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1	$\Delta N$	$\Delta$ ( "I"	relating	tΩ	nurging
1	7 77 4	1101	TCIating	w	mursing.

## 2 Be it enacted by the General Assembly of the Commonwealth of Kentucky:

- 3 → Section 1. KRS 314.011 is amended to read as follows:
- 4 As used in this chapter, unless the context thereof requires otherwise:
- 5 (1) "Board" means Kentucky Board of Nursing;
- 6 (2) "Delegation" means directing a competent person to perform a selected nursing
- 7 activity or task in a selected situation under the nurse's supervision and pursuant to
- 8 administrative regulations promulgated by the board in accordance with the
- 9 provisions of KRS Chapter 13A;
- 10 (3) "Nurse" means a person who is licensed or holds the privilege to practice under the
- provisions of this chapter as a registered nurse or as a licensed practical nurse;
- 12 (4) "Nursing process" means the investigative approach to nursing practice utilizing a
- method of problem-solving by means of:
- 14 (a) Nursing diagnosis, a systematic investigation of a health concern, and an
- analysis of the data collected in order to arrive at an identifiable problem; and
- 16 (b) Planning, implementation, and evaluation based on nationally accepted
- standards of nursing practice;
- 18 (5) "Registered nurse" means one who is licensed or holds the privilege under the
- provisions of this chapter to engage in registered nursing practice;
- 20 (6) "Registered nursing practice" means the performance of acts requiring substantial
- 21 specialized knowledge, judgment, and nursing skill based upon the principles of
- 22 psychological, biological, physical, and social sciences in the application of the
- 23 nursing process in:
- 24 (a) The care, counsel, and health teaching of the ill, injured, or infirm;
- 25 (b) The maintenance of health or prevention of illness of others;
- 26 (c) The administration of medication and treatment as prescribed <u>or ordered</u> by a
- physician, physician assistant, dentist, or advanced practice registered nurse

1			and a	s further authorized or limited by the board, and which are consisten
2			either	with American Nurses' Association Scope and Standards of Practice or
3			with	standards of practice established by nationally accepted organizations of
4			regist	ered nurses. Components of medication administration include but are
5			not li	mited to:
6			1.	Preparing and giving medications in the prescribed dosage, route, and
7				frequency, including dispensing medications only as defined in
8				subsection (17)(b) of this section;
9			2.	Observing, recording, and reporting desired effects, untoward reactions
10				and side effects of drug therapy;
11			3.	Intervening when emergency care is required as a result of drug therapy;
12			4.	Recognizing accepted prescribing limits and reporting deviations to the
13				prescribing individual;
14			5.	Recognizing drug incompatibilities and reporting interactions or
15				potential interactions to the prescribing individual; and
16			6.	Instructing an individual regarding medications;
17		(d)	The	supervision, teaching of, and delegation to other personnel in the
18			perfo	rmance of activities relating to nursing care; and
19		(e)	The p	performance of other nursing acts which are authorized or limited by the
20			board	, and which are consistent either with American Nurses' Association
21			Stand	ards of Practice or with Standards of Practice established by nationally
22			accep	ted organizations of registered nurses;
23	(7)	"Ad	vanced	practice registered nurse" or "APRN" means a certified nurse
24		prac	titione	r, certified registered nurse anesthetist, certified nurse midwife, or
25		clini	ical nu	rse specialist, who is licensed to engage in advance practice registered
26		nurs	ing pu	rsuant to KRS 314.042 and certified in at least one (1) population focus;

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(8)

"Advanced practice registered nursing" means the performance of additional acts by

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

- (a) 1. Prescriptions issued by advanced practice registered nurses for Schedule II controlled substances classified under KRS 218A.060, except hydrocodone combination products as defined in KRS 218A.010, shall be limited to a seventy-two (72) hour supply without any refill.
  - 2. Prescriptions issued by advanced practice registered nurses for hydrocodone combination products as defined in KRS 218A.010 shall be limited to a thirty (30) day supply without any refill.
  - 3. Prescriptions issued under this subsection for psychostimulants may be written for a thirty (30) day supply only by an advanced practice registered nurse certified in psychiatric-mental health nursing who is providing services in a health facility as defined in KRS Chapter 216B

