1		AN	ACT	relating to licensees authorized to prescribe or dispense controlled	
2	subs	tance	S.		
3	Be it enacted by the General Assembly of the Commonwealth of Kentucky:				
4		→ S	ection	1. KRS 218A.205 is amended to read as follows:	
5	(1)	As u	ised in	this section:	
6		(a)	"Rep	oorting agency" includes:	
7			1.	The Department of Kentucky State Police;	
8			2.	The Office of the Attorney General;	
9			3.	The Cabinet for Health and Family Services; and	
10			4.	The applicable state licensing board; and	
11		(b)	"Stat	re licensing board" means:	
12			1.	The Kentucky Board of Medical Licensure;	
13			2.	The Kentucky Board of Nursing;	
14			3.	The Kentucky Board of Dentistry;	
15			4.	The Kentucky Board of Optometric Examiners;	
16			5.	The State Board of Podiatry; and	
17			6.	Any other board that licenses or regulates a person who is entitled to	
18				prescribe or dispense controlled substances to humans.	
19	(2)	(a)	Whe	n a reporting agency or a law enforcement agency receives a report of	
20			impr	oper, inappropriate, or illegal prescribing or dispensing of a controlled	
21			subs	tance it may, to the extent otherwise allowed by law, send a copy of the	
22			repo	rt within three (3) business days to every other reporting agency.	
23		(b)	A co	ounty attorney or Commonwealth's attorney shall notify the Office of the	
24			Atto	rney General and the appropriate state licensing board within three (3)	
25			busii	ness days of an indictment or a waiver of indictment becoming public in	
26			his o	or her jurisdiction charging a licensed person with a felony offense	
27			relati	ing to the manufacture of, trafficking in, prescribing, dispensing, or	

1 possession of a controlled substance.

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2 (3) Each state licensing board shall, in consultation with the Kentucky Office of Drug
3 Control Policy, establish the following by administrative regulation *promulgated in*4 *accordance with KRS Chapter 13A* for those licensees authorized to prescribe or
5 dispense controlled substances:

- (a) Mandatory prescribing and dispensing standards related to controlled substances, the requirements of which shall include the diagnostic, treatment, review, and other protocols and standards established for Schedule II controlled substances and Schedule III controlled substances containing hydrocodone under KRS 218A.172 and which may include the exemptions authorized by KRS 218A.172(4);
- (b) In <u>accordance</u>[accord] with the CDC Guideline for Prescribing Opioids for Chronic Pain published in 2016, a prohibition on a practitioner issuing a prescription for a Schedule II controlled substance for more than a three (3) day supply of a Schedule II controlled substance if the prescription is intended to treat pain as an acute medical condition, with the following exceptions:
 - 1. The practitioner, in his or her professional judgment, believes that more than a three (3) day supply of a Schedule II controlled substance is medically necessary to treat the patient's pain as an acute medical condition and the practitioner adequately documents the acute medical condition and lack of alternative treatment options which justifies deviation from the three (3) day supply limit established in this subsection in the patient's medical records;
 - 2. The prescription for a Schedule II controlled substance is prescribed to treat chronic pain;
 - 3. The prescription for a Schedule II controlled substance is prescribed to treat pain associated with a valid cancer diagnosis;

1		4. The prescription for a Schedule II controlled substance is prescribed to
2		treat pain while the patient is receiving hospice or end-of-life treatment
3		or is receiving care from a certified community based palliative care
4		program;
5		5. The prescription for a Schedule II controlled substance is prescribed as
6		part of a narcotic treatment program licensed by the Cabinet for Health
7		and Family Services;
8		6. The prescription for a Schedule II controlled substance is prescribed to
9		treat pain following a major surgery or the treatment of significant
10		trauma, as defined by the state licensing board in consultation with the
11		Kentucky Office of Drug Control Policy;
12		7. The Schedule II controlled substance is dispensed or administered
13		directly to an ultimate user in an inpatient setting; or
14		8. Any additional treatment scenario deemed medically necessary by the
15		state licensing board in consultation with the Kentucky Office of Drug
16		Control Policy.
17		Nothing in this paragraph shall authorize a state licensing board to promulgate
18		regulations which expand any practitioner's prescriptive authority beyond that
19		which existed prior to June 29, 2017;
20	(c)	A prohibition on a practitioner dispensing greater than a forty-eight (48) hour
21		supply of any Schedule II controlled substance or a Schedule III controlled
22		substance containing hydrocodone unless the dispensing is done as part of a
23		narcotic treatment program licensed by the Cabinet for Health and Family
24		Services;
25	(d)	A procedure for temporarily suspending, limiting, or restricting a license held
26		by a named licensee where a substantial likelihood exists to believe that the
27		continued unrestricted practice by the named licensee would constitute a

danger to the health, welfare, or safety of the licensee's patients or of the general public;

- (e) A procedure for the expedited review of complaints filed against their licensees pertaining to the improper, inappropriate, or illegal prescribing or dispensing of controlled substances that is designed to commence an investigation within seven (7) days of a complaint being filed and produce a charging decision by the board on the complaint within one hundred twenty (120) days of the receipt of the complaint, unless an extension for a definite period of time is requested by a law enforcement agency due to an ongoing criminal investigation;
- (f) The establishment and enforcement of licensure standards that conform to the following:
 - 1. <u>Restrictions that may include</u> a [permanent] ban on licensees and applicants convicted [after July 20, 2012,] in this state or any other state of any felony offense relating to [controlled substances from] prescribing or dispensing a controlled substance;
 - 2. Restrictions <u>that may include</u>[short of] a[permanent] ban on licensees and applicants convicted in this state or any other state of any misdemeanor offense relating to prescribing or dispensing a controlled substance;
 - 3. Restrictions mirroring in time and scope any disciplinary limitation placed on a licensee or applicant by a licensing board of another state if the disciplinary action results from improper, inappropriate, or illegal prescribing or dispensing of controlled substances; and
 - 4. A requirement that licensees and applicants report to the board any conviction or disciplinary action covered by this subsection with appropriate sanctions for any failure to make this required report;

(g) A procedure for the continuous submission of all disciplinary and other reportable information to the National Practitioner Data Bank of the United States Department of Health and Human Services;

- (h) If not otherwise required by other law, a process for submitting a query on each applicant for licensure to the National Practitioner Data Bank of the United States Department of Health and Human Services to retrieve any relevant data on the applicant; and
- (i) Continuing education requirements beginning with the first full educational year occurring after July 1, 2012, that specify that at least seven and one-half percent (7.5%) of the continuing education required of the licensed practitioner relate to the use of the electronic monitoring system established in KRS 218A.202, pain management, or addiction disorders.
- (4) For the purposes of pharmacy dispensing, the medical necessity for a Schedule II controlled substance as documented by the practitioner in the patient's medical record and the prescription for more than a three (3) day supply of that controlled substance are presumed to be valid.
- (5) A state licensing board shall employ or obtain the services of a specialist in the treatment of pain and a specialist in drug addiction to evaluate information received regarding a licensee's prescribing or dispensing practices related to controlled substances if the board or its staff does not possess such expertise, to ascertain if the licensee under investigation is engaging in improper, inappropriate, or illegal practices.
- (6) Any statute to the contrary notwithstanding, no state licensing board shall require that a grievance or complaint against a licensee relating to controlled substances be sworn to or notarized, but the grievance or complaint shall identify the name and address of the grievant or complainant, unless the board by administrative regulation authorizes the filing of anonymous complaints. Any such authorizing

administrative regulation shall require that an anonymous complaint or grievance be accompanied by sufficient corroborating evidence as would allow the board to believe, based upon a totality of the circumstances, that a reasonable probability exists that the complaint or grievance is meritorious.

- Every state licensing board shall cooperate to the maximum extent permitted by law (7) 6 with all state, local, and federal law enforcement agencies, and all professional licensing boards and agencies, state and federal, in the United States or its territories in the coordination of actions to deter the improper, inappropriate, or illegal prescribing or dispensing of a controlled substance.
- 10 Each state licensing board shall require a fingerprint-supported criminal record 11 check by the Department of Kentucky State Police and the Federal Bureau of 12 Investigation of any applicant for initial licensure to practice any profession 13 authorized to prescribe or dispense controlled substances.

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