

1 AN ACT relating to prescribing controlled substances.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 218A IS CREATED TO  
4 READ AS FOLLOWS:

5 *(1) There is hereby established the Controlled Substance Prescribing Review and*  
6 *Enforcement Advisory Council to provide advice, guidance, and*  
7 *recommendations to state licensing boards charged with enforcing and reviewing*  
8 *prescribing practices.*

9 *(2) The council shall consist of the following members to be appointed by the*  
10 *Governor:*

11 *(a) Four (4) physicians who are licensed in Kentucky, one (1) who is a general*  
12 *practitioner, one (1) who is a specialist in pain medicine, one (1) who is an*  
13 *oncologist, and one (1) who is a psychiatrist, to be appointed from lists*  
14 *provided by the Kentucky Board of Medical Licensure containing the names*  
15 *of three (3) physicians for each of the four (4) areas of practice;*

16 *(b) One (1) advanced practice registered nurse who is licensed in Kentucky to*  
17 *be appointed from a list provided by the Kentucky Board of Nursing*  
18 *containing the names of three (3) advanced practice registered nurses;*

19 *(c) One (1) substance abuse and mental health professional who is licensed in*  
20 *Kentucky to be appointed from a list of three (3) professionals provided by*  
21 *the Cabinet for Health and Family Services;*

22 *(d) One (1) community mental health center representative to be appointed*  
23 *from a list of three (3) individuals provided by the Cabinet for Health and*  
24 *Family Services;*

25 *(e) Three (3) pharmacists who are licensed in Kentucky, each of whom shall be*  
26 *appointed from one (1) of three (3) separate lists provided by the Kentucky*  
27 *Board of Pharmacy containing the names of three (3) pharmacists from*

1 each the following general geographic areas in Kentucky:

2 1. The area west of Interstate 65;

3 2. The area east of Interstate 75; and

4 3. The area between Interstates 65 and 75; and

5 (f) One (1) dentist who is licensed in Kentucky to be appointed from a list of  
6 three (3) dentists provided by the Kentucky Board of Dentistry.

7 The lists of recommendations for appointment to the council shall be delivered to  
8 the Governor no later than August 1, 2020.

9 (3) Initial appointments to the council shall be for staggered terms, and thereafter  
10 members shall serve four (4) year terms. The Governor also shall appoint one (1)  
11 member to serve as chair and one (1) member to serve as vice chair.

12 (4) The duties of the council shall include but not be limited to:

13 (a) Providing advice, guidance, and recommendations to assist state licensing  
14 boards in expanding their enforcement activities of identifying and  
15 eliminating drug abuse, misuse, diversion, and illegal prescription and sale  
16 of prescription drugs by their respective licensees; and

17 (b) Developing guidelines for utilizing the electronic system for monitoring  
18 Schedules II, III, IV, and V controlled substances established under KRS  
19 218A.202 to identify potential problem areas and proactively generate  
20 information useful to the particular prescriber and dispenser licensing  
21 boards.

22 (5) The council shall work in cooperation with the affected professional licensing  
23 boards of practitioners and pharmacists, law enforcement, substance abuse and  
24 mental health treatment professionals, and other stakeholders.

25 (6) The council shall meet at regular intervals, and no less than quarterly for the  
26 first year of its existence, and at the call of the chair.

27 (7) Support staff, facilities, and resources for the meetings of the council shall be

1 provided as directed by the secretary of the Cabinet for Health and Family  
 2 Services.

3 (8) Members of the council shall serve at the pleasure of the Governor and without  
 4 compensation, but shall be reimbursed for actual expenses incurred in the  
 5 connection with the discharge of their official duties.

6 (9) All cabinet, departments, commissions, boards, agencies, and officers of the state,  
 7 or any political subdivision thereof, are hereby authorized and directed to  
 8 cooperate with the council in implementing this section.

9 (10) The council shall provide an annual report to the Governor and the Legislative  
 10 Research Commission by December 1, 2020, and by December 1 of each year  
 11 thereafter.

12 ➔Section 2. KRS 218A.205 is amended to read as follows:

13 (1) As used in this section:

14 (a) "Reporting agency" includes:

- 15 1. The Department of Kentucky State Police;
- 16 2. The Office of the Attorney General;
- 17 3. The Cabinet for Health and Family Services; and
- 18 4. The applicable state licensing board; and

19 (b) "State licensing board" means:

- 20 1. The Kentucky Board of Medical Licensure;
- 21 2. The Kentucky Board of Nursing;
- 22 3. The Kentucky Board of Dentistry;
- 23 4. The Kentucky Board of Optometric Examiners;
- 24 5. The State Board of Podiatry; and
- 25 6. Any other board that licenses or regulates a person who is entitled to
- 26 prescribe or dispense controlled substances to humans.

27 (2) (a) When a reporting agency or a law enforcement agency receives a report of

1           improper, inappropriate, or illegal prescribing or dispensing of a controlled  
2           substance it may, to the extent otherwise allowed by law, send a copy of the  
3           report within three (3) business days to every other reporting agency.

4           (b) A county attorney or Commonwealth's attorney shall notify the Office of the  
5           Attorney General and the appropriate state licensing board within three (3)  
6           business days of an indictment or a waiver of indictment becoming public in  
7           his or her jurisdiction charging a licensed person with a felony offense relating  
8           to the manufacture of, trafficking in, prescribing, dispensing, or possession of  
9           a controlled substance.

10          (3) Each state licensing board shall, in consultation with the Kentucky Office of Drug  
11          Control Policy, establish the following by administrative regulation for those  
12          licensees authorized to prescribe or dispense controlled substances:

13          (a) Mandatory prescribing and dispensing standards related to controlled  
14          substances, the requirements of which shall include the diagnostic, treatment,  
15          review, and other protocols and standards established for Schedule II  
16          controlled substances and Schedule III controlled substances containing  
17          hydrocodone under KRS 218A.172 and which may include the exemptions  
18          authorized by KRS 218A.172(4);

19          (b) In accord with the CDC Guideline for Prescribing Opioids for Chronic Pain  
20          published in 2016, a prohibition on a practitioner issuing a prescription for a  
21          Schedule II controlled substance for more than a three (3) day supply of a  
22          Schedule II controlled substance if the prescription is intended to treat pain as  
23          an acute medical condition, with the following exceptions:

24                  1. The practitioner, in his or her professional judgment, believes that more  
25                  than a three (3) day supply of a Schedule II controlled substance is  
26                  medically necessary to treat the patient's pain as an acute medical  
27                  condition and the practitioner adequately documents the acute medical

- 1 condition and lack of alternative treatment options which justifies  
2 deviation from the three (3) day supply limit established in this  
3 subsection in the patient's medical records;
- 4 2. The prescription for a Schedule II controlled substance is prescribed to  
5 treat chronic pain;
- 6 3. The prescription for a Schedule II controlled substance is prescribed to  
7 treat pain associated with a valid cancer diagnosis;
- 8 4. The prescription for a Schedule II controlled substance is prescribed to  
9 treat pain while the patient is receiving hospice or end-of-life treatment  
10 or is receiving care from a certified community based palliative care  
11 program;
- 12 5. The prescription for a Schedule II controlled substance is prescribed as  
13 part of a narcotic treatment program licensed by the Cabinet for Health  
14 and Family Services;
- 15 6. The prescription for a Schedule II controlled substance is prescribed to  
16 treat pain following a major surgery or the treatment of significant  
17 trauma, as defined by the state licensing board in consultation with the  
18 Kentucky Office of Drug Control Policy;
- 19 7. The Schedule II controlled substance is dispensed or administered  
20 directly to an ultimate user in an inpatient setting; or
- 21 8. Any additional treatment scenario deemed medically necessary by the  
22 state licensing board in consultation with the Kentucky Office of Drug  
23 Control Policy.

24 Nothing in this paragraph shall authorize a state licensing board to promulgate  
25 regulations which expand any practitioner's prescriptive authority beyond that  
26 which existed prior to June 29, 2017;

- 27 (c) A prohibition on a practitioner dispensing greater than a forty-eight (48) hour

1 supply of any Schedule II controlled substance or a Schedule III controlled  
2 substance containing hydrocodone unless the dispensing is done as part of a  
3 narcotic treatment program licensed by the Cabinet for Health and Family  
4 Services;

5 (d) A procedure for temporarily suspending, limiting, or restricting a license held  
6 by a named licensee where a substantial likelihood exists to believe that the  
7 continued unrestricted practice by the named licensee would constitute a  
8 danger to the health, welfare, or safety of the licensee's patients or of the  
9 general public;

10 (e) A procedure for the expedited review of complaints filed against their  
11 licensees pertaining to the improper, inappropriate, or illegal prescribing or  
12 dispensing of controlled substances that is designed to commence an  
13 investigation within seven (7) days of a complaint being filed and produce a  
14 charging decision by the board on the complaint within one hundred twenty  
15 (120) days of the receipt of the complaint, unless an extension for a definite  
16 period of time is requested by a law enforcement agency due to an ongoing  
17 criminal investigation;

18 (f) The establishment and enforcement of licensure standards that conform to the  
19 following:

20 1. A permanent ban on licensees and applicants convicted after July 20,  
21 2012, in this state or any other state of any felony offense relating to  
22 controlled substances from prescribing or dispensing a controlled  
23 substance;

24 2. Restrictions short of a permanent ban on licensees and applicants  
25 convicted in this state or any other state of any misdemeanor offense  
26 relating to prescribing or dispensing a controlled substance;

27 3. Restrictions mirroring in time and scope any disciplinary limitation

- 1 placed on a licensee or applicant by a licensing board of another state if  
2 the disciplinary action results from improper, inappropriate, or illegal  
3 prescribing or dispensing of controlled substances; and
- 4 4. A requirement that licensees and applicants report to the board any  
5 conviction or disciplinary action covered by this subsection with  
6 appropriate sanctions for any failure to make this required report;
- 7 (g) A procedure for the continuous submission of all disciplinary and other  
8 reportable information to the National Practitioner Data Bank of the United  
9 States Department of Health and Human Services;
- 10 (h) If not otherwise required by other law, a process for submitting a query on  
11 each applicant for licensure to the National Practitioner Data Bank of the  
12 United States Department of Health and Human Services to retrieve any  
13 relevant data on the applicant; and
- 14 (i) Continuing education requirements beginning with the first full educational  
15 year occurring after July 1, 2012, that specify that at least seven and one-half  
16 percent (7.5%) of the continuing education required of the licensed  
17 practitioner relate to the use of the electronic monitoring system established in  
18 KRS 218A.202, pain management, or addiction disorders.
- 19 (4) For the purposes of pharmacy dispensing, the medical necessity for a Schedule II  
20 controlled substance as documented by the practitioner in the patient's medical  
21 record and the prescription for more than a three (3) day supply of that controlled  
22 substance are presumed to be valid.
- 23 (5) A state licensing board shall consult with a licensed physician and employ or  
24 obtain the services of a specialist in prescribing controlled substances~~the~~  
25 ~~treatment of pain and a specialist in drug addiction~~ to evaluate information  
26 received regarding a licensee's prescribing or dispensing practices related to  
27 controlled substances ~~if the board or its staff does not possess such expertise,~~ to

1 ascertain if the licensee under investigation is engaging in improper, inappropriate,  
2 or illegal practices.

3 (6) Any statute to the contrary notwithstanding, no state licensing board shall require  
4 that a grievance or complaint against a licensee relating to controlled substances be  
5 sworn to or notarized, but the grievance or complaint shall identify the name and  
6 address of the grievant or complainant, unless the board by administrative  
7 regulation authorizes the filing of anonymous complaints. Any such authorizing  
8 administrative regulation shall require that an anonymous complaint or grievance be  
9 accompanied by sufficient corroborating evidence as would allow the board to  
10 believe, based upon a totality of the circumstances, that a reasonable probability  
11 exists that the complaint or grievance is meritorious.