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1			or in a regional services program for mental health or individuals with
2			an intellectual disability as defined in KRS Chapter 210.
3		(b)	Prescriptions issued by advanced practice registered nurses for Schedule III
4			controlled substances classified under KRS 218A.080 shall be limited to a
5			thirty (30) day supply without any refill. Prescriptions issued by advanced
6			practice registered nurses for Schedules IV and V controlled substances
7			classified under KRS 218A.100 and 218A.120 shall be limited to the original $$
8			prescription and refills not to exceed a six (6) month supply.
9		Noth	ing in this chapter shall be construed as requiring an advanced practice
10		regis	tered nurse designated by the board as a certified registered nurse anesthetist to
11		obtai	n prescriptive authority pursuant to this chapter or any other provision of law
12		in or	der to deliver anesthesia care. The performance of these additional acts shall be
13		consi	istent with the certifying organization or agencies' scopes and standards of
14		pract	ice recognized by the board by administrative regulation;
15	(9)	"Lice	ensed practical nurse" means one who is licensed or holds the privilege under
16		the p	rovisions of this chapter to engage in licensed practical nursing practice;
17	(10)	"Lice	ensed practical nursing practice" means the performance of acts requiring
18		know	vledge and skill such as are taught or acquired in approved schools for practical
19		nursi	ng in:
20		(a)	The observing and caring for the ill, injured, or infirm under the direction of a
21			registered nurse, advanced practice registered nurse, physician assistant,
22			licensed physician, or dentist;
23		(b)	The giving of counsel and applying procedures to safeguard life and health, as
24			defined and authorized by the board;
25		(c)	The administration of medication or treatment as <u>prescribed or</u>
26			ordered[authorized] by a physician, physician assistant, dentist, or advanced
27			practice registered nurse and as further authorized or limited by the board

1		which is consistent with the National Federation of Licensed Practical Nurses
2		or with Standards of Practice established by nationally accepted organizations
3		of licensed practical nurses;
4		(d) Teaching, supervising, and delegating except as limited by the board; and
5		(e) The performance of other nursing acts which are authorized or limited by the
6		board and which are consistent with the National Federation of Practical
7		Nurses' Standards of Practice or with Standards of Practice established by
8		nationally accepted organizations of licensed practical nurses;
9	(11)	"School of nursing" means a nursing education program preparing persons for
10		licensure as a registered nurse or a practical nurse;
11	(12)	"Continuing education" means offerings beyond the basic nursing program that
12		present specific content planned and evaluated to meet competency based
13		behavioral objectives which develop new skills and upgrade knowledge;
14	(13)	"Nursing assistance" means the performance of delegated nursing acts by unlicensed
15		nursing personnel for compensation under supervision of a nurse;
16	(14)	"Sexual assault nurse examiner" means a registered nurse who has completed the
17		required education and clinical experience and maintains a current credential from
18		the board as provided under KRS 314.142 to conduct forensic examinations of
19		victims of sexual offenses under the medical protocol issued by the Justice and
20		Public Safety Cabinet in consultation with the Sexual Assault Response Team
21		Advisory Committee pursuant to KRS 216B.400(4);
22	(15)	"Competency" means the application of knowledge and skills in the utilization of
23		critical thinking, effective communication, interventions, and caring behaviors
24		consistent with the nurse's practice role within the context of the public's health,
25		safety, and welfare;
26	(16)	"Credential" means a current license, registration, certificate, or other similar
27		authorization that is issued by the board;

1	(17)	) "Dispense"	means
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- 2 (a) To receive and distribute nonscheduled legend drug samples from
- 3 pharmaceutical manufacturers to patients at no charge to the patient or any
- 4 other party; or
- 5 (b) To distribute nonscheduled legend drugs from a local, district, and
- 6 independent health department, subject to the direction of the appropriate
- 7 governing board of the individual health department;
- 8 (18) "Dialysis care" means a process by which dissolved substances are removed from a
- 9 patient's body by diffusion, osmosis, and convection from one (1) fluid
- 10 compartment to another across a semipermeable membrane;
- 11 (19) "Dialysis technician" means a person who is not a nurse, a physician assistant, or a
- physician and who provides dialysis care in a licensed renal dialysis facility under
- the direct, on-site supervision of a registered nurse or a physician;
- 14 (20) "Population focus" means the section of the population within which the advanced
- practice registered nurse has targeted to practice. The categories of population foci
- 16 are:
- 17 (a) Family and individual across the lifespan;
- 18 (b) Adult gerontology;
- 19 (c) Neonatal;
- 20 (d) Pediatrics;
- 21 (e) Women's health and gender-related health; and
- 22 (f) Psychiatric mental health; and
- 23 (21) "Conviction" means but is not limited to:
- 24 (a) An unvacated adjudication of guilt;
- 25 (b) Pleading no contest or nolo contendere or entering an Alford plea; or
- 26 (c) Entering a guilty plea pursuant to a pretrial diversion order;
- 27 Regardless of whether the penalty is rebated, suspended, or probated.

