

1 AN ACT relating to prescriptive authority.

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

3 ➔Section 1. KRS 314.042 is amended to read as follows:

- 4 (1) An applicant for licensure to practice as an advanced practice registered nurse shall  
5 file with the board a written application for licensure and submit evidence, verified  
6 by oath, that the applicant:
- 7 (a) Has completed an education program that prepares the registered nurse for  
8 one (1) of four (4) APRN roles that has been accredited by a national nursing  
9 accrediting body recognized by the United States Department of Education;
  - 10 (b) Is certified by a nationally established organization or agency recognized by  
11 the board to certify registered nurses for advanced practice registered nursing;
  - 12 (c) Is able to understandably speak and write the English language and to read the  
13 English language with comprehension; and
  - 14 (d) Has passed the jurisprudence examination approved by the board as provided  
15 in subsection (13)~~[(12)]~~ of this section.
- 16 (2) The board may issue a license to practice advanced practice registered nursing to an  
17 applicant who holds a current active registered nurse license issued by the board or  
18 holds the privilege to practice as a registered nurse in this state and meets the  
19 qualifications of subsection (1) of this section. An advanced practice registered  
20 nurse shall be:
- 21 (a) Designated by the board as a certified registered nurse anesthetist, certified  
22 nurse midwife, certified nurse practitioner, or clinical nurse specialist; and
  - 23 (b) Certified in at least one (1) population focus.
- 24 (3) The applicant for licensure or renewal thereof to practice as an advanced practice  
25 registered nurse shall pay a fee to the board as set forth in regulation by the board.
- 26 (4) An advanced practice registered nurse shall maintain a current active registered  
27 nurse license issued by the board or hold the privilege to practice as a registered

1 nurse in this state and maintain current certification by the appropriate national  
2 organization or agency recognized by the board.

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

9 (6) Any person heretofore licensed as an advanced practice registered nurse under the  
10 provisions of this chapter who has allowed the license to lapse may be reinstated on  
11 payment of the current fee and by meeting the provisions of this chapter and  
12 regulations promulgated by the board pursuant to the provisions of KRS Chapter  
13 13A.

14 (7) The board may authorize a person to practice as an advanced practice registered  
15 nurse temporarily and pursuant to applicable regulations promulgated by the board  
16 pursuant to the provisions of KRS Chapter 13A if the person is awaiting licensure  
17 by endorsement.

18 (8) (a) Except as authorized by subsection (9) of this section, before an advanced  
19 practice registered nurse engages in the prescribing or dispensing of  
20 nonscheduled legend drugs as authorized by KRS 314.011(8), the advanced  
21 practice registered nurse shall enter into a written "Collaborative Agreement  
22 for the Advanced Practice Registered Nurse's Prescriptive Authority for  
23 Nonscheduled Legend Drugs" (CAPA-NS) with a physician licensed in  
24 Kentucky that defines the scope of the prescriptive authority for nonscheduled  
25 legend drugs.

26 (b) The advanced practice registered nurse shall notify the Kentucky Board of  
27 Nursing of the existence of the CAPA-NS and the name of the collaborating

1 physician and shall, upon request, furnish to the board or its staff a copy of the  
2 completed CAPA-NS. The Kentucky Board of Nursing shall notify the  
3 Kentucky Board of Medical Licensure that a CAPA-NS exists and furnish the  
4 collaborating physician's name.

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

9 (d) The CAPA-NS shall describe the arrangement for collaboration and  
10 communication between the advanced practice registered nurse and the  
11 collaborating physician regarding the prescribing of nonscheduled legend  
12 drugs by the advanced practice registered nurse.

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

16 (f) The CAPA-NS is not intended to be a substitute for the exercise of  
17 professional judgment by the advanced practice registered nurse or by the  
18 collaborating physician.

19 (g) The CAPA-NS shall be reviewed and signed by both the advanced practice  
20 registered nurse and the collaborating physician and may be rescinded by  
21 either party upon written notice to the other party and the Kentucky Board of  
22 Nursing.