12 (7) Every state licensing board shall cooperate to the maximum extent permitted by law  
13 with all state, local, and federal law enforcement agencies, and all professional  
14 licensing boards and agencies, state and federal, in the United States or its territories  
15 in the coordination of actions to deter the improper, inappropriate, or illegal  
16 prescribing or dispensing of a controlled substance.

17 (8) Each state licensing board shall require a fingerprint-supported criminal record  
18 check by the Department of Kentucky State Police and the Federal Bureau of  
19 Investigation of any applicant for initial licensure to practice any profession  
20 authorized to prescribe or dispense controlled substances.

21 **(9) Every state licensing board shall promulgate administrative regulations that**  
22 **require the board to:**

23 **(a) Review, investigate, and enforce violations of prescribing practices;**

24 **(b) Request that the Office of Inspector General conduct a review using the**  
25 **electronic system for monitoring schedules II, III, IV, and V controlled**  
26 **substances established under KRS 218A.202, in order to generate a broad**  
27 **sampling of at least fifteen (15) patient charts to be reviewed when a**



1           prescribing case is referred to the licensing board by a source other than  
2           Office of Inspector General, Cabinet for Health and Family Services;

3           (c) Employ investigators with law enforcement or drug task force backgrounds  
4           for any prescribing investigation;

5           (d) Require a review of a prescriber be performed by physicians practicing  
6           within or similar to the prescriber's self-defined or practice-defined  
7           specialty;

8           (e) Form specific or separate disciplinary panels made up of clinicians who are  
9           authorized to prescribe controlled substances to review cases involving  
10           controlled substances;

11           (f) Focus reviews of prescribers on whether the prescriber's clinical judgment  
12           and reasoning supported the necessity for the prescription, for that  
13           treatment purpose, at that strength, and for that period of time; and

14           (g) Require each reviewer of a prescriber to submit his or her opinion on  
15           whether the prescribing practices of a prescriber increase the risk for  
16           dependence, abuse, or diversion, or present a harm to patients or the public.  
17           If the opinion is affirmative, the board shall take immediate action to  
18           restrict the prescriber's prescribing authority.

19           (10) Nothing in this section shall prohibit an employer from instituting or  
20           implementing stricter standards for medical practice or prescribing than those  
21           required by state law.

22           ➔SECTION 3. A NEW SECTION OF KRS CHAPTER 311 IS CREATED TO  
23 READ AS FOLLOWS:

24           The State Board of Medical Licensure shall promulgate administrative regulations to:

25           (1) Approve or disapprove the issuance of a license to an advanced practice  
26           registered nurse who meets the requirements for licensure under Section 4 of this  
27           Act and KRS 314.042; and

1 **(2) Review, investigate, and enforce violations of prescribing practices of advanced**  
2 **practice registered nurses. These administrative regulations shall meet the**  
3 **requirements of subsection (9) of Section 2 of this Act.**

4 ➔Section 4. 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 Section 5 of this Act and certified in at least

1 one (1) population focus;

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

19 (a) 1. Prescriptions issued by advanced practice registered nurses for Schedule  
20 II controlled substances classified under KRS 218A.060, except  
21 hydrocodone combination products as defined in KRS 218A.010, shall  
22 be limited to a seventy-two (72) hour supply without any refill.

23 2. Prescriptions issued by advanced practice registered nurses for  
24 hydrocodone combination products as defined in KRS 218A.010 shall  
25 be limited to a thirty (30) day supply without any refill.

26 3. Prescriptions issued under this subsection for psychostimulants may be  
27 written for a thirty (30) day supply only by an advanced practice

1 registered nurse certified in psychiatric-mental health nursing who is  
2 providing services in a health facility as defined in KRS Chapter 216B  
3 or in a regional services program for mental health or individuals with  
4 an intellectual disability as defined in KRS Chapter 210.

