

1 AN ACT relating to infantile seizure disorder.

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

3 ➔SECTION 1. A NEW SECTION OF KRS CHAPTER 214 IS CREATED TO
4 READ AS FOLLOWS:

5 **(1) The Department for Public Health shall make available to the public on its**
6 **website educational material on the recognition and warning signs of infantile**
7 **seizure disorder.**

8 **(2) The department may solicit and accept the assistance of relevant medical**
9 **associations or community resources to develop, promote, and distribute the**
10 **educational material.**

11 **(3) A health care provider who regularly provides care for infants shall offer to and**
12 **discuss with the families and caregivers of infants the information available**
13 **under subsection (1) of this section.**

14 ➔Section 2. KRS 311.601 is amended to read as follows:

15 (1) The board may adopt reasonable rules and regulations to effectuate and implement
16 the provisions of KRS 311.550 to 311.620, including but not limited to regulations
17 designed to ensure the continuing professional competency of present and future
18 licensees. As an adjunct to the power conferred upon the board by this section, the
19 board may require licensees to submit to interrogation as to the nature and extent of
20 their postgraduate medical education and to require licensees found to be deficient
21 in their efforts to keep abreast of new methods and technology, to obtain additional
22 instruction and training therein.

23 (2) As part of the continuing medical education which the board adopts to ensure
24 continuing professional competency of present and future licensees, the board shall
25 ensure that:

26 (a) Current practicing pediatricians, including those certified in medicine and
27 pediatrics, radiologists, family practitioners, and those physicians practicing

1 in an emergency medicine or urgent care setting, demonstrate completion of a
2 one (1) time course of at least one (1) hour of continuing medical education
3 approved by the board and covering the recognition and prevention of
4 pediatric abusive head trauma, as defined in KRS 620.020, prior to December
5 31, 2017;~~and~~

6 (b) Future practicing pediatricians, including those certified in medicine and
7 pediatrics, radiologists, family practitioners, and those physicians who will
8 practice in an emergency medicine or urgent care setting, demonstrate
9 completion of a one (1) time course of at least one (1) hour of continuing
10 medical education, or its equivalent, approved by the board and covering the
11 recognition and prevention of pediatric abusive head trauma, as defined in
12 KRS 620.020, within five (5) years of licensure. Future practicing
13 pediatricians, including those certified in medicine and pediatrics,
14 radiologists, family practitioners, and those physicians who will practice in an
15 emergency medicine or urgent care setting may apply pediatric abusive head
16 trauma curriculum taught in their medical school education to count towards
17 the required one (1) hour of continuing medical education; and

18 (c) Current and future practicing pediatricians including those certified in
19 medicine and pediatrics, and family practitioners, demonstrate completion
20 of a one (1) time course of at least one (1) hour of continuing medical
21 education approved by the board and covering the recognition and warning
22 signs of infantile seizure disorder.

23 ➔Section 3. KRS 311.844 is amended to read as follows:

- 24 (1) To be licensed by the board as a physician assistant, an applicant shall:
- 25 (a) Submit a completed application form with the required fee;
- 26 (b) Be of good character and reputation;
- 27 (c) Be a graduate of an approved program; and

- 1 (d) Have passed an examination approved by the board within three (3) attempts.
- 2 (2) A physician assistant who is authorized to practice in another state and who is in
3 good standing may apply for licensure by endorsement from the state of his or her
4 credentialing if that state has standards substantially equivalent to those of this
5 Commonwealth.
- 6 (3) A physician assistant's license shall be valid for two (2) years and shall be renewed
7 by the board upon fulfillment of the following requirements:
- 8 (a) The holder shall be of good character and reputation;
- 9 (b) The holder shall provide evidence of completion, during the previous two (2)
10 years, of a minimum of one hundred (100) hours of continuing education
11 approved by the American Medical Association, the American Osteopathic
12 Association, the American Academy of Family Physicians, the American
13 Academy of Physician Assistants, or by another entity approved by the board.
14 The one hundred (100) hours of continuing education required by this
15 paragraph shall include:
- 16 1. During the first two (2) years of licensure or prior to the first licensure
17 renewal:
- 18 a. One and one-half (1.5) hours of continuing education in the
19 prevention and recognition of pediatric abusive head trauma, as
20 defined in KRS 620.020, except that graduating physician assistant
21 students may apply pediatric abusive head trauma curriculum
22 taught in their physician assistant graduate education to count
23 towards the required one and one-half (1.5) hours;~~and~~
- 24 b. As a part of the continuing education requirements that the board
25 adopts to ensure continuing competency of present and future
26 licensees and the evolving needs of the growing senior population,
27 the board shall ensure physician assistants licensed under KRS

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27

Chapter 311 complete a one (1) time course of one (1) hour of continuing education approved by the board. The course shall be completed one (1) time and count towards the current number of required continuing education hours, except that graduating student physician assistants may submit Alzheimer's and other forms of dementia course curriculum taught in their programs of study towards the required one (1) hour for approval. The course topics shall include but not be limited to:

- i. The warning signs and symptoms of Alzheimer's disease and other forms of dementia;
- ii. The importance of early detection, diagnosis, and appropriate communication techniques for discussion of memory concerns with the patient and his or her caregiver;
- iii. Cognitive assessment and care planning billing codes;
- iv. The variety of tools used to assess a patient's cognition; and
- v. Current treatments that may be available to the patient; and

c. As a part of the continuing education requirements that the board adopts to ensure continuing competency of licensees, all physician assistants who regularly provide care for infants shall demonstrate completion of a one (1) time course of at least one (1) hour of continuing education approved by the board that covers the recognition and warning signs of infantile seizure disorder; and

- 2. If the license holder is authorized, pursuant to KRS 311.858(5), to prescribe and administer Schedule III, IV, or V controlled substances, a minimum of seven and one-half (7.5) hours of approved continuing education relating to controlled substance diversion, pain management,

1 addiction disorders, use of the electronic system for monitoring
2 controlled substances established in KRS 218A.202, or any combination
3 of two (2) or more of these subjects; and

4 (c) The holder shall provide proof of current certification with the National
5 Commission on Certification of Physician Assistants.

6 ➔Section 4. KRS 314.073 is amended to read as follows:

7 (1) As a prerequisite for license renewal, all individuals licensed under provisions of
8 this chapter shall be required to document continuing competency during the
9 immediate past licensure period as prescribed in regulations promