

1 AN ACT relating to health care and declaring an emergency.

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

3 ➔Section 1. KRS 314.041 is amended to read as follows:

4 (1) An applicant for a license to practice as a registered nurse shall file with the board a
5 written application for a license and submit evidence, verified by oath, that the
6 applicant:

7 (a) Has completed the basic curriculum for preparing registered nurses in an
8 approved school of nursing and has completed requirements for graduation
9 therefrom;

10 (b) Is able to understandably speak and write the English language and to read the
11 English language with comprehension; and

12 (c) Has passed the jurisprudence examination approved by the board as provided
13 by subsection (4) of this section.

14 (2) ~~Except as authorized by subsection (7) of this section,~~ An applicant shall be
15 required to pass a licensure examination in any subjects as the board may
16 determine. Application for licensure by examination shall be received by the board
17 at the time determined by the board by administrative regulation.

18 (3) Upon request, an applicant who meets the requirements of subsection (1) of this
19 section shall be issued a provisional license that shall expire no later than six (6)
20 months from the date of issuance.

21 (4) The jurisprudence examination shall be prescribed by the board and be conducted
22 on the licensing requirements under this chapter and board regulations and
23 requirements applicable to the nursing profession in this Commonwealth. The board
24 shall promulgate an administrative regulation in accordance with KRS Chapter 13A
25 establishing the provisions to meet this requirement.

26 (5) An individual who holds a provisional license shall have the right to use the title
27 "registered nurse applicant" and the abbreviation "R.N.A." An R.N.A. shall only

1 work under the direct supervision of a registered nurse and shall not engage in
2 independent nursing practice.

3 (6) Upon the applicant's successful completion of all requirements for registered nurse
4 licensure, the board may issue to the applicant a license to practice nursing as a
5 registered nurse, if in the determination of the board the applicant is qualified to
6 practice as a registered nurse in this state.

7 (7) (a) The board shall issue a temporary work permit to practice nursing as a
8 registered nurse to any applicant who has been licensed as a registered nurse
9 under the laws of another state or territory[,] if the applicant:

10 1. Is a currently licensed registered nurse in good standing in each state or
11 territory in which the applicant has worked; **and**

12 **2. Meets the requirements of subsection (1) of this section.**

13 (b) The board shall issue a license to practice nursing as a registered nurse to any
14 applicant who has passed the jurisprudence examination prescribed by the
15 board or its equivalent and who has been licensed as a registered nurse under
16 the laws of another state or territory if the applicant:

17 1. Is a currently licensed registered nurse in good standing in each state or
18 territory in which the applicant has worked; **and**

19 **2. Meets the requirements of subsection (1) of this section.**

20 (c) The board shall accept the licensure examination of another state as sufficient
21 for licensure under this subsection **if the applicant meets the requirements of**
22 **subsection (1) of this section.**

23 (d) The board may require a registered nurse practicing as authorized by this
24 subsection to submit to a background check as required by KRS 314.103.‡

25 (e) **This subsection shall not apply to an applicant who holds a multistate license**
26 **in good standing in a state or territory that is a member of the Nurse Licensure**
27 **Compact established in KRS 314.475.]**

- 1 (8) The board may issue a license to practice nursing as a registered nurse to any
2 applicant who has passed the licensure examination and the jurisprudence
3 examination prescribed by the board or their equivalent and been licensed as a
4 registered nurse under the laws of a foreign country, if in the opinion of the board
5 the applicant is qualified to practice as a registered nurse in this state.
- 6 (9) The board shall promulgate administrative regulations pursuant to KRS Chapter
7 13A to establish temporary work permit requirements for a registered nurse who is
8 a graduate of a foreign nursing school and is pursuing licensure by endorsement
9 under subsection (10) of this section.
- 10 (10) The board shall immediately issue a license by endorsement to practice nursing as a
11 registered nurse to an applicant who:
 - 12 (a) Is a graduate of a foreign nursing school;
 - 13 (b) Provides:
 - 14 1. Documentation that the applicant has taken and received a passing score
15 on the National Council Licensure Examination (NCLEX); and
 - 16 2. One (1) of the following:
 - 17 a. A satisfactory Credentials Evaluation Service Professional Report
18 issued by the Commission on Graduates of Foreign Nursing
19 Schools International, Inc. (CGFNS) or other international nurse
20 credentialing organization recognized by the board; or
 - 21 b. A satisfactory VisaScreen ICHP Certificate Verification Letter
22 issued by CGFNS or other international nurse credentialing
23 organization recognized by the board; and
 - 24 (c) Meets the other requirements of this section.
- 25 (11) The applicant for licensure to practice as a registered nurse shall pay a licensure
26 application fee, and licensure examination fees if applicable, as set forth in a
27 regulation by the board promulgated pursuant to the provisions of KRS Chapter

1 13A.

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

8 (13) (a) ~~{On November 1, 2006, and thereafter, }~~ A registered nurse who is retired,
9 upon payment of a one-time fee, may apply for a special license in recognition
10 of the nurse's retired status. A retired nurse may not practice nursing but may
11 use the title "registered nurse" and the abbreviation "R.N."
12 (b) A retired registered nurse who wishes to return to the practice of nursing shall
13 apply for reinstatement.
14 (c) The board shall promulgate an administrative regulation pursuant to KRS
15 Chapter 13A to specify the fee required in paragraph (a) of this subsection and
16 reinstatement under paragraph (b) of this subsection.

17 (14) Any person heretofore licensed as a registered nurse under the licensing laws of this
18 state who has allowed the license to lapse by failure to renew may apply for
19 reinstatement of the license under the provisions of this chapter. A person whose
20 license has lapsed for one (1) year or more shall pass the jurisprudence examination
21 approved by the board as provided in subsection (4) of this section.

22 (15) A license to practice registered nursing may be limited by the board in accordance
23 with regulations promulgated by the board and as defined in this chapter.

24 (16) A person who has completed a prelicensure registered nurse program and holds a
25 current, active licensed practical nurse license from another jurisdiction may apply
26 for licensure by endorsement as a licensed practical nurse in this state.

27 ➔Section 2. KRS 314.051 is amended to read as follows:

- 1 (1) An applicant for a license to practice as a licensed practical nurse shall file with the
2 board a written application for a license verified by oath, that the applicant:
3 (a) Has completed the required educational program in practical nursing at an
4 approved school of nursing and has completed requirements for graduation
5 therefrom;
6 (b) Is able to understandably speak and write the English language and to read the
7 English language with comprehension; and
8 (c) Has passed the jurisprudence examination approved by the board as provided
9 by subsection (4) of this section.
- 10 (2) The applicant for licensure to practice as a licensed practical nurse shall pay a
11 licensure application fee, and licensure examination fees if applicable, as set forth
12 in a regulation by the board.
- 13 (3) ~~Except as authorized by subsection (8) of this section,~~ An applicant shall be
14 required to pass a licensure examination in any subjects the board may determine.
15 Application for licensure by examination shall be received by the board at the time
16 determined by the board by administrative regulation.
- 17 (4) The jurisprudence examination shall be prescribed by the board and be conducted
18 on the licensing requirements under this chapter and board regulations and
19 requirements applicable to the nursing profession in this Commonwealth. The board
20 shall promulgate an administrative regulation in accordance with KRS Chapter 13A
21 establishing the provisions to meet this requirement.
- 22 (5) Upon request, an applicant who meets the requirements of subsection (1) of this
23 section shall be issued a provisional license that shall expire no later than six (6)
24 months from the date of issuance.
- 25 (6) An individual who holds a provisional license shall have the right to use the title
26 "licensed practical nurse applicant" and the abbreviation "L.P.N.A." An L.P.N.A.
27 shall only work under the direct supervision of a nurse and shall not engage in

1 independent nursing practice.

2 (7) Upon the applicant's successful completion of all requirements for licensed
3 practical nurse licensure, the board may issue to the applicant a license to practice
4 as a licensed practical nurse if, in the determination of the board, the applicant is
5 qualified to practice as a licensed practical nurse in this state.

6 (8) (a) The board shall issue a temporary work permit to practice nursing as a
7 licensed practical nurse to any applicant who has been licensed as a licensed
8 practical nurse under the laws of another state or territory if the applicant:
9 1. Is currently a licensed practical nurse in good standing in each state or
10 territory in which the applicant has worked; and
11 2. Meets the requirements of subsection (1) of this section.
12 (b) The board shall issue a license to practice nursing as a licensed practical nurse
13 to any applicant who has passed the jurisprudence examination prescribed by
14 the board or its equivalent and who has been licensed as a licensed practical
15 nurse under the laws of another state or territory if the applicant:
16 1. Is currently a licensed practical nurse in good standing in each state or
17 territory in which the applicant has worked; and
18 2. Meets the requirements of subsection (1) of this section.
19 (c) The board shall accept the licensure examination of another state as sufficient
20 for licensure under this subsection if the applicant meets the requirements of
21 subsection (1) of this section.
22 (d) The board may require a licensed practical nurse practicing as authorized by
23 this subsection to submit to a background check as required by KRS 314.103.
24 (e) ~~This subsection shall not apply to an applicant who holds a multistate license
25 in good standing in a state or territory that is a member of the Nurse Licensure
26 Compact established in KRS 314.475.]~~
27 (9) The board may issue a license to practice as a licensed practical nurse to any

1 applicant who has passed the licensure examination and the jurisprudence
2 examination prescribed by the board or their equivalent, and has been licensed or
3 registered as a licensed practical nurse or a person licensed to perform similar
4 services under a different title, under the laws of a foreign country if, in the opinion
5 of the board, the applicant meets the requirements for a licensed practical nurse in
6 this state.

7 (10) The board shall promulgate administrative regulations pursuant to KRS Chapter
8 13A to establish temporary work permit requirements for a licensed practical nurse
9 who is a graduate of a foreign nursing school and is pursuing licensure by
10 endorsement under subsection (11) of this section.

11 (11) The board shall immediately issue a license by endorsement to practice nursing as a
12 licensed practical nurse to an applicant who:

13 (a) Is a graduate of a foreign nursing school;

14 (b) Provides:

15 1. Documentation that the applicant has taken and received a passing score
16 on the National Council Licensure Examination (NCLEX); and

17 2. One (1) of the following:

18 a. A satisfactory Credentials Evaluation Service Professional Report
19 issued by the Commission on Graduates of Foreign Nursing
20 Schools International, Inc. (CGFNS) or other international nurse
21 credentialing organization recognized by the board; or

22 b. A satisfactory VisaScreen ICHP Certificate Verification Letter
23 issued by CGFNS or other international nurse credentialing
24 organization recognized by the board; and

25 (c) Meets the other requirements of this section.

26 (12) Any person who holds a license to practice as a licensed practical nurse in this state
27 shall have the right to use the title "licensed practical nurse" and the abbreviation

1 "L.P.N." No other person shall assume the title or use the abbreviation or any other
2 words, letters, signs, or figures to indicate that the person using the same is a
3 licensed practical nurse. No person shall practice as a licensed practical nurse
4 unless licensed under this chapter.

5 (13) (a) ~~Beginning November 1, 2005,~~ For a licensed practical nurse who is retired,
6 upon payment of a one-time fee, the board may issue a special license to a
7 licensed practical nurse in recognition of the nurse's retired status. A retired
8 nurse may not practice nursing but may use the title "licensed practical nurse"
9 and the abbreviation "L.P.N."

10 (b) A retired licensed practical nurse who wishes to return to the practice of
11 nursing shall apply for reinstatement.

12 (c) The board shall promulgate an administrative regulation pursuant to KRS
13 Chapter 13A to specify the fee required in paragraph (a) of this subsection and
14 reinstatement under paragraph (b) of this subsection.

15 (14) Any person heretofore licensed as a practical nurse under the licensing laws of this
16 state who has allowed the license to lapse by failure to renew may apply for
17 reinstatement of the license under the provisions of this chapter. A person whose
18 license has lapsed for one (1) year or more shall pass the jurisprudence examination
19 approved by the board as provided in subsection (4) of this section.

20 (15) A license to practice practical nursing may be limited by the board in accordance
21 with regulations promulgated by the board and as defined in this chapter.

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

23 (1) An applicant for licensure to practice as an advanced practice registered nurse shall
24 file with the board a written application for licensure and submit evidence, verified
25 by oath, that the applicant:

26 (a) Has completed an education program that prepares the registered nurse for
27 one (1) of four (4) APRN roles that has been accredited by a national nursing

1 accredits body recognized by the United States Department of Education;

2 (b) Is certified by a nationally established organization or agency recognized by

3 the board to certify registered nurses for advanced practice registered nursing;

4 (c) Is able to understandably speak and write the English language and to read the

5 English language with comprehension; and

6 (d) Has passed the jurisprudence examination approved by the board as provided

7 in subsection (5) of this section.

8 (2) Upon request, an applicant who meets the requirements of subsection (1)(a), (c),

9 and (d) of this section, but has not yet taken the national certification exam, may be

10 issued a provisional license that shall expire no later than six (6) months from the

11 date of issuance.

12 (3) An individual who holds a provisional license shall have the right to use the title

13 "advanced practice registered nurse applicant" and the abbreviation "APRNA." An

14 APRNA may function as an APRN, except for prescribing medications and shall

15 only practice under a mentorship with an advanced practice registered nurse or a

16 physician.

17 (4) (a) An APRNA shall take and pass the national certification exam recognized by

18 the board to the certify registered nurses for advanced practice registered

19 nursing within the six (6) month term of the provisional license to become a

20 fully licensed APRN.

21 (b) If the APRNA fails to take and pass the national certification exam on the first

22 attempt, the APRNA shall be given one (1) more opportunity to take and pass

23 the exam.

24 (c) If the APRNA does not pass the national certification exam on the second

25 attempt, the provisional license shall immediately be terminated.

26 (5) The jurisprudence examination shall be prescribed by the board and be conducted

27 on the licensing requirements under this chapter and administrative regulations

1 applicable to advance practice registered nursing promulgated in accordance with
2 KRS Chapter 13A.

3 (6) The board may issue a license to practice advanced practice registered nursing to an
4 applicant who holds a current active registered nurse license issued by the board or
5 holds the privilege to practice as a registered nurse in this state and meets the
6 qualifications of subsection (1) of this section. An advanced practice registered
7 nurse shall be:

8 (a) Designated by the board as a certified registered nurse anesthetist, certified
9 nurse midwife, certified nurse practitioner, or clinical nurse specialist; and

10 (b) Certified in at least one (1) population focus.

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

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

17 (9) Any person who holds a license to practice as an advanced practice registered nurse
18 in this state shall have the right to use the title "advanced practice registered nurse"
19 and the abbreviation "APRN." No other person shall assume the title or use the
20 abbreviation or any other words, letters, signs, or figures to indicate that the person
21 using the same is an advanced practice registered nurse. No person shall practice as
22 an advanced practice registered nurse unless licensed under this section.

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

1 (11) The board may authorize a person to practice as an advanced practice registered
2 nurse temporarily and pursuant to applicable **administrative** regulations
3 promulgated by the board pursuant to the provisions of KRS Chapter 13A if the
4 person is awaiting licensure by endorsement.

5 (12) (a) Except as authorized by subsection (13) of this section, before an advanced
6 practice registered nurse engages in the prescribing or dispensing of
7 nonscheduled legend drugs as authorized by KRS 314.011(8), the advanced
8 practice registered nurse shall enter into a written "Collaborative Agreement
9 for the Advanced Practice Registered Nurse's Prescriptive Authority for
10 Nonscheduled Legend Drugs" (CAPA-NS) with a physician **who has an**
11 **active and unrestricted license**~~licensed~~ in Kentucky that defines the scope
12 of the prescriptive authority for nonscheduled legend drugs.

13 (b) The advanced practice registered nurse shall notify the Kentucky Board of
14 Nursing of the existence of the CAPA-NS and the name of the collaborating
15 physician and shall, upon request, furnish to the board or its staff a copy of the
16 completed CAPA-NS. The Kentucky Board of Nursing shall notify the
17 Kentucky Board of Medical Licensure that a CAPA-NS exists and furnish the
18 collaborating physician's name.

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

23 (d) The CAPA-NS shall describe the arrangement for collaboration and
24 communication between the advanced practice registered nurse and the
25 collaborating physician regarding the prescribing of nonscheduled legend
26 drugs by the advanced practice registered nurse.

27 (e) The advanced practice registered nurse who is prescribing nonscheduled

1 legend drugs and the collaborating physician shall be qualified in the same or
2 a similar specialty.

