

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 ***by any employer for***
23 ***any reason*** to maintain a CAPA-NS ~~{as a condition to prescribe}~~ after
24 the four (4) years have expired, but an advanced practice registered
25 nurse may choose to maintain a CAPA-NS indefinitely after the four (4)
26 years have expired; and
- 27 3. If the advanced practice registered nurse's license is not in good

1 standing, the CAPA-NS requirement shall not be removed until the
2 license is restored to good standing.

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

- 6 1. Has met the prescribing requirements in a state that grants independent
7 prescribing to advanced practice registered nurses; and
- 8 2. Has been prescribing for at least four (4) years.

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

13 (e) After July 15, 2014:

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

1 CAPA-NS until the four (4) year period is completed, after which the
2 CAPA-NS will no longer be required.

3 (10) (a) Before an advanced practice registered nurse engages in the prescribing of
4 Schedules II through V controlled substances as authorized by KRS
5 314.011(8), the advanced practice registered nurse shall enter into a written
6 "Collaborative Agreement for the Advanced Practice Registered Nurse's
7 Prescriptive Authority for Controlled Substances" (CAPA-CS) with a
8 physician licensed in Kentucky who has had no disciplinary action with
9 regard to prescribing or a collaborating advanced practice registered nurse
10 who has had a CAPA-CS for more than four (4) years and who has had no
11 disciplinary action with regard to prescribing that defines the scope of the
12 prescriptive authority for controlled substances.

13 (b) The advanced practice registered nurse shall notify the Kentucky Board of
14 Nursing of the existence of the CAPA-CS and the name of the collaborating
15 physician or collaborating advanced practice registered nurse and shall,
16 upon request, furnish to the board or its staff a copy of the completed CAPA-
17 CS. The Kentucky Board of Nursing shall notify the Kentucky Board of
18 Medical Licensure that a CAPA-CS exists and furnish the collaborating
19 physician's name when a physician is the collaborator.

20 (c) The CAPA-CS shall be in writing and signed by both the advanced practice
21 registered nurse and the collaborating physician or collaborating advanced
22 practice registered nurse. A copy of the completed collaborative agreement
23 shall be available at each site where the advanced practice registered nurse is
24 providing patient care.

25 (d) The CAPA-CS shall describe the arrangement for collaboration and
26 communication between the advanced practice registered nurse and the
27 collaborating physician or collaborating advanced practice registered nurse

1 regarding the prescribing of controlled substances by the advanced practice
2 registered nurse.

3 (e) The advanced practice registered nurse who is prescribing controlled
4 substances and the collaborating physician or collaborating advanced
5 practice registered nurse shall be qualified in the same or a similar specialty.

6 (f) The CAPA-CS is not intended to be a substitute for the exercise of
7 professional judgment by the advanced practice registered nurse or by the
8 collaborating physician or collaborating advanced practice registered nurse.

9 (g) Before engaging in the prescribing of controlled substances, the advanced
10 practice registered nurse shall:

11 1. Have been licensed to practice as an advanced practice registered nurse
12 for one (1) year with the Kentucky Board of Nursing; or

13 2. Be nationally certified as an advanced practice registered nurse and be
14 registered, certified, or licensed in good standing as an advanced
15 practice registered nurse in another state for one (1) year prior to
16 applying for licensure by endorsement in Kentucky.

17 (h) Prior to prescribing controlled substances, the advanced practice registered
18 nurse shall obtain a Controlled Substance Registration Certificate through the
19 U.S. Drug Enforcement Agency.

20 (i) The CAPA-CS shall be reviewed and signed by both the advanced practice
21 registered nurse and the collaborating physician or collaborating advanced
22 practice registered nurse and may be rescinded by either party upon written
23 notice via registered mail to the other party, the Kentucky Board of Nursing,
24 and the Kentucky Board of Medical Licensure when a physician is the
25 collaborator.

26 (j) The CAPA-CS shall state the limits on controlled substances which may be
27 prescribed by the advanced practice registered nurse, as agreed to by the

1 advanced practice registered nurse and the collaborating physician or
2 collaborating advanced practice registered nurse. The limits so imposed may
3 be more stringent than either the schedule limits on controlled substances
4 established in KRS 314.011(8) or the limits imposed in regulations
5 promulgated by the Kentucky Board of Nursing thereunder.

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

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

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

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

27 2. The advanced practice registered nurse will no longer be required to

1 *maintain a CAPA-CS and shall not be compelled by an employer for*
2 *any reason to maintain a CAPA-CS after the four (4) years have*
3 *expired, but an advanced practice registered nurse may choose to*
4 *maintain a CAPA-CS indefinitely after the four (4) years have*
5 *expired; and*

6 *3. If the advanced practice registered nurse's license is not in good*
7 *standing, the CAPA-CS requirement shall not be removed until the*
8 *license is restored to good standing.*

9 *(c) An advanced practice registered nurse wishing to practice in Kentucky*
10 *through licensure by endorsement is exempt from the CAPA-CS*
11 *requirement if the advanced practice registered nurse:*

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

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

15 *(d) An advanced practice registered nurse wishing to practice in Kentucky*
16 *through licensure by endorsement who had a collaborative prescribing*
17 *agreement with a physician or an advanced practice registered nurse in*
18 *another state for at least four (4) years is exempt from the CAPA-CS*
19 *requirement.*

20 *(e) On or after the effective date of this Act:*

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

26 *2. An advanced practice registered nurse who has maintained a CAPA-*
27 *CS for four (4) years or more will no longer be required to maintain a*

1 *CAPA-CS and shall not be compelled by any employer for any reason*
2 *to maintain a CAPA-CS after the four (4) years have expired, but an*
3 *advanced practice registered nurse may choose to maintain a CAPA-*
4 *CS indefinitely after the four (4) years have expired; and*

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

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

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

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

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

24 (2) The council shall meet annually or as the members designate and shall seek all
25 available information from concerned nursing groups. The council shall have the
26 duty of recommending standards in the performance of any acts requiring additional
27 education which is recognized by the nursing profession. The Board of Nursing may

1 authorize the performance of additional acts by its regulations, after seeking all
2 available information from the groups to be regulated. The regulations shall not be
3 inconsistent with statutory law and shall be promulgated pursuant to the provisions
4 of KRS Chapter 13A.

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

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

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

16 (1) There is hereby established the Collaborative Prescribing Agreement Joint Advisory
17 Committee, designed to serve in an advisory role regarding the "Collaborative
18 Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for
19 Nonscheduled Legend Drugs" (CAPA-NS), as authorized under KRS 314.042(8)
20 **and the "Collaborative Agreement for the Advanced Practice Registered Nurse**
21 **Prescriptive Authority for Controlled Substances" (CAPA-CS) as authorized**
22 **under subsection (10) of Section 2 of this Act.** The committee shall be composed
23 of six (6) members selected as follows:

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

- 1 (b) Three (3) members shall be physicians who currently have or previously had a
2 signed CAPA-NS or a signed CAPA-CS with an advanced practice registered
3 nurse who prescribes nonscheduled and scheduled legend drugs who have
4 had no disciplinary action with regard to prescribing, each appointed by the
5 Kentucky Board of Medical Licensure.
- 6 (2) The committee may make recommendations to the Kentucky Board of Nursing and
7 the Kentucky Board of Medical Licensure about the CAPA-NS and CAPA-CS
8 agreements and shall perform other duties as required by this section. The
9 committee may recommend a common CAPA-NS and CAPA-CS form for use by
10 all advanced practice registered nurses and all physicians in Kentucky who enter
11 into a CAPA-NS or CAPA-CS. The common CAPA-NS and CAPA-CS
12 forms~~[form]~~ shall only be required for CAPA-NS and CAPA-CS agreements if
13 both the Kentucky Board of Nursing and the Kentucky Board of Medical Licensure
14 approve the same version of the common CAPA-NS and CAPA-CS forms~~[form]~~. If
15 those boards do not both approve the same version of the common CAPA-NS and
16 CAPA-CS forms~~[form]~~, advanced practice registered nurses and physicians may
17 use their own CAPA-NS and CAPA-CS forms as authorized by KRS 314.042.
- 18 (3) (a) An advanced practice registered nurse may request assistance from the
19 committee and the Kentucky Board of Nursing to identify any physicians who
20 are available to enter into the CAPA-NS, or any physicians or advanced
21 practice registered nurses who are available to enter into the CAPA-CS in a
22 nonemergency situation if the advanced practice registered nurse is not able to
23 locate a physician to sign a CAPA-NS or a physician or collaborating
24 advanced practice registered nurse to sign a CAPA-CS.
- 25 (b) If the committee and the Kentucky Board of Nursing receive a request from an
26 advanced practice registered nurse under this subsection, both shall
27 immediately forward the request to the Kentucky Board of Medical Licensure,

1 which shall provide the committee and the Kentucky Board of Nursing with
2 the names, contact information, and any fee requirements provided by any
3 physicians who are available to enter into the CAPA-NS or the CAPA-CS.
4 The Kentucky Board of Nursing and the committee shall make those
5 physician names, contact information, and any fee requirements available to
6 the requesting advanced practice registered nurse. The Kentucky Board of
7 Nursing and the committee shall provide the names, contact information,
8 and any fee requirements provided by any advanced registered nurse
9 practitioners who are available to enter into the CAPA-CS to the requesting
10 advanced registered nurse practitioners.

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

1 physician or advanced practice registered nurse as authorized by KRS
2 314.042.

3 (4) (a) An advanced practice registered nurse may request assistance from the
4 committee and the Kentucky Board of Nursing to identify any physicians who
5 are available to enter into the CAPA-NS or any physicians or collaborating
6 advanced practice registered nurses who are available to enter into the
7 CAPA-CS in an emergency situation where a collaborating physician or
8 collaborating advanced practice nurse is either unavailable or suddenly
9 rescinds from a CAPA-NS or CAPA-CS with the advanced practice registered
10 nurse who is providing care in an established practice, for any reason other
11 than:

12 1. A disciplinary action against the advanced practice registered nurse that
13 is directly related to prescribing or patient safety; or
14 2. The collaborating physician or collaborating advanced practice
15 registered nurse has filed a complaint with evidence against the
16 advanced practice registered nurse with the Kentucky Board of Nursing
17 related to prescribing or patient safety.

18 (b) While the advanced practice registered nurse is unable to locate a physician to
19 sign the CAPA-NS or any physician or advanced practice registered nurse
20 to sign the CAPA-CS in an emergency situation and after requesting
21 assistance from the committee and the Kentucky Board of Nursing, the
22 advanced practice registered nurse may prescribe as if he or she is prescribing
23 with a CAPA-NS or CAPA-CS.

24 (c) If the committee and the Kentucky Board of Nursing receive a request from an
25 advanced practice registered nurse under this subsection, both shall
26 immediately forward the request to the Kentucky Board of Medical Licensure.
27 The Kentucky Board of Medical Licensure shall provide the committee and

1 the Kentucky Board of Nursing with the names, contact information, and any
2 fee requirements provided by any physicians who are available to enter into a
3 CAPA-NS or CAPA-CS. The Kentucky Board of Nursing and the committee
4 shall make those physician names, contact information, and any fee
5 requirements available to the requesting advanced practice registered nurse.
6 *The Kentucky Board of Nursing and the committee shall provide the names,*
7 *contact information, and any fee requirements provided by any advanced*
8 *registered nurse practitioners who are available to enter into the CAPA-CS*
9 *to the requesting advanced registered nurse practitioners.*

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

19 *(e) Beginning from the date the requesting advanced practice registered nurse*
20 *first receives the physician or collaborating advanced practice registered*
21 *nurse information, whether from the committee or the Kentucky Board of*
22 *Nursing, the requesting advanced practice registered nurse shall have thirty*
23 *(30) days to sign a CAPA-CS agreement with a physician or a collaborating*
24 *advanced practice registered nurse. If no CAPA-CS is signed at the end of*
25 *the thirty (30) days, the advanced practice registered nurse shall cease to*
26 *prescribe until a CAPA-CS is signed. Once a new CAPA-CS goes into*
27 *effect, the advanced practice registered nurse shall only prescribe within the*

1 **terms of the new CAPA-CS until that CAPA-CS is no longer in effect.**

- 2 (5) If the committee receives a complaint about the prescribing, fee requirements, or
3 other activities of an advanced practice registered nurse or physician **or**
4 **collaborating advanced practice registered nurse** under a CAPA-NS **or CAPA-CS**,
5 the committee shall not discuss or review the complaint or any actions of any
6 advanced practice registered nurse or physician, but shall immediately forward the
7 complaint to the licensing board that has jurisdiction over the person who is the
8 subject of the complaint.
- 9 (6) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure shall
10 each maintain sole jurisdiction over their respective licensees and their licensees'
11 practice.
- 12 (7) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure shall
13 each be responsible for and have exclusive authority over their respective members
14 appointed to the committee. Each board may determine its own process for the
15 appointment, removal, term length, or any other procedural matter relating to its
16 members appointed to the committee.
- 17 (8) The committee shall be attached to the Kentucky Board of Nursing for
18 administrative purposes. The Kentucky Board of Nursing shall be responsible for
19 the expenses of its members and for administering the committee. The Kentucky
20 Board of Medical Licensure shall be responsible for the expenses of its members.
21 The location for committee meetings shall alternate between the facilities of the
22 Kentucky Board of Nursing and the facilities of the Kentucky Board of Medical
23 Licensure.