23 (9) (a) Before an advanced practice registered nurse may discontinue or be exempt  
24 from a CAPA-NS required under subsection (8) of this section, the advanced  
25 practice registered nurse shall have completed four (4) years of prescribing as  
26 a certified nurse practitioner, clinical nurse specialist, certified nurse midwife,  
27 or as a certified registered nurse anesthetist. For nurse practitioners and

1 clinical nurse specialists, the four (4) years of prescribing shall be in a  
2 population focus as defined in KRS 314.011.

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

- 5 1. An advanced practice registered nurse whose license is in good standing  
6 at that time with the Kentucky Board of Nursing and who will be  
7 prescribing nonscheduled legend drugs without a CAPA-NS shall notify  
8 that board that the four (4) year requirement has been met and that he or  
9 she will be prescribing nonscheduled legend drugs without a CAPA-NS;
- 10 2. The advanced practice registered nurse will no longer be required to  
11 maintain a CAPA-NS and shall not be compelled to maintain a CAPA-  
12 NS as a condition to prescribe after the four (4) years have expired, but  
13 an advanced practice registered nurse may choose to maintain a CAPA-  
14 NS indefinitely after the four (4) years have expired; and
- 15 3. If the advanced practice registered nurse's license is not in good  
16 standing, the CAPA-NS requirement shall not be removed until the  
17 license is restored to good standing.

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

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

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

- 1 (10) (a) There is hereby established the "Collaborative Agreement for the Advanced  
2 Practice Registered Nurse's Prescriptive Authority for Controlled  
3 Substances" (CAPA-CS) Committee. The committee shall be composed of  
4 four (4) members selected as follows:
- 5 1. Two (2) members shall be advanced practice registered nurses who  
6 currently prescribe or have prescribed scheduled drugs, each  
7 appointed by the Kentucky Board of Nursing from a list of names  
8 submitted for each position by the Kentucky Association of Nurse  
9 Practitioners and Nurse-Midwives; and
- 10 2. Two (2) members shall be physicians who have currently or had  
11 previously a signed CAPA-CS with an advanced practice registered  
12 nurse who prescribes scheduled drugs, each appointed by the  
13 Kentucky Board of Medical Licensure from a list of names submitted  
14 for each position by the Kentucky Medical Association.
- 15 (b) Within sixty (60) days of the effective date of this Act, the committee shall  
16 develop a standardized CAPA-CS form to be used in accordance with the  
17 provisions of subsection (11) of this section. The standardized CAPA-CS  
18 form shall be used by all advanced practice registered nurses and all  
19 physicians in Kentucky who enter into a CAPA-CS.
- 20 (c) The committee may be reconvened at the request of the Kentucky Board of  
21 Nursing or the Kentucky Board of Medical Licensure if it becomes  
22 necessary to update the standardized CAPA-CS form.
- 23 (d) The Kentucky Board of Nursing and the Kentucky Board of Medical  
24 Licensure shall each be responsible for and have exclusive authority over  
25 their respective members appointed to the committee.
- 26 (e) The committee shall be attached to the Kentucky Board of Nursing for  
27 administrative purposes. The Kentucky Board of Nursing shall be

1            responsible for the expenses of its members. The Kentucky Board of  
 2            Medical Licensure shall be responsible for the expenses of its members.

3            (f) The Kentucky Board of Nursing shall promulgate an administrative  
 4            regulation pursuant to KRS Chapter 13A within ninety (90) days of the  
 5            effective date of this Act to establish and implement the standardized CAPA-  
 6            CS form developed by the committee.

7            (11) (a) Except as provided in subsections (14) and (15) of this section, before an  
 8            advanced practice registered nurse engages in the prescribing of Schedules II  
 9            through V controlled substances as authorized by KRS 314.011(8), the  
 10           advanced practice registered nurse shall enter into a written "Collaborative  
 11           Agreement for the Advanced Practice Registered Nurse's Prescriptive  
 12           Authority for Controlled Substances" (CAPA-CS) on a standardized CAPA-  
 13           CS form with a physician licensed in Kentucky that defines the scope of the  
 14           prescriptive authority for controlled substances.

15           (b) The advanced practice registered nurse shall notify the Kentucky Board of  
 16           Nursing of the existence of the CAPA-CS and the name of the collaborating  
 17           physician and shall, upon request, furnish to the board or its staff a copy of the  
 18           completed standardized CAPA-CS form. The Kentucky Board of Nursing  
 19           shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists  
 20           and furnish an executed copy of the Kentucky Board of Nursing notification  
 21           of a CAPA-CS completed by the advanced practice registered nurse to the  
 22           Kentucky Board of Medical Licensure[the collaborating physician's name].

23           (c) The CAPA-CS shall be in writing and signed by both the advanced practice  
 24           registered nurse and the collaborating physician. A copy of the completed  
 25           standardized CAPA-CS form[collaborative agreement] shall be available at  
 26           each site where the advanced practice registered nurse is providing patient  
 27           care.

- 1 (d) The CAPA-CS shall describe the arrangement for collaboration and  
2 communication between the advanced practice registered nurse and the  
3 collaborating physician regarding the prescribing of controlled substances by  
4 the advanced practice registered nurse.
- 5 (e) The advanced practice registered nurse who is prescribing controlled  
6 substances and the collaborating physician shall be qualified in the same or a  
7 similar specialty.
- 8 (f) The CAPA-CS is not intended to be a substitute for the *appropriate* exercise  
9 of professional judgment by the advanced practice registered nurse or by the  
10 collaborating physician.
- 11 (g) **The relevant statutes and regulations pertaining to the prescribing authority**  
12 **of advanced practice registered nurses for controlled substances shall be**  
13 **reviewed by the advanced practice registered nurse and the collaborating**  
14 **physician at the outset of the CAPA-CS**~~Before engaging in the prescribing~~  
15 ~~of controlled substances, the advanced practice registered nurse shall:~~
- 16 ~~1. Have been licensed to practice as an advanced practice registered nurse~~  
17 ~~for one (1) year with the Kentucky Board of Nursing; or~~
- 18 ~~2. Be nationally certified as an advanced practice registered nurse and be~~  
19 ~~registered, certified, or licensed in good standing as an advanced~~  
20 ~~practice registered nurse in another state for one (1) year prior to~~  
21 ~~applying for licensure by endorsement in Kentucky].~~
- 22 (h) Prior to prescribing controlled substances, the advanced practice registered  
23 nurse shall obtain a Controlled Substance Registration Certificate through the  
24 **United States**~~[U.S.]~~ Drug Enforcement **Administration**~~[Agency]~~.
- 25 (i) The CAPA-CS shall be reviewed and signed by both the advanced practice  
26 registered nurse and the collaborating physician and may be rescinded by  
27 either party upon **thirty (30) days** written notice to the other party. **The**

1 advanced practice registered nurse shall notify the Kentucky Board of  
 2 Nursing that the CAPA-CS has been rescinded. The Kentucky Board of  
 3 Nursing shall notify the Kentucky Board of Medical Licensure that the  
 4 CAPA-CS has been rescinded and shall furnish an executed copy of the  
 5 Kentucky Board of Nursing rescission of a CAPA-CS completed by the  
 6 advanced practice registered nurse or by the collaborating physician to the  
 7 Kentucky Board of Medical Licensure ~~and the Kentucky Board of Nursing~~.

8 (j) The CAPA-CS shall state ~~any~~the limits on controlled substances which may  
 9 be prescribed by the advanced practice registered nurse, as agreed to by the  
 10 advanced practice registered nurse and the collaborating physician. The limits  
 11 so imposed may be more stringent than either the schedule limits on  
 12 controlled substances established in KRS 314.011(8) or the limits imposed in  
 13 regulations promulgated by the Kentucky Board of Nursing thereunder. The  
 14 CAPA-CS shall also include any requirements, as agreed to by both the  
 15 advanced practice registered nurse and the collaborating physician, for  
 16 communication between the advanced practice registered nurse and the  
 17 collaborating physician.

18 (k) Within thirty (30) days of obtaining a Controlled Substance Registration  
 19 Certificate from the United States Drug Enforcement Administration, and  
 20 prior to prescribing controlled substances, the advanced practice registered  
 21 nurse shall register with the electronic system for monitoring controlled  
 22 substances established by KRS 218A.202 and shall provide a copy of the  
 23 registration certificate to the board.

24 (l) After the effective date of this Act, for advanced practice registered nurses  
 25 who have not had a CAPA-CS:

26 1. An advanced practice registered nurse wishing to have a CAPA-CS in  
 27 his or her first year of licensure must be employed by a health care



1 entity or provider. If the employing provider is an advanced practice  
2 registered nurse, he or she must have completed four (4) years of  
3 prescribing with a CAPA-CS and no longer be required to maintain a  
4 CAPA-CS;

5 2. In the first year of the CAPA-CS, the advanced practice registered  
6 nurse and the physician shall meet at least quarterly, either in person  
7 or via video conferencing, to review the advanced practice registered  
8 nurse's reverse KASPER report or that of the prescription drug  
9 monitoring program (PDMP) currently in use in Kentucky pursuant to  
10 KRS 218A.202. The advanced practice registered nurse and the  
11 collaborating physician may meet via telephonic communication when  
12 an in-person meeting or videoconferencing session is not logistically  
13 or technologically feasible. The review of specific prescriptions  
14 identified in the reverse KASPER report or that of the PDMP  
15 currently in use in Kentucky pursuant to KRS 218A.202 by the  
16 advanced practice registered nurse and the collaborating physician  
17 may include information from the patient's medical record that relates  
18 to the condition or conditions being treated with controlled substances  
19 by the advanced practice registered nurse to facilitate meaningful  
20 discussion. A record of the meeting date, summary of discussions, and  
21 any recommendations made shall be made in writing and a copy  
22 retained by both parties to the agreement for a period of one (1) year  
23 past the expiration of the CAPA-CS. The meeting records shall be  
24 subject to audit by the Kentucky Board of Nursing for the advanced  
25 practice registered nurse and by the Kentucky Board of Medical  
26 Licensure for the physician. The sole purpose of the audit shall be to  
27 document that the collaboration meetings have taken place as required

1 by this section and that other provisions of this section have been met;  
2 and  
3 3. In the ensuing three (3) years of the CAPA-CS, the advanced practice  
4 registered nurse and the physician shall meet at least biannually in  
5 person or via video conferencing to review the advanced practice  
6 registered nurse's reverse KASPER report or that of the PDMP  
7 currently in use in Kentucky pursuant to KRS 218A.202. The  
8 advanced practice registered nurse and the collaborating physician  
9 may meet via telephonic communication when an in-person meeting  
10 or videoconferencing session is not logistically or technologically  
11 feasible. The review of specific prescriptions identified in the reverse  
12 KASPER report or that of the PDMP currently in use in Kentucky  
13 pursuant to KRS 218A.202 by the advanced practice registered nurse  
14 and the collaborating physician may include information from the  
15 patient's medical record that relates to the condition or conditions  
16 being treated with controlled substances by the advanced practice  
17 registered nurse to facilitate meaningful discussion. A record of the  
18 meeting date, summary of discussions, and any recommendations  
19 made shall be noted in writing and a copy retained by both parties to  
20 the agreement for a period of one (1) year past the expiration of the  
21 CAPA-CS. The meeting records shall be subject to audit by the  
22 Kentucky Board of Nursing for the advanced practice registered nurse  
23 and by the Kentucky Board of Medical Licensure for the physician.  
24 The sole purpose of the audit shall be to document that the  
25 collaboration meetings have taken place as required by this section  
26 and that other provisions of this section have been met.

27 (12)~~(11)~~ Nothing in this chapter shall be construed as requiring an advanced practice

1 registered nurse designated by the board as a certified registered nurse anesthetist to  
2 enter into a collaborative agreement with a physician, pursuant to this chapter or  
3 any other provision of law, in order to deliver anesthesia care.

4 ~~(13)~~<sup>(12)</sup> The jurisprudence examination shall be prescribed by the board and be  
5 conducted on the licensing requirements under this chapter and board regulations  
6 and requirements applicable to advanced practice registered nursing in this  
7 Commonwealth. The board shall promulgate administrative regulations in  
8 accordance with KRS Chapter 13A, establishing the provisions to meet this  
9 requirement.

10 **(14) (a) Except as provided in subsection (15) of this section, an advanced practice**  
11 **registered nurse who wishes to continue to prescribe controlled substances**  
12 **may be exempt from a CAPA-CS required under subsection (11) of this**  
13 **section if the advanced practice registered nurse has:**

- 14 **1. Completed four (4) years of prescribing authority for controlled**  
15 **substances with a CAPA-CS;**
- 16 **2. Maintained a United States Drug Enforcement Administration**  
17 **registration; and**
- 18 **3. Maintained a master account with KASPER or the PDMP currently in**  
19 **use in Kentucky pursuant to KRS 218A.202.**

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

- 21 **1. An advanced practice registered nurse who has had four (4) years of**  
22 **prescribing authority with a CAPA-CS and who wishes to prescribe**  
23 **controlled substances without a CAPA-CS shall submit, via the APRN**  
24 **update portal, a request for review from the Kentucky Board of**  
25 **Nursing that the advanced practice registered nurse's license is in**  
26 **good standing;**
- 27 **2. An advanced practice registered nurse who has fewer than four (4)**

1           years of prescribing authority with a CAPA-CS and who wishes to  
2           prescribe controlled substances without a CAPA-CS shall complete the  
3           required number of years under the then-current CAPA-CS to reach  
4           four (4) years and shall submit, via the APRN update portal, a request  
5           for review from the Kentucky Board of Nursing that the advanced  
6           practice registered nurse's license is in good standing. However, if the  
7           then current CAPA-CS expires or is rescinded prior to the end of the  
8           four (4) year term, a new CAPA-CS shall be required and subject to  
9           the provisions of this section;

10          3. The advanced practice registered nurse shall not prescribe controlled  
11          substances without a CAPA-CS until the board has completed its  
12          review and has notified the advanced practice registered nurse in  
13          writing that the advanced practice registered nurse is exempt from the  
14          CAPA-CS requirement; and

15          4. The review request shall include the payment of a fee set by the board  
16          through the promulgation of an administrative regulation.

17          (c) Upon receipt of a request pursuant to this subsection, the Kentucky Board  
18          of Nursing shall perform a review to determine whether the license of the  
19          advanced practice registered nurse is in good standing based upon an  
20          evaluation of the criteria specified in this subsection and in the  
21          administrative regulation promulgated by the board pursuant to this  
22          subsection, including but not limited to verification:

23          1. That a current United States Drug Enforcement Administration  
24          registration certificate for the advanced practice registered nurse is on  
25          file with the board;

26          2. That a current CAPA-CS notification for the advanced practice  
27          registered nurse is on file with the board;

1           3. That the advanced practice registered nurse has an active master  
2           account with the electronic system for monitoring controlled  
3           substances pursuant to KRS 218A.202;

4           4. Through a criminal background check of the absence of any  
5           unreported misdemeanor or felony convictions in Kentucky; and

6           5. Through a check of the coordinated licensure information system  
7           specified in KRS 314.475 of the absence of any unreported  
8           disciplinary actions in another state.