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

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

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

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

19 1. An advanced practice registered nurse whose license is in good standing
20 at that time with the Kentucky Board of Nursing and who will be
21 prescribing nonscheduled legend drugs without a CAPA-NS shall notify
22 that board that the four (4) year requirement has been met and that he or
23 she will be prescribing nonscheduled legend drugs without a CAPA-NS;

24 2. The advanced practice registered nurse will no longer be required to
25 maintain a CAPA-NS and shall not be compelled to maintain a CAPA-
26 NS as a condition to prescribe after the four (4) years have expired, but
27 an advanced practice registered nurse may choose to maintain a CAPA-

1 NS indefinitely after the four (4) years have expired; and

2 3. If the advanced practice registered nurse's license is not in good

3 standing, the CAPA-NS requirement shall not be removed until the

4 license is restored to good standing.

5 (c) An advanced practice registered nurse wishing to practice in Kentucky

6 through licensure by endorsement is exempt from the CAPA-NS requirement

7 if the advanced practice registered nurse:

8 1. Has met the prescribing requirements in a state that grants independent

9 prescribing to advanced practice registered nurses; and

10 2. Has been prescribing for at least four (4) years.

11 (d) An advanced practice registered nurse wishing to practice in Kentucky

12 through licensure by endorsement who had a collaborative prescribing

13 agreement with a physician with an active and unrestricted license in another

14 state for at least four (4) years shall be[is] exempt from the CAPA-NS

15 requirement.

16 (14) (a) There is hereby established the "Collaborative Agreement for the Advanced

17 Practice Registered Nurse's Prescriptive Authority for Controlled Substances"

18 (CAPA-CS) Committee. The committee shall be composed of four (4)

19 members selected as follows:

20 1. Two (2) members shall be advanced practice registered nurses who

21 currently prescribe or have prescribed scheduled drugs, each appointed

22 by the Kentucky Board of Nursing from a list of names submitted for

23 each position by the Kentucky Association of Nurse Practitioners and

24 Nurse-Midwives; and

25 2. Two (2) members shall be physicians who have currently or had

26 previously a signed CAPA-CS with an advanced practice registered

27 nurse who prescribes scheduled drugs, each appointed by the Kentucky

3 (b) ~~Within sixty (60) days of June 29, 2023,~~ The committee shall develop a
4 standardized CAPA-CS form to be used in accordance with the provisions of
5 subsection (15) of this section. The standardized CAPA-CS form shall be used
6 by all advanced practice registered nurses and all physicians in Kentucky who
7 enter into a CAPA-CS.

8 (c) The committee may be reconvened at the request of the Kentucky Board of
9 Nursing or the Kentucky Board of Medical Licensure if it becomes necessary
10 to update the standardized CAPA-CS form.

11 (d) The Kentucky Board of Nursing and the Kentucky Board of Medical
12 Licensure shall each be responsible for and have exclusive authority over their
13 respective members appointed to the committee.

14 (e) The committee shall be attached to the Kentucky Board of Nursing for
15 administrative purposes. The Kentucky Board of Nursing shall be responsible
16 for the expenses of its members. The Kentucky Board of Medical Licensure
17 shall be responsible for the expenses of its members.

18 (f) The Kentucky Board of Nursing shall promulgate an administrative regulation
19 pursuant to KRS Chapter 13A within ninety (90) days of June 29, 2023, to
20 establish and implement the standardized CAPA-CS form developed by the
21 committee.

22 (15) (a) Except as provided in subsections (17) and (18) of this section, before an
23 advanced practice registered nurse engages in the prescribing of Schedules II
24 through V controlled substances as authorized by KRS 314.011(8), the
25 advanced practice registered nurse shall enter into a written "Collaborative
26 Agreement for the Advanced Practice Registered Nurse's Prescriptive
27 Authority for Controlled Substances" (CAPA-CS) on a standardized CAPA-

1 CS form with a physician who has an active and unrestricted
2 license~~licensed~~ in Kentucky that defines the scope of the prescriptive
3 authority for controlled substances.

4 (b) The advanced practice registered nurse shall notify the Kentucky Board of
5 Nursing of the existence of the CAPA-CS and the name of the collaborating
6 physician and shall, upon request, furnish to the board or its staff a copy of the
7 completed standardized CAPA-CS form. The Kentucky Board of Nursing
8 shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists
9 and furnish an executed copy of the Kentucky Board of Nursing notification
10 of a CAPA-CS completed by the advanced practice registered nurse to the
11 Kentucky Board of Medical Licensure.

12 (c) The CAPA-CS shall be in writing and signed by both the advanced practice
13 registered nurse and the collaborating physician. A copy of the completed
14 standardized CAPA-CS form shall be available at each site where the
15 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.

23 (f) The CAPA-CS is not intended to be a substitute for the appropriate exercise
24 of professional judgment by the advanced practice registered nurse or by the
25 collaborating physician.

26 (g) The relevant statutes and regulations pertaining to the prescribing authority of
27 advanced practice registered nurses for controlled substances shall be

1 reviewed by the advanced practice registered nurse and the collaborating
2 physician at the outset of the CAPA-CS.

3 (h) Prior to prescribing controlled substances, the advanced practice registered
4 nurse shall obtain a Controlled Substance Registration Certificate through the
5 United States Drug Enforcement Administration.

6 (i) The CAPA-CS shall be reviewed and signed by both the advanced practice
7 registered nurse and the collaborating physician and may be rescinded by
8 either party upon thirty (30) days written notice to the other party. The
9 advanced practice registered nurse shall notify the Kentucky Board of Nursing
10 that the CAPA-CS has been rescinded. The Kentucky Board of Nursing shall
11 notify the Kentucky Board of Medical Licensure that the CAPA-CS has been
12 rescinded and shall furnish an executed copy of the Kentucky Board of
13 Nursing rescission of a CAPA-CS completed by the advanced practice
14 registered nurse or by the collaborating physician to the Kentucky Board of
15 Medical Licensure.

16 (j) The CAPA-CS shall state any limits on controlled substances which may be
17 prescribed by the advanced practice registered nurse, as agreed to by the
18 advanced practice registered nurse and the collaborating physician. The limits
19 so imposed may be more stringent than either the schedule limits on
20 controlled substances established in KRS 314.011(8) or the limits imposed in
21 regulations promulgated by the Kentucky Board of Nursing thereunder. The
22 CAPA-CS shall also include any requirements, as agreed to by both the
23 advanced practice registered nurse and the collaborating physician, for
24 communication between the advanced practice registered nurse and the
25 collaborating physician.

26 (k) Within thirty (30) days of obtaining a Controlled Substance Registration
27 Certificate from the United States Drug Enforcement Administration, and

1 prior to prescribing controlled substances, the advanced practice registered
2 nurse shall register with the electronic system for monitoring controlled
3 substances established by KRS 218A.202 and shall provide a copy of the
4 registration certificate to the board.

5 (1) ~~[After June 29, 2023,]~~For advanced practice registered nurses who have not
6 had a CAPA-CS:

7 1. An advanced practice registered nurse wishing to have a CAPA-CS in
8 his or her first year of licensure must be employed by a health care
9 entity or provider. If the employing provider is an advanced practice
10 registered nurse, he or she must have completed four (4) years of
11 prescribing with a CAPA-CS and no longer be required to maintain a
12 CAPA-CS;

13 2. In the first year of the CAPA-CS, the advanced practice registered nurse
14 and the physician shall meet at least quarterly, either in person or via
15 video conferencing, to review the advanced practice registered nurse's
16 reverse KASPER report or that of the prescription drug monitoring
17 program (PDMP) currently in use in Kentucky pursuant to KRS
18 218A.202. The advanced practice registered nurse and the collaborating
19 physician may meet via telephonic communication when an in-person
20 meeting or videoconferencing session is not logistically or
21 technologically feasible. The review of specific prescriptions identified
22 in the reverse KASPER report or that of the PDMP currently in use in
23 Kentucky pursuant to KRS 218A.202 by the advanced practice
24 registered nurse and the collaborating physician may include
25 information from the patient's medical record that relates to the
26 condition or conditions being treated with controlled substances by the
27 advanced practice registered nurse to facilitate meaningful discussion. A

1 record of the meeting date, summary of discussions, and any
2 recommendations made shall be made in writing and a copy retained by
3 both parties to the agreement for a period of one (1) year past the
4 expiration of the CAPA-CS. The meeting records shall be subject to
5 audit by the Kentucky Board of Nursing for the advanced practice
6 registered nurse and by the Kentucky Board of Medical Licensure for
7 the physician. The sole purpose of the audit shall be to document that
8 the collaboration meetings have taken place as required by this section
9 and that other provisions of this section have been met; and

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

1 be subject to audit by the Kentucky Board of Nursing for the advanced
2 practice registered nurse and by the Kentucky Board of Medical
3 Licensure for the physician. The sole purpose of the audit shall be to
4 document that the collaboration meetings have taken place as required
5 by this section and that other provisions of this section have been met.

6 (16) Nothing in this chapter shall be construed as requiring an advanced practice
7 registered nurse designated by the board as a certified registered nurse anesthetist to
8 enter into a collaborative agreement with a physician, pursuant to this chapter or
9 any other provision of law, in order to deliver anesthesia care.

10 (17) (a) Except as provided in subsection (18) 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 (15) 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 June 29, 2023:]

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 Nursing
25 that the advanced practice registered nurse's license is in good
26 standing. []

27 2. An advanced practice registered nurse who has fewer than four (4) years

1 of prescribing authority with a CAPA-CS and who wishes to prescribe
2 controlled substances without a CAPA-CS shall complete the required
3 number of years under the then-current CAPA-CS to reach four (4)
4 years and shall submit, via the APRN update portal, a request for review
5 from the Kentucky Board of Nursing that the advanced practice
6 registered nurse's license is in good standing. However, if the then-
7 current CAPA-CS expires or is rescinded prior to the end of the four (4)
8 year term, a new CAPA-CS shall be required and subject to the
9 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 review
12 and has notified the advanced practice registered nurse in writing that
13 the advanced practice registered nurse is exempt from the CAPA-CS
14 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 of
18 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 administrative
21 regulation promulgated by the board pursuant to this subsection, including but
22 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 account
- 2 with the electronic system for monitoring controlled substances pursuant
- 3 to KRS 218A.202;
- 4 4. Through a criminal background check of the absence of any unreported
- 5 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 disciplinary
- 8 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 controlled

13 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 board

16 in writing that a CAPA-CS is no longer required. The advanced practice

17 registered nurse shall not be required to maintain a CAPA-CS as a condition

18 to prescribe controlled substances unless the board later imposes such a

19 requirement as part of an action instituted under KRS 314.091(1). An

20 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 CAPA-

23 CS shall be held to the same standard of care as all other providers with

24 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 is

27 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 those
3 who are no longer required to have a CAPA-CS in order to prescribe, through
4 a review of data obtained from the KASPER report or that of the PDMP
5 currently in use in Kentucky pursuant to KRS 218A.202 and shall take
6 disciplinary action under KRS 314.091(1) if a violation has occurred.

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

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

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

15 3. Has a license in good standing as described in subsection (17) of this
16 section and in the administrative regulation promulgated by the board
17 pursuant to subsection (17) 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 physician
22 **who has an active and unrestricted license**~~licensed~~ in Kentucky and
23 comply with the provisions of this section until the cumulative four (4) year
24 requirement is met, after which the advanced practice registered nurse who
25 wishes to prescribe controlled substances without a CAPA-CS shall follow the
26 process identified in subsection (17) of this section and in the administrative
27 regulation promulgated by the board pursuant to subsection (17) of this

1 section.

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

6 ➔Section 4. KRS 314.109 is amended to read as follows:

7 Any person under the jurisdiction of the board shall, within thirty (30)~~ninety (90)~~ days
8 of entry of an order or judgment, notify the board in writing of any misdemeanor or
9 felony criminal conviction, except traffic-related misdemeanors other than operating a
10 motor vehicle under the influence of drugs or alcohol, in this or any other jurisdiction.
11 The person shall submit a certified or attested copy of the order and a letter of
12 explanation.

13 →Section 5. KRS 209.032 is amended to read as follows:

14 (1) As used in this section:

15 (a) "Employee" means a person who:

16 1. Is hired directly or through a contract by a vulnerable adult services
17 provider who has duties that involve or may involve one-on-one contact
18 with a patient, resident, or client; or

19 2. Is a volunteer who has duties that are equivalent to the duties of an
20 employee providing direct services and the duties involve, or may
21 involve, one-on-one contact with a patient, resident, or client;

22 (b) "Validated substantiated finding of adult abuse, neglect, or exploitation"
23 means that the cabinet has:

24 1. Entered a final order concluding by a preponderance of the evidence that
25 an individual has committed adult abuse, neglect, or exploitation against
26 a different adult for whom the individual was providing care or services
27 as an employee or otherwise with the expectation of compensation;

- 1 2. The individual has been afforded an opportunity for an administrative
2 hearing under procedures compliant with KRS Chapter 13B, and an
3 appeal to the Circuit Court of the county where the abuse, neglect, or
4 exploitation is alleged to have occurred or, if the individual consents, to
5 the Franklin Circuit Court; and
- 6 3. That any appeal, including the time allowed for filing an appeal, has
7 concluded or expired; and

8 (c) "Vulnerable adult service provider" means:

- 9 1. Adult day health care program centers as defined in KRS 216B.0441;
- 10 2. Adult day training facilities;
- 11 3. Assisted-living communities as defined in KRS 194A.700;
- 12 4. Boarding homes as defined in KRS 216B.300;
- 13 5. Group homes for individuals with an intellectual disability and
14 developmentally disabled (ID/DD);
- 15 6. Home health agencies as defined in KRS 216.935;
- 16 7. Hospice programs or residential hospice facilities licensed under KRS
17 Chapter 216B;
- 18 8. Long-term-care hospitals as defined in 42 U.S.C. sec.
19 1395ww(d)(1)(B)(iv);
- 20 9. Long-term-care facilities as defined in KRS 216.510;
- 21 10. Personal services agencies as defined in KRS 216.710;
- 22 11. Providers of home and community-based services authorized under KRS
23 Chapter 205, including home and community based waiver services and
24 supports for community living services; and
- 25 12. State-owned and operated psychiatric hospitals.

26 (2) A vulnerable adult services provider shall query the cabinet as to whether a
27 validated substantiated finding of adult abuse, neglect, or exploitation has been

1 entered against an individual who is a bona fide prospective employee of the
2 provider. The provider may periodically submit similar queries as to its current
3 employees and volunteers. The cabinet shall, except as provided under subsection
4 (5) of this section and any administrative regulations promulgated thereunder, reply
5 to either type of query only that it has or has not entered such a finding against the
6 named individual.

7 (3) An individual may query the cabinet as to whether the cabinet's records indicate
8 that a validated substantiated finding of adult abuse, neglect, or exploitation has
9 been entered against him or her. The cabinet shall reply only that it has or has not
10 entered such a finding against the named individual, although this limitation shall
11 not be construed to prevent the individual who is the subject of the investigation
12 from obtaining cabinet records under other law, including the Kentucky Open
13 Records Act. An individual making a query under this subsection may direct that
14 the results of the query be provided to an alternative recipient seeking to utilize the
15 care or services of the querying individual.

16 (4) Every cabinet investigation of adult abuse, neglect, or exploitation committed by an
17 employee or a person otherwise acting with the expectation of compensation shall
18 be conducted in a manner affording the individual being investigated the level of
19 due process required to qualify any substantiated finding as a validated
20 substantiated finding of adult abuse, neglect, or exploitation.

21 (5) The cabinet shall promulgate administrative regulations in accordance with KRS
22 Chapter 13A to implement the provisions of this section. Included in these
23 administrative regulations shall be:

24 (a) An error resolution process allowing an individual whose name is erroneously
25 reported to have been the subject of a validated substantiated finding of adult
26 abuse, neglect, or exploitation to request the correction of the cabinet's
27 records;

1 (b) "Authorized entity" means a public, private, or parochial school that has a
2 trained individual on the premises or is officially associated with a trained
3 individual;

4 (c) "Diabetes medical management plan" means a written, individualized
5 health care plan designed to acknowledge and prepare for the health care
6 needs of a student diagnosed with diabetes that is prepared by the student's
7 treating practitioner or practitioner team;

8 (d) "Pharmacist" has the same meaning as in KRS 315.010;

9 (e) "Trained individual" means an individual who has successfully completed
10 an approved education training program under KRS 158.838; and

11 (f) "Undesignated glucagon" means glucagon prescribed in the name of an
12 authorized entity or trained individual.

13 (2) A health care practitioner, acting within the health care practitioner's scope of
14 practice, may prescribe undesignated glucagon in the name of an authorized
15 entity or trained individual for use in accordance with this section.

16 (3) A pharmacist may dispense undesignated glucagon for a prescription issued in
17 the name of an authorized entity or trained individual for use in accordance with
18 this section.

19 (4) A trained individual may:

20 (a) Receive a prescription for undesignated glucagon from a health care
21 practitioner or pharmacist; and

22 (b) Administer undesignated glucagon in an emergency situation when a
23 school nurse or other licensed health care practitioner is not immediately
24 available and the trained individual believes in good faith that a student is
25 experiencing severe hypoglycemia or other conditions noted in that
26 student's diabetes medical management plan, regardless of whether that
27 student has a prescription for glucagon.

1 (5) An authorized entity that acquires and stocks a supply of undesignated glucagon
2 with a valid prescription shall:

3 (a) Store the undesignated glucagon in accordance with the manufacturer's
4 instructions and any additional requirements established by the Kentucky
5 Department for Public Health; and

6 (b) Designate a trained individual to be responsible for the storage,
7 maintenance, and general oversight of the undesignated glucagon acquired
8 by the authorized entity.

9 (6) Any authorized entity or trained individual that acquires and stocks a supply of
10 undesignated glucagon in accordance with this section shall notify an agent of
11 the local emergency medical services and the local emergency communications or
12 dispatch center of the existence, location, and type of glucagon acquired.

13 (7) Any authorized entity or trained individual that administers or provides
14 undesignated glucagon to a student who is believed to be experiencing severe
15 hypoglycemia or other conditions noted in that student's diabetes medical
16 management plan shall contact the student's parent, guardian, or emergency
17 contact, and local emergency medical services as soon as possible.

18 (8) The requirements of subsection (7) of this section shall not apply to any
19 individual who administers or provides undesignated glucagon if that individual
20 is acting as a Good Samaritan under KRS 313.035 and 411.148.

21 (9) Any authorized entity or trained individual that, in good faith and without
22 compensation, renders emergency care or treatment by the use of undesignated
23 glucagon under this section or Section 8 of this Act shall be immune from civil
24 liability for any personal injury resulting from the care or treatment, or resulting
25 from any act or failure to act in providing or arranging further medical
26 treatment, if the person acts as an ordinary, reasonably prudent person would
27 have acted under the same or similar circumstances.

1 **(10) The immunity granted under subsection (9) of this section applies to:**

2 **(a) A health care practitioner who prescribes or authorizes the emergency use**
3 **of undesignated glucagon;**

4 **(b) A pharmacist who fills a prescription for undesignated glucagon;**

5 **(c) A trained individual who administers or provides undesignated glucagon;**

6 **(d) An authorized entity that acquires and stocks undesignated glucagon, or**
7 **provides undesignated glucagon to a trained individual; and**

8 **(e) An individual trainer or training entity providing the required training to a**
9 **trained individual.**

10 **(11) The immunity granted under subsection (9) of this section shall not apply if the**
11 **personal injury results from the gross negligence or willful or wanton misconduct**
12 **of the person rendering the care or treatment.**

13 ➔ Section 7. KRS 158.832 is amended to read as follows:

14 As used in KRS 158.830 to 158.838:

15 (1) "Anaphylaxis" means an allergic reaction resulting from sensitization following
16 prior contact with an antigen which can be a life-threatening emergency.
17 Anaphylaxis may be triggered by, among other agents, foods, drugs, injections,
18 insect stings, and physical activity;

19 (2) "Bronchodilator rescue inhaler" means medication used to relieve asthma
20 symptoms or respiratory distress along with devices and device components needed
21 to appropriately administer the medication, including but not limited to disposable
22 spacers;

23 (3) **"Documented medical condition" means a life-threatening allergy, asthma, risk**
24 **of anaphylaxis, risk of respiratory distress, diabetes, hypoglycemia, adrenal crisis,**
25 **or other life-threatening medical condition as diagnosed by a health care**
26 **practitioner;**

27 (4) "Medications" means all medicines individually prescribed by a health care

1 practitioner for the student that pertain to his or her documented medical condition,
2 ~~[asthma or are used to treat anaphylaxis,]including [but not limited to injectable~~
3 ~~epinephrine, [devicees or]bronchodilator rescue inhalers, nebulizers, glucagon,~~
4 Solu-Cortef, or other medication;

5 (4) "Health care practitioner" means a physician or other health care provider who has
6 prescriptive authority;

7 (5) "Self-administration" means the student's use of his or her prescribed ~~[asthma or~~
8 ~~anaphylaxis]medications, pursuant to prescription or written direction from the~~
9 health care practitioner; and

10 (6) "Seizure action plan" means a written, individualized health plan designed to
11 acknowledge and prepare for the health care needs of a student diagnosed with a
12 seizure disorder that is prepared by the student's treating physician.

13 ➔Section 8. KRS 158.834 is amended to read as follows:

14 (1) The board of each local public school district and the governing body of each
15 private and parochial school or school district shall permit the self-administration of
16 medications by a student who has a documented medical condition as defined in
17 Section 7 of this Act~~[with asthma or by a student who is at risk of having~~
18 ~~anaphylaxis]~~ if the student's parent or guardian:

19 (a) Provides written authorization for self-administration to the school; and
20 (b) Provides a written statement from the student's health care practitioner that the
21 student has a documented medical condition~~[asthma or is at risk of having~~
22 ~~anaphylaxis]~~ and has been instructed in self-administration of the student's
23 prescribed medications to treat the documented medical condition~~[asthma or~~
24 ~~anaphylaxis]~~. The statement shall also contain the following information:

25 1. The name and purpose of the medications;
26 2. The prescribed dosage;
27 3. The time or times the medications are to be regularly administered and

3 4. The length of time for which the medications are prescribed.

4 (2) The statements required in subsection (1) of this section shall be kept on file in the
5 office of the school nurse or school administrator.

6 (3) The school district or the governing body of each private and parochial school or
7 school district shall inform the parent or guardian of the student that the school and
8 its employees and agents shall incur no liability as a result of any injury sustained
9 by the student from the self-administration of his or her medications to treat his or
10 her documented medical condition~~asthma or anaphylaxis~~. The parent or guardian
11 of the student shall sign a statement acknowledging that the school shall incur no
12 liability and the parent or guardian shall indemnify and hold harmless the school
13 and its employees against any claims relating to the self-administration of
14 medications used to treat his or her documented medical condition~~asthma or~~
15 ~~anaphylaxis~~. Nothing in this subsection shall be construed to relieve liability of the
16 school or its employees for negligence.

17 (4) The permission for self-administration of medications shall be effective for the
18 school year in which it is granted and shall be renewed each following school year
19 upon fulfilling the requirements of subsections (1) to (3) of this section.

20 ➔Section 9. KRS 158.836 is amended to read as follows:

21 (1) Upon fulfilling the requirements of KRS 158.834, a student with a documented
22 medical condition as defined in Section 7 of this Act[asthma or a student who is at
23 ~~risk of having anaphylaxis] may possess and use medications to treat the~~
24 documented medical condition[asthma or anaphylaxis] when at school, at a school-
25 sponsored activity, under the supervision of school personnel, or before and after
26 normal school activities while on school properties including school-sponsored
27 child care or after-school programs.

1 (2) A student who has a documented medical condition~~life threatening allergy~~ shall
2 have:

3 (a) ~~An injectable~~Epinephrine ~~device~~, a bronchodilator rescue inhaler, a
4 nebulizer, glucagon, Solu-Cortef, or other medication as prescribed by a
5 health care practitioner and provided by his or her parent or guardian in his
6 or her possession or in the possession of the school nurse, school
7 administrator, or his or her designee in all school environments that the
8 student may be in, including the classroom, the cafeteria, the school bus, and
9 on field trips; and

10 (b) A written individual health care plan in place for the prevention and proactive
11 management for the student in all school environments that the student may
12 be in, including the classroom, the cafeteria, the school bus, and on field trips.
13 The individual health care plan required under this paragraph may be
14 incorporated in the student's individualized education program required under
15 Pub. L. No. 94-142 or the student's 504 plan required under Pub. L. No. 93-
16 112.

17 (3) (a) Each school is encouraged to keep ~~an injectable~~epinephrine ~~device~~ in a
18 minimum of two (2) locations in the school, including but not limited to the
19 school office and the school cafeteria, so that epinephrine may be
20 administered to any student believed to be having a life-threatening allergic or
21 anaphylactic reaction. Schools electing to keep ~~injectable~~epinephrine
22 ~~devices~~ shall maintain *it*~~them~~ in a secure, accessible, but unlocked
23 location. The provisions of this paragraph shall apply to the extent that the
24 ~~injectable~~epinephrine is~~devices are~~ donated to a school or a school has
25 sufficient funding to purchase the ~~injectable~~epinephrine ~~devices~~.

26 (b) Each school is encouraged to keep a bronchodilator rescue inhaler or
27 nebulizer in a minimum of two (2) locations in the school, including but not

1 limited to the school office and athletic office, so that bronchodilator rescue
2 inhalers or nebulizers may be administered to any student believed to be
3 having asthma symptoms or respiratory distress. Schools electing to keep
4 bronchodilator rescue inhalers or nebulizers shall maintain them in a secure,
5 accessible, but unlocked location. The provisions of this paragraph shall apply
6 to the extent that the bronchodilator rescue inhalers or nebulizers are donated
7 to a school or a school has sufficient funding to purchase the bronchodilator
8 rescue inhalers or nebulizers.

9 (c) Each school is encouraged to stock undesignated glucagon as permitted
10 under Section 6 of this Act in a minimum of two (2) locations in the school,
11 including but not limited to the school office and athletic office, so that
12 undesignated glucagon may be administered to any student believed to be
13 having low blood sugar symptoms or hypoglycemia. Schools electing to
14 stock undesignated glucagon shall maintain it in a secure, accessible,
15 unlocked location and in accordance with Section 6 of this Act. This
16 paragraph shall apply to the extent that the undesignated glucagon is
17 donated to a school or a school has sufficient funding to purchase and stock
18 undesignated glucagon.

19 (d) Each school electing to keep ~~injectable~~ epinephrine ~~devices~~ or
20 bronchodilator rescue inhalers, nebulizers, or undesignated glucagon, shall
21 implement policies and procedures for managing a student's life-threatening
22 allergic reaction, anaphylactic reaction, ~~or~~ asthma ~~}, or hypoglycemia~~,
23 developed and approved by the local school board.

24 (e)~~(d)~~ The Kentucky Department for Public Health shall develop clinical
25 protocols in the school health section of the Core Clinical Service Guide
26 manual that is maintained in the county or district public health department to
27 address ~~injectable~~ epinephrine ~~devices~~, ~~and~~ bronchodilator rescue

1 inhalers ~~], nebulizers, and glucagon~~ kept by schools under this subsection
2 and to advise on clinical administration of the ~~injectable~~ epinephrine ~~devices~~ ~~]~~ bronchodilator rescue inhalers, nebulizers, and glucagon. The
3 protocols shall be developed in collaboration with local health departments or
4 local clinical providers and local schools and local school districts.

6 (4) Any school employee authorized under KRS 156.502 to administer medication
7 shall not be liable for any civil damages for ordinary negligence in acts or
8 omissions resulting from the administration or the assistance in the administration
9 of epinephrine, ~~or~~ a bronchodilator rescue inhaler, nebulizer, glucagon, Solu-
10 Cortef, or other prescribed medication to any student believed in good faith to be
11 having a life-threatening allergic or anaphylactic reaction, ~~or~~ asthma symptoms or
12 respiratory distress, hypoglycemia, or adrenal crisis.

13 ➔Section 10. Whereas it is critical to ensure the provision of professional, safe,
14 and accessible health care to the citizens of the Commonwealth, an emergency is declared
15 to exist, and this Act takes effect upon its passage and approval by the Governor or upon
16 its otherwise becoming a law.