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1 → Section 2.	KRS 314.021 is amend	ded to read as follows:
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- 2 (1) It is the declared policy of the General Assembly of Kentucky that the practice of nursing should be regulated and controlled as provided herein and by regulations of the board in order to protect and safeguard the health and safety of the citizens of the Commonwealth of Kentucky.
- All individuals licensed or privileged under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience [in nursing] and shall practice [nursing] with reasonable skill and safety.
- → Section 3. KRS 314.042 is amended to read as follows:

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- 11 (1) An applicant for licensure to practice as an advanced practice registered nurse shall
  12 file with the board a written application for licensure and submit evidence, verified
  13 by oath, that the applicant:
  - (a) Has completed an education program that prepares the registered nurse for one(1) of four (4) APRN roles that has been accredited by a national nursing accrediting body recognized by the United States Department of Education;
    - (b) Is certified by a nationally established organization or agency recognized by the board to certify registered nurses for advanced practice registered nursing;
    - (c) Is able to understandably speak and write the English language and to read the English language with comprehension; and
- 21 (d) Has passed the jurisprudence examination approved by the board as provided in subsection (12) of this section.
  - (2) The board may issue a license to practice advanced practice registered nursing to an applicant who holds a current active registered nurse license issued by the board or holds the privilege to practice as a registered nurse in this state and meets the qualifications of subsection (1) of this section. An advanced practice registered nurse shall be:

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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.

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- 4 (3) The applicant for licensure or renewal thereof to practice as an advanced practice registered nurse shall pay a fee to the board as set forth in regulation by the board.
- An advanced practice registered nurse shall maintain a current active registered nurse license issued by the board or hold the privilege to practice as a registered nurse in this state and maintain current certification by the appropriate national organization or agency recognized by the board.
- 10 (5) Any person who holds a license to practice as an advanced practice registered nurse in this state shall have the right to use the title "advanced practice registered nurse" and the abbreviation "APRN." No other person shall assume the title or use the abbreviation or any other words, letters, signs, or figures to indicate that the person using the same is an advanced practice registered nurse. No person shall practice as an advanced practice registered nurse unless licensed under this section.
  - (6) Any person heretofore licensed as an advanced practice registered nurse under the provisions of this chapter who has allowed the license to lapse may be reinstated on payment of the current fee and by meeting the provisions of this chapter and regulations promulgated by the board pursuant to the provisions of KRS Chapter 13A.
  - (7) The board may authorize a person to practice as an advanced practice registered nurse temporarily and pursuant to applicable regulations promulgated by the board pursuant to the provisions of KRS Chapter 13A if the person is awaiting [the results of the national certifying examination for the first time or is awaiting ]licensure by endorsement.[A person awaiting the results of the national certifying examination 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,

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before an advanced practice registered nurse engages in the prescribing or dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), the advanced practice registered nurse shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician licensed in Kentucky that defines the scope of the prescriptive authority for nonscheduled legend drugs.

- (b) The advanced practice registered nurse shall notify the Kentucky Board of Nursing of the existence of the CAPA-NS and the name of the collaborating physician and shall, upon request, furnish to the board or its staff a copy of the completed CAPA-NS. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that a CAPA-NS exists and furnish the collaborating physician's name.
- (c) The CAPA-NS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician. <u>The parties shall utilize the Common CAPA-NS adopted by the board in 2015.</u> A copy of the completed collaborative agreement shall be available at each site where the advanced practice registered nurse is providing patient care.
- (d) The CAPA-NS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the collaborating physician regarding the prescribing of nonscheduled legend drugs by the advanced practice registered nurse.
- (e) The advanced practice registered nurse who is prescribing nonscheduled legend drugs and the collaborating physician shall be qualified in the same or a similar specialty.
- (f) The CAPA-NS is not intended to be a substitute for the exercise of professional judgment by the advanced practice registered nurse or by the

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

- (9) (a) Before an advanced practice registered nurse may discontinue or be exempt from a CAPA-NS required under subsection (8) of this section, the advanced practice registered nurse shall have completed four (4) years of prescribing as a nurse practitioner, clinical nurse specialist, nurse midwife, or as a nurse anesthetist. For nurse practitioners and clinical nurse specialists, the four (4) years of prescribing shall be in a population focus as defined in KRS 314.011.
  - (b) After four (4) years of prescribing with a CAPA-NS in collaboration with a physician:
    - An advanced practice registered nurse whose license is in good standing
      at that time with the Kentucky Board of Nursing and who will be
      prescribing nonscheduled legend drugs without a CAPA-NS shall notify
      that board that the four (4) year requirement has been met and that he or
      she will be prescribing nonscheduled legend drugs without a CAPA-NS;
    - 2. The advanced practice registered nurse will no longer be required to maintain a CAPA-NS and shall not be compelled to maintain a CAPA-NS as a condition to prescribe after the four (4) years have expired, but an advanced practice registered nurse may choose to maintain a CAPA-NS indefinitely after the four (4) years have expired; and
    - 3. If the advanced practice registered nurse's license is not in good standing, the CAPA-NS requirement shall not be removed until the license is restored to good standing.

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

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Before an advanced practice registered nurse engages in the prescribing of

Schedules II through V controlled substances as authorized by KRS

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(10) (a)

314.011(8), the advanced practice registered nurse shall enter into a written
"Collaborative Agreement for the Advanced Practice Registered Nurse's
Prescriptive Authority for Controlled Substances" (CAPA-CS) with a
physician licensed in Kentucky that defines the scope of the prescriptive
authority for controlled substances.

- (b) The advanced practice registered nurse shall notify the Kentucky Board of Nursing of the existence of the CAPA-CS and the name of the collaborating physician and shall, upon request, furnish to the board or its staff a copy of the completed CAPA-CS. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists and furnish the collaborating physician's name.
- (c) The CAPA-CS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician. *The board shall develop a common form to be utilized by all advanced practice registered nurses.* A copy of the completed collaborative agreement shall be available at each site where the advanced practice registered nurse is providing patient care.
- (d) The CAPA-CS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the collaborating physician regarding the prescribing of controlled substances by the advanced practice registered nurse.
- (e) The advanced practice registered nurse who is prescribing controlled substances and the collaborating physician shall be qualified in the same or a similar specialty.
- (f) The CAPA-CS is not intended to be a substitute for the exercise of professional judgment by the advanced practice registered nurse or by the collaborating physician.
- 27 (g) Before engaging in the prescribing of controlled substances, the advanced

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1		practice registered nurse shall:
2		1. Have been licensed to practice as an advanced practice registered nurse
3		for one (1) year with the Kentucky Board of Nursing; or
4		2. Be nationally certified as an advanced practice registered nurse and be
5		registered, certified, or licensed in good standing as an advanced
6		practice registered nurse in another state for one (1) year prior to
7		applying for licensure by endorsement in Kentucky.
8	(h)	Prior to prescribing controlled substances, the advanced practice registered
9		nurse shall obtain a Controlled Substance Registration Certificate through the
10		U.S. Drug Enforcement Agency.
11	(i)	The CAPA-CS shall be reviewed and signed by both the advanced practice
12		registered nurse and the collaborating physician and may be rescinded by
13		either party upon written notice to the other party and the Kentucky Board of
14		Nursing.
15	(j)	The CAPA-CS shall state the limits on controlled substances which may be
16		prescribed by the advanced practice registered nurse, as agreed to by the
17		advanced practice registered nurse and the collaborating physician. The limits
18		so imposed may be more stringent than either the schedule limits on
19		controlled substances established in KRS 314.011(8) or the limits imposed in
20		regulations promulgated by the Kentucky Board of Nursing thereunder.
21	<u>(k)</u>	Prior to prescribing controlled substances, the advanced practice registered
22		nurse shall register with the electronic system for monitoring controlled
23		substances established by KRS 218A.202 and shall provide a copy of the
24		registration certificate to the board.
25	(11) Noth	ning in this chapter shall be construed as requiring an advanced practice

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registered nurse designated by the board as a certified registered nurse anesthetist to

enter into a collaborative agreement with a physician, pursuant to this chapter or any

1 other provision of law, in order to deliver anesthesia care.

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(12) The jurisprudence examination shall be prescribed by the board and be conducted on the licensing requirements under this chapter and board regulations and requirements applicable to advanced practice registered nursing in this Commonwealth. The board shall promulgate administrative regulations in accordance with KRS Chapter 13A, establishing the provisions to meet this requirement.

→ Section 4. KRS 314.107 is amended to read as follows:

Any person licensed by the board shall maintain a current mailing address <u>and electronic</u> <u>mail address</u> with the board and immediately notify the board in writing of a change of mailing address <u>or electronic mail address</u>. As a condition of holding a license from the board, a licensee is deemed to have consented to service of notices or orders of the board at the mailing address on file with the board, and any notice or order of the board mailed or delivered to the mailing address on file with the board constitutes valid service of the notice or order.

- → Section 5. KRS 314.108 is amended to read as follows:
- 17 (1) Any person licensed by the board shall, within <u>ninety (90)</u>[thirty (30)] days of the
  18 entry of a final order, notify the board in writing if any professional or business
  19 license that is issued to the person by any agency of the Commonwealth or any
  20 other jurisdiction is subject to disciplinary action. The person shall submit a
  21 certified copy of the order and a letter of explanation.
  - (2) An applicant for licensure shall notify the board in writing if any professional or business license that was issued to the person by any agency of the Commonwealth or any other jurisdiction is surrendered or terminated under threat of disciplinary action, or is refused, suspended, or revoked, or if renewal of continuance is denied. The person shall submit a certified copy of the order and a letter of explanation with his or her application.

- 1 → Section 6. The following KRS section is repealed:
- 2 314.196 Collaborative Prescribing Agreement Joint Advisory Committee -- Members --

Purposes -- Assistance provided -- Complaints -- Jurisdiction -- Meetings.

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