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1		AN ACT relating to nursing.	
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 u	sed 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	
11		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	
13		method of problem-solving by means of:	
14		(a) Nursing diagnosis, a systematic investigation of a health concern, and an	
15		analysis of the data collected in order to arrive at an identifiable problem; and	
16		(b) Planning, implementation, and evaluation based on nationally accepted	
17		standards of nursing practice;	
18	(5)	"Registered nurse" means one who is licensed or holds the privilege under the	
19		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 <i>or ordered</i> by a	
27		physician, physician assistant, dentist, or advanced practice registered nurse	

1		and as further authorized or limited by the board, and which are con	nsistent
2		either with American Nurses' Association Scope and Standards of Pra	ctice or
3		with standards of practice established by nationally accepted organization	ions of
4		registered nurses. Components of medication administration include	but are
5		not limited to:	
6		1. Preparing and giving medications in the prescribed dosage, rou	te, and
7		frequency, including dispensing medications only as defi	ned in
8		subsection (17)(b) of this section;	
9		2. Observing, recording, and reporting desired effects, untoward rea	actions,
10		and side effects of drug therapy;	
11		3. Intervening when emergency care is required as a result of drug th	erapy;
12		4. Recognizing accepted prescribing limits and reporting deviation	s to the
13		prescribing individual;	
14		5. Recognizing drug incompatibilities and reporting interaction	ons 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		performance of activities relating to nursing care; and	
19		(e) The performance of other nursing acts which are authorized or limited	by the
20		board, and which are consistent either with American Nurses' Asso	ociation
21		Standards of Practice or with Standards of Practice established by na	tionally
22		accepted organizations of registered nurses;	
23	(7)	"Advanced practice registered nurse" or "APRN" means a certified	nurse
24		practitioner, certified registered nurse anesthetist, certified nurse midw	vife, or
25		clinical nurse specialist, who is licensed to engage in advance practice reg	gistered
26			
20		nursing pursuant to KRS 314.042 and certified in at least one (1) population	focus;

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

- 17 (a) 1. Prescriptions issued by advanced practice registered nurses for Schedule
 18 II controlled substances classified under KRS 218A.060, except
 19 hydrocodone combination products as defined in KRS 218A.010, shall
 20 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.
- 243.Prescriptions issued under this subsection for psychostimulants may be25written for a thirty (30) day supply only by an advanced practice26registered nurse certified in psychiatric-mental health nursing who is27providing services in a health facility as defined in KRS Chapter 216B

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		cons	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		knov	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 <i>prescribed or</i>
26			ordered[authorized] by a physician, physician assistant, dentist, or advanced
27			practice registered nurse and as further authorized or limited by the board

- which is consistent with the National Federation of Licensed Practical Nurses
 or with Standards of Practice established by nationally accepted organizations
 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;
- (12) "Continuing education" means offerings beyond the basic nursing program that
 present specific content planned and evaluated to meet competency based
 behavioral objectives which develop new skills and upgrade knowledge;
- (13) "Nursing assistance" means the performance of delegated nursing acts by unlicensed
 nursing personnel for compensation under supervision of a nurse;
- (14) "Sexual assault nurse examiner" means a registered nurse who has completed the
 required education and clinical experience and maintains a current credential from
 the board as provided under KRS 314.142 to conduct forensic examinations of
 victims of sexual offenses under the medical protocol issued by the Justice and
 Public Safety Cabinet in consultation with the Sexual Assault Response Team
 Advisory Committee pursuant to KRS 216B.400(4);
- (15) "Competency" means the application of knowledge and skills in the utilization of
 critical thinking, effective communication, interventions, and caring behaviors
 consistent with the nurse's practice role within the context of the public's health,
 safety, and welfare;
- 26 (16) "Credential" means a current license, registration, certificate, or other similar
 27 authorization that is issued by the board;

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1	(17)	"Dispense" means:
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
12		physician and who provides dialysis care in a licensed renal dialysis facility under
13		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
15		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;
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27 Regardless of whether the penalty is rebated, suspended, or probated.

1		→Section 2. KRS 314.021 is amended to read as follows:
2	(1)	It is the declared policy of the General Assembly of Kentucky that the practice of
3		nursing, and the practices of licensed certified professional midwives and dialysis
4		technicians, should be regulated and controlled as provided herein and by
5		regulations of the board in order to protect and safeguard the health and safety of
6		the citizens of the Commonwealth of Kentucky.
7	(2)	All individuals licensed or privileged under provisions of this chapter and
8		administrative regulations of the board shall be responsible and accountable for
9		making decisions that are based upon the individuals' educational preparation and
10		experience[in nursing] and shall practice nursing with reasonable skill and safety.
11		→ Section 3. KRS 314.042 is amended to read as follows:
12	(1)	An applicant for licensure to practice as an advanced practice registered nurse shall
13		file with the board a written application for licensure and submit evidence, verified
14		by oath, that the applicant:
15		(a) Has completed an education program that prepares the registered nurse for one
16		(1) of four (4) APRN roles that has been accredited by a national nursing
17		accrediting body recognized by the United States Department of Education;
18		(b) Is certified by a nationally established organization or agency recognized by
19		the board to certify registered nurses for advanced practice registered nursing;
20		(c) Is able to understandably speak and write the English language and to read the
21		English language with comprehension; and
22		(d) Has passed the jurisprudence examination approved by the board as provided
23		in subsection (12) of this section.
24	(2)	The board may issue a license to practice advanced practice registered nursing to an
25		applicant who holds a current active registered nurse license issued by the board or
26		holds the privilege to practice as a registered nurse in this state and meets the
27		qualifications of subsection (1) of this section. An advanced practice registered

1 nurse shall be:

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- 2 (a) Designated by the board as a certified registered nurse anesthetist, certified
 3 nurse midwife, certified nurse practitioner, or clinical nurse specialist; and
 - (b) Certified in at least one (1) population focus.

5 (3) The applicant for licensure or renewal thereof to practice as an advanced practice
6 registered nurse shall pay a fee to the board as set forth in regulation by the board.

7 (4) An advanced practice registered nurse shall maintain a current active registered
8 nurse license issued by the board or hold the privilege to practice as a registered
9 nurse in this state and maintain current certification by the appropriate national
10 organization or agency recognized by the board.

11 (5) Any person who holds a license to practice as an advanced practice registered nurse 12 in this state shall have the right to use the title "advanced practice registered nurse" 13 and the abbreviation "APRN." No other person shall assume the title or use the 14 abbreviation or any other words, letters, signs, or figures to indicate that the person 15 using the same is an advanced practice registered nurse. No person shall practice as 16 an advanced practice registered nurse unless licensed under this section.

17 (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."]

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- 1 (8) Except as authorized by [KRS 314.196 and]subsection (9) of this section, (a) 2 before an advanced practice registered nurse engages in the prescribing or 3 dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8), 4 the advanced practice registered nurse shall enter into a written "Collaborative 5 Agreement for the Advanced Practice Registered Nurse's Prescriptive 6 Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician 7 licensed in Kentucky 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.
- (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.
- 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

collaborating physician.

(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[<u>via registered mail</u>] to the other party <u>and</u>[,]
the Kentucky Board of Nursing[, and the Kentucky Board of Medical
<u>Licensure</u>].

7 (9) (a) Before an advanced practice registered nurse may discontinue or be exempt
8 from a CAPA-NS required under subsection (8) of this section, the advanced
9 practice registered nurse shall have completed four (4) years of prescribing as
10 a nurse practitioner, clinical nurse specialist, nurse midwife, or as a nurse
11 anesthetist. For nurse practitioners and clinical nurse specialists, the four (4)
12 years of prescribing shall be in a population focus as defined in KRS 314.011.

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

15 1. An advanced practice registered nurse whose license is in good standing 16 at that time with the Kentucky Board of Nursing and who will be 17 prescribing nonscheduled legend drugs without a CAPA-NS shall notify 18 that board that the four (4) year requirement has been met and that he or 19 she will be prescribing nonscheduled legend drugs without a CAPA-NS; The advanced practice registered nurse will no longer be required to 20 2. 21 maintain a CAPA-NS and shall not be compelled to maintain a CAPA-22 NS as a condition to prescribe after the four (4) years have expired, but 23 an advanced practice registered nurse may choose to maintain a CAPA-24 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 An advanced practice registered nurse wishing to practice in Kentucky (c) 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 An advanced practice registered nurse wishing to practice in Kentucky (d) 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 <u>[(e) 1.</u> 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 prescribing nonscheduled legend drugs without a CAPA-NS shall notify 13 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 $\frac{2}{2}$ 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 An advanced practice registered nurse who has maintained a CAPA-NS 3. 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.] 26 (10) (a) Before an advanced practice registered nurse engages in the prescribing of

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Schedules II through V controlled substances as authorized by KRS

1 314.011(8), the advanced practice registered nurse shall enter into a written 2 "Collaborative Agreement for the Advanced Practice Registered Nurse's 3 Prescriptive Authority for Controlled Substances" (CAPA-CS) with a 4 physician licensed in Kentucky that defines the scope of the prescriptive 5 authority for controlled substances.

- 6 (b) The advanced practice registered nurse shall notify the Kentucky Board of 7 Nursing of the existence of the CAPA-CS and the name of the collaborating 8 physician and shall, upon request, furnish to the board or its staff a copy of the 9 completed CAPA-CS. The Kentucky Board of Nursing shall notify the 10 Kentucky Board of Medical Licensure that a CAPA-CS exists and furnish the 11 collaborating physician's name.
- 12 (c) The CAPA-CS shall be in writing and signed by both the advanced practice
 registered nurse and the collaborating physician. A copy of the completed
 14 collaborative agreement shall be available at each site where the advanced
 practice registered nurse is providing patient care.
- 16 (d) The CAPA-CS shall describe the arrangement for collaboration and 17 communication between the advanced practice registered nurse and the 18 collaborating physician regarding the prescribing of controlled substances by 19 the advanced practice registered nurse.
- 20 (e) The advanced practice registered nurse who is prescribing controlled
 21 substances and the collaborating physician shall be qualified in the same or a
 22 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.
- 26 (g) Before engaging in the prescribing of controlled substances, the advanced
 27 practice registered nurse shall:

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1		1. Have been licensed to practice as an advanced practice registered nurse
2		for one (1) year with the Kentucky Board of Nursing; or
3		2. Be nationally certified as an advanced practice registered nurse and be
4		registered, certified, or licensed in good standing as an advanced
5		practice registered nurse in another state for one (1) year prior to
6		applying for licensure by endorsement in Kentucky.
7	(h)	Prior to prescribing controlled substances, the advanced practice registered
8		nurse shall obtain a Controlled Substance Registration Certificate through the
9		U.S. Drug Enforcement Agency.
10	(i)	The CAPA-CS shall be reviewed and signed by both the advanced practice
11		registered nurse and the collaborating physician and may be rescinded by
12		either party upon written notice to the other party and the Kentucky Board of
13		Nursing.
14	(j)	The CAPA-CS shall state the limits on controlled substances which may be
15		prescribed by the advanced practice registered nurse, as agreed to by the
16		advanced practice registered nurse and the collaborating physician. The limits
17		so imposed may be more stringent than either the schedule limits on
18		controlled substances established in KRS 314.011(8) or the limits imposed in
19		regulations promulgated by the Kentucky Board of Nursing thereunder.
20	<u>(k)</u>	Within thirty (30) days of obtaining a Controlled Substance Registration
21		Certificate from the United States Drug Enforcement Administration, and
22		prior to prescribing controlled substances, the advanced practice registered
23		nurse shall register with the electronic system for monitoring controlled
24		substances established by KRS 218A.202 and shall provide a copy of the
25		registration certificate to the board.
26	(11) Noth	ing in this chapter shall be construed as requiring an advanced practice

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

1	enter into a collaborative agreement with a physician, pursuant to this chapter or any
2	other provision of law, in order to deliver anesthesia care.
3	(12) The jurisprudence examination shall be prescribed by the board and be conducted
4	on the licensing requirements under this chapter and board regulations and
5	requirements applicable to advanced practice registered nursing in this
6	Commonwealth. The board shall promulgate administrative regulations in
7	accordance with KRS Chapter 13A, establishing the provisions to meet this
8	requirement.
9	Section 4. KRS 314.107 is amended to read as follows:
10	Any person licensed by the board shall maintain a current mailing address and an
11	electronic mailing address with the board and immediately notify the board in writing of
12	a change of mailing address or electronic mailing address. As a condition of holding a
13	license from the board, a licensee is deemed to have consented to service of notices or
14	orders of the board at the mailing address on file with the board, and any notice or order
15	of the board mailed or delivered to the mailing address on file with the board constitutes
16	valid service of the notice or order.
17	→ Section 5. KRS 314.131 is amended to read as follows:
18	(1) The board shall meet at least annually and shall elect from its members a president
19	and any other officers that it deems necessary. Nine members of the board including
20	one (1) officer shall constitute a quorum at any meeting. The board is authorized to
21	promulgate administrative regulations not inconsistent with the law and subject to
22	the provisions of KRS Chapter 13A, as may be necessary to enable it to carry into
23	effect the provisions of this chapter. The board may require, by administrative
24	regulation, that licensees and applicants utilize a specific method of submission

- 25 of documents or information that is required to be provided to the board under
- 26 this chapter and the administrative regulations of the board, including electronic
 27 submission.

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1 (2)The board shall approve programs of nursing and shall monitor compliance with 2 standards for nurse competency under this chapter. It shall examine, license, and 3 renew the license of duly-qualified applicants; determine notice of place and time of 4 licensure examinations; approve providers of continuing education; administer 5 continuing education requirements; issue advisory opinions or declaratory rulings 6 dealing with the practice of nursing; register and designate those persons qualified 7 to engage in advanced nursing practice; and it shall conduct administrative hearings 8 in accordance with KRS Chapter 13B upon charges calling for discipline of a 9 licensee and cause the prosecution of all persons violating any provisions of this 10 chapter. It shall keep a record of all its proceedings and make an annual report to the 11 Governor.

12 (3) The board shall develop specific guidelines to follow upon receipt of an allegation
13 of sexual misconduct by a nurse licensed by the board. The guidelines shall include
14 investigation, inquiry, and hearing procedures which ensure that the process does
15 not revictimize the alleged victim or cause harm if a nurse is falsely accused.

(4) The board and investigators hired by the board shall receive training on the
dynamics of sexual misconduct of professionals, including the nature of this abuse
of authority, characteristics of the offender, the impact on the victim, the possibility
and the impact of false accusations, investigative procedure in sex offense cases,
and effective intervention with victims and offenders.

(5) The board shall employ a qualified person to serve as executive director to the
board, and shall fix the compensation and define the duties of the executive
director. It may employ other persons as may be necessary to carry on the work of
the board.

(6) The executive director shall have at least the qualifications for board members, and
 a master's degree in nursing or equivalent and shall have had at least two (2) years
 of experience in nursing administration immediately preceding the time of

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1 appointment.

- 2 (7) Each member of the board shall receive, in addition to traveling, hotel, and other
 3 necessary expenses, one hundred fifty dollars (\$150) for each day the member is
 4 actually engaged in the discharge of official duties.
- 5 (8) The board may, in its discretion, purchase liability insurance for board and staff
 6 members against acts performed in good faith discharge of duties.
- 7 (9) The board may, by administrative regulation issued pursuant to the provisions of
 8 KRS Chapter 13A, determine which disciplinary action records may be expunged.
 9 Any records which are expunged shall be exempt from disclosure under the
 10 Kentucky Open Records Law, KRS 61.870 to 61.884. The board shall not report its
 11 disciplinary actions for any purpose other than statistical.
- (10) The board may reimburse any person appointed by direction of the board to any
 committee, subcommittee, or task force created by the board for his or her travel
 and subsistence expenses as established through the promulgation of administrative
 regulations in accordance with KRS Chapter 13A.
- 16 → Section 6. The following KRS section is repealed:
- 17 314.196 Collaborative Prescribing Agreement Joint Advisory Committee -- Members --
- 18 Purposes -- Assistance provided -- Complaints -- Jurisdiction -- Meetings.