) While the advanced practice registered nurse is unable to locate a physician to  
13            sign the CAPA-NS or any physician or advanced practice registered nurse  
14            to sign the CAPA-CS in an emergency situation and after requesting  
15            assistance from the committee and the Kentucky Board of Nursing, the  
16            advanced practice registered nurse may prescribe as if he or she is prescribing  
17            with a CAPA-NS or CAPA-CS.

18            (c) If the committee and the Kentucky Board of Nursing receive a request from an  
19            advanced practice registered nurse under this subsection, both shall  
20            immediately forward the request to the Kentucky Board of Medical Licensure.  
21            The Kentucky Board of Medical Licensure shall provide the committee and  
22            the Kentucky Board of Nursing with the names, contact information, and any  
23            fee requirements provided by any physicians who are available to enter into a  
24            CAPA-NS or CAPA-CS. The Kentucky Board of Nursing and the committee  
25            shall make those physician names, contact information, and any fee  
26            requirements available to the requesting advanced practice registered nurse.  
27            The Kentucky Board of Nursing and the committee shall provide the names,

1           contact information, and any fee requirements provided by any advanced  
2           practice registered nurse who are available to enter into the CAPA-CS to  
3           the requesting advanced practice registered nurse.

4           (d) Beginning from the date the requesting advanced practice registered nurse first  
5           receives the physician information, whether from the committee or the  
6           Kentucky Board of Nursing, the requesting advanced practice registered nurse  
7           shall have thirty (30) days to sign a CAPA-NS agreement with a physician. If  
8           no CAPA-NS is signed at the end of the thirty (30) days, the advanced  
9           practice registered nurse shall cease to prescribe until a CAPA-NS is signed.  
10          Once a new CAPA-NS goes into effect, the advanced practice registered nurse  
11          shall only prescribe within the terms of the new CAPA-NS until that CAPA-  
12          NS is no longer in effect.

13          (e) Beginning from the date the requesting advanced practice registered nurse  
14          first receives the physician or collaborating advanced practice registered  
15          nurse information, whether from the committee or the Kentucky Board of  
16          Nursing, the requesting advanced practice registered nurse shall have thirty  
17          (30) days to sign a CAPA-CS agreement with a physician or a collaborating  
18          advanced practice registered nurse. If no CAPA-CS is signed at the end of  
19          the thirty (30) days, the advanced practice registered nurse shall cease to  
20          prescribe until a CAPA-CS is signed. Once a new CAPA-CS goes into  
21          effect, the advanced practice registered nurse shall only prescribe within the  
22          terms of the new CAPA-CS until that CAPA-CS is no longer in effect.

23          (5) If the committee receives a complaint about the prescribing, fee requirements, or  
24          other activities of an advanced practice registered nurse or physician or  
25          collaborating advanced practice registered nurse under a CAPA-NS or CAPA-CS,  
26          the committee shall not discuss or review the complaint or any actions of any  
27          advanced practice registered nurse or physician, but shall immediately forward the

1 complaint to the licensing board that has jurisdiction over the person who is the  
2 subject of the complaint.

3 (6) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure shall  
4 each maintain sole jurisdiction over their respective licensees and their licensees'  
5 practice.

6 (7) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure shall  
7 each be responsible for and have exclusive authority over their respective members  
8 appointed to the committee. Each board may determine its own process for the  
9 appointment, removal, term length, or any other procedural matter relating to its  
10 members appointed to the committee.

11 (8) The committee shall be attached to the Kentucky Board of Nursing for  
12 administrative purposes. The Kentucky Board of Nursing shall be responsible for  
13 the expenses of its members and for administering the committee. The Kentucky  
14 Board of Medical Licensure shall be responsible for the expenses of its members.  
15 The location for committee meetings shall alternate between the facilities of the  
16 Kentucky Board of Nursing and the facilities of the Kentucky Board of Medical  
17 Licensure.