9           (d) Based on the findings of these actions, the Kentucky Board of Nursing shall  
10           determine if the advanced practice registered nurse's license is in good  
11           standing for the purpose of removing the requirement for the advanced  
12           practice registered nurse to have a CAPA-CS in order to prescribe  
13           controlled substances.

14           (e) If the advanced practice registered nurse's license is found to be in good  
15           standing, the advanced practice registered nurse shall be notified by the  
16           board in writing that a CAPA-CS is no longer required. The advanced  
17           practice registered nurse shall not be required to maintain a CAPA-CS as a  
18           condition to prescribe controlled substances unless the board later imposes  
19           such a requirement as part of an action instituted under KRS 314.091(1).  
20           An advanced practice registered nurse may choose to maintain a CAPA-CS  
21           indefinitely after the determination of good standing has been made. An  
22           advanced practice registered nurse who chooses to prescribe without a  
23           CAPA-CS shall be held to the same standard of care as all other providers  
24           with prescriptive authority.

25           (f) If the advanced practice registered nurse's license is found not to be in good  
26           standing, the CAPA-CS requirement shall not be removed until the license  
27           is restored to good standing, as directed by the board.

- 1        (g) The Kentucky Board of Nursing shall conduct random audits of the  
2        prescribing practices of advanced practice registered nurses, including  
3        those who are no longer required to have a CAPA-CS in order to prescribe,  
4        through a review of data obtained from the KASPER report or that of the  
5        PDMP currently in use in Kentucky pursuant to KRS 218A.202 and shall  
6        take disciplinary action under KRS 314.091(1) if a violation has occurred.
- 7        (15) (a) An advanced practice registered nurse wishing to practice in Kentucky  
8        through licensure by endorsement is exempt from the CAPA-CS  
9        requirement if the advanced practice registered nurse:
- 10       1. Has met the prescribing requirements for controlled substances in a  
11       state that grants such prescribing authority to advanced practice  
12       registered nurses;
- 13       2. Has had authority to prescribe controlled substances for at least four  
14       (4) years; and
- 15       3. Has a license in good standing as described in subsection (14) of this  
16       section and in the administrative regulation promulgated by the board  
17       pursuant to subsection (14) of this section.
- 18       (b) An advanced practice registered nurse wishing to practice in Kentucky  
19       through licensure by endorsement who has had the authority to prescribe  
20       controlled substances for less than four (4) years and wishes to continue to  
21       prescribe controlled substances shall enter into a CAPA-CS with a  
22       physician licensed in Kentucky and comply with the provisions of this  
23       section until the cumulative four (4) year requirement is met, after which  
24       the advanced practice registered nurse who wishes to prescribe controlled  
25       substances without a CAPA-CS shall follow the process identified in  
26       subsection (14) of this section and in the administrative regulation  
27       promulgated by the board pursuant to subsection (14) of this section.

1 *(16) An advanced practice registered nurse shall not prescribe controlled substances*  
2 *without a CAPA-CS until the board has completed its review and has notified the*  
3 *advanced practice registered nurse in writing that the advanced practice*  
4 *registered nurse is exempt from the CAPA-CS requirement.*

5 ➔SECTION 2. A NEW SECTION OF KRS CHAPTER 218A IS CREATED TO  
6 READ AS FOLLOWS:

7 *(1) The Controlled Substances Prescribing Council is hereby established under the*  
8 *Office of the Inspector General. The council shall consist of the following fifteen*  
9 *(15) members:*

10 *(a) The Inspector General of the Cabinet for Health and Family Services, who*  
11 *shall serve as chair of the council;*

12 *(b) The executive director of the Office of Drug Control Policy;*

13 *(c) Two (2) currently licensed prescribers of scheduled drugs selected by the*  
14 *Kentucky Board of Dentistry, one (1) of whom shall be a dentist and one (1)*  
15 *of who shall be an oral surgeon;*

16 *(d) Four (4) licensed physicians who currently prescribe scheduled drugs*  
17 *selected by the Kentucky Board of Medical Licensure, one (1) of whom shall*  
18 *have a specialty in primary care, one (1) of whom shall have a specialty in*  
19 *emergency medicine, one (1) of whom shall have a specialty in psychiatry or*  
20 *addiction medicine, and one (1) of whom shall have a specialty in pain*  
21 *management;*

22 *(e) Four (4) licensed advanced practice registered nurses who currently*  
23 *prescribe scheduled drugs selected by the Kentucky Board of Nursing, one*  
24 *(1) of whom shall have a specialty in primary care, one (1) whom shall have*  
25 *a specialty in acute care, one (1) of whom shall have a specialty in*  
26 *psychiatric mental health or addiction, and one (1) of whom shall have a*  
27 *specialty in pain management;*

- 1        (f) One (1) licensed prescriber of scheduled drugs selected by the Kentucky  
2            Board of Optometric Examiners;
- 3        (g) One (1) licensed prescriber of scheduled drugs selected by the Kentucky  
4            Board of Podiatry; and
- 5        (h) One (1) licensed pharmacist selected by the Kentucky Board of Pharmacy.
- 6        (2) The council shall meet at least quarterly to discuss matters relating to the safe  
7            and appropriate prescribing and dispensing of controlled substances, including:
- 8            (a) The review of quarterly reports issued by the Office of the Inspector General  
9            pursuant to KRS 218A.202(17) to identify potential improper, inappropriate,  
10           or illegal prescribing or dispensing of controlled substances by examining  
11           aggregate patterns of prescribing by profession of the prescriber and county  
12           where the medication was prescribed and dispensed;
- 13           (b) Recommendations for improvements in data collection and reporting by the  
14           electronic system for monitoring controlled substances pursuant to KRS  
15           218A.202;
- 16           (c) Recommendations for best prescribing practices based on up-to-date  
17           research;
- 18           (d) Recommendations to the professional licensing boards for actions to aid in  
19           enforcing current law, reviewing prescribing and dispensing data, and  
20           correcting improper, inappropriate, or illegal prescribing or dispensing of a  
21           controlled substance; and
- 22           (e) Development and communication of any recommendations, based on review  
23           of data or research, to each licensure board. The licensure boards shall  
24           respond in writing to the panel within ninety (90) days of receiving the  
25           recommendations with an explanation of their response to the  
26           recommendations.
- 27        (3) The council may request information from the licensure boards regarding their



1 procedures for conducting investigations and taking actions regarding the  
2 possible improper, inappropriate, or illegal prescribing or dispensing of  
3 controlled substances.

4 (4) On or before December 31, 2024, and each December 31 thereafter, the council  
5 shall submit an annual report to the Governor and the Legislative Research  
6 Commission. The annual report shall:

7 (a) List the council's meeting dates and topics for the preceding year;

8 (b) Provide relevant statistical information, including a summary of the  
9 aggregate patterns by profession of prescriber and by county, of potential  
10 improper, inappropriate, or illegal prescribing or dispensing of a controlled  
11 substance;

12 (c) Describe the efforts made by the council to share information among the  
13 licensure boards related to improving the safe and appropriate prescribing  
14 and dispensing of controlled substances;

15 (d) Summarize responses received from the licensure boards to the panel's  
16 recommendations; and

17 (e) Provide any policy recommendations, including recommendations for  
18 statutory or administrative regulation changes intended to improve  
19 prescribing and dispensing practices and prevent improper, inappropriate,  
20 or illegal prescribing or dispensing of controlled substances.

21 (5) The council shall not make any recommendations related to the scope of practice  
22 of any prescribing or dispensing professionals.

23 (6) The council shall be attached to the Office of the Inspector General for  
24 administrative purposes.

25 (7) Members shall not receive any additional compensation for their service on the  
26 council but shall be reimbursed for all necessary expenses.