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

11 Nothing in this chapter shall be construed as requiring an advanced practice  
12 registered nurse designated by the board as a certified registered nurse anesthetist to  
13 obtain prescriptive authority pursuant to this chapter or any other provision of law  
14 in order to deliver anesthesia care. The performance of these additional acts shall be  
15 consistent with the certifying organization or agencies' scopes and standards of  
16 practice recognized by the board by administrative regulation;

17 (9) "Licensed practical nurse" means one who is licensed or holds the privilege under  
18 the provisions of this chapter to engage in licensed practical nursing practice;

19 (10) "Licensed practical nursing practice" means the performance of acts requiring  
20 knowledge and skill such as are taught or acquired in approved schools for practical  
21 nursing in:

22 (a) The observing and caring for the ill, injured, or infirm under the direction of a  
23 registered nurse, advanced practice registered nurse, physician assistant,  
24 licensed physician, or dentist;

25 (b) The giving of counsel and applying procedures to safeguard life and health, as  
26 defined and authorized by the board;

27 (c) The administration of medication or treatment as authorized by a physician,

1 physician assistant, dentist, or advanced practice registered nurse and as  
2 further authorized or limited by the board which is consistent with the  
3 National Federation of Licensed Practical Nurses or with Standards of  
4 Practice established by nationally accepted organizations of licensed practical  
5 nurses;

6 (d) Teaching, supervising, and delegating except as limited by the board; and

7 (e) The performance of other nursing acts which are authorized or limited by the  
8 board and which are consistent with the National Federation of Practical  
9 Nurses' Standards of Practice or with Standards of Practice established by  
10 nationally accepted organizations of licensed practical nurses;

11 (11) "School of nursing" means a nursing education program preparing persons for  
12 licensure as a registered nurse or a practical nurse;

13 (12) "Continuing education" means offerings beyond the basic nursing program that  
14 present specific content planned and evaluated to meet competency based  
15 behavioral objectives which develop new skills and upgrade knowledge;

16 (13) "Nursing assistance" means the performance of delegated nursing acts by unlicensed  
17 nursing personnel for compensation under supervision of a nurse;

18 (14) "Sexual assault nurse examiner" means a registered nurse who has completed the  
19 required education and clinical experience and maintains a current credential from  
20 the board as provided under KRS 314.142 to conduct forensic examinations of  
21 victims of sexual offenses under the medical protocol issued by the Justice and  
22 Public Safety Cabinet in consultation with the Sexual Assault Response Team  
23 Advisory Committee pursuant to KRS 216B.400(4);

24 (15) "Competency" means the application of knowledge and skills in the utilization of  
25 critical thinking, effective communication, interventions, and caring behaviors  
26 consistent with the nurse's practice role within the context of the public's health,  
27 safety, and welfare;

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

- 1 (c) Entering a guilty plea pursuant to a pretrial diversion order;  
2 Regardless of whether the penalty is rebated, suspended, or probated.

3 ➔SECTION 5. A NEW SECTION OF KRS CHAPTER 314 IS CREATED TO  
4 READ AS FOLLOWS:

- 5 (1) In addition to licensure requirements under KRS 314.042, the issuance of a  
6 license as an advanced practice registered nurse shall be approved by the State  
7 Board of Medical Licensure in accordance with administrative regulations  
8 promulgated under Section 3 of this Act.
- 9 (2) The prescribing practices of an advanced practice registered nurse licensed under  
10 KRS 314.042 and issued with the approval of the State Board of Medical  
11 Licensure shall be in accordance with administrative regulations promulgated  
12 under Section 3 of this Act.
- 13 (3) It shall be unlawful for an advanced practice registered nurse to engage in the  
14 prescribing or dispensing of nonscheduled legend drugs as authorized by Section  
15 4 of this Act or engage in the prescribing of Schedules II through V controlled  
16 substances as authorized by Section 4 of this Act without a license issued in  
17 accordance with administrative regulations promulgated under Section 3 of this  
18 Act.