

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

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

(12)~~(11)~~ Nothing in this chapter shall be construed as requiring an advanced practice registered nurse designated by the board as a certified registered nurse anesthetist to enter into a collaborative agreement with a physician, pursuant to this chapter or

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

2 ~~(13)~~~~(12)~~ The jurisprudence examination shall be prescribed by the board and be
3 conducted on the licensing requirements under this chapter and board regulations
4 and requirements applicable to advanced practice registered nursing in this
5 Commonwealth. The board shall promulgate administrative regulations in
6 accordance with KRS Chapter 13A, establishing the provisions to meet this
7 requirement.

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

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

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

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

1 required number of years under the then-current CAPA-CS to reach
2 four (4) years and shall submit, via the APRN update portal, a request
3 for review from the Kentucky Board of Nursing that the advanced
4 practice registered nurse's license is in good standing. However, if the
5 then current CAPA-CS expires or is rescinded prior to the end of the
6 four (4) year term, a new CAPA-CS shall be required and subject to
7 the provisions of this section;

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

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

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

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

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

26 3. That the advanced practice registered nurse has an active master
27 account with the electronic system for monitoring controlled

1 substances pursuant to KRS 218A.202;

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

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

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

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

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

26 (g) The Kentucky Board of Nursing shall conduct random audits of the
27 prescribing practices of advanced practice registered nurses, including

1 those who are no longer required to have a CAPA-CS in order to prescribe,
2 through a review of data obtained from the KASPER report or that of the
3 PDMP currently in use in Kentucky and shall take disciplinary action under
4 KRS 314.091(1) if a violation has occurred.

5 (15) (a) An advanced practice registered nurse wishing to practice in Kentucky
6 through licensure by endorsement is exempt from the CAPA-CS
7 requirement if the advanced practice registered nurse:

8 1. Has met the prescribing requirements for controlled substances in a
9 state that grants such prescribing authority to advanced practice
10 registered nurses;

11 2. Has had authority to prescribe controlled substances for at least four
12 (4) years; and

13 3. Has a license in good standing as described in subsection (14) of this
14 section and in the administrative regulation promulgated by the board
15 pursuant to subsection (14) of this section.

16 (b) An advanced practice registered nurse wishing to practice in Kentucky
17 through licensure by endorsement who has had the authority to prescribe
18 controlled substances for less than four (4) years and wishes to continue to
19 prescribe controlled substances shall enter into a CAPA-CS with a
20 physician licensed in Kentucky and comply with the provisions of this
21 section until the cumulative four (4) year requirement is met, after which
22 the advanced practice registered nurse who wishes to prescribe controlled
23 substances without a CAPA-CS shall follow the process identified in
24 subsection (14) of this section and in the administrative regulation
25 promulgated by the board pursuant to subsection (14) of this section.

26 (16) An advanced practice registered nurse shall not prescribe controlled substances
27 without a CAPA-CS until the board has completed its review and has notified the

1 advanced practice registered nurse in writing that the advanced practice
2 registered nurse is exempt from the CAPA-CS requirement.

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

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

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

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

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

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

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

26 (f) One (1) licensed prescriber of scheduled drugs selected by the Kentucky
27 Board of Optometric Examiners;

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

1 controlled substances.

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

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

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

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

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

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

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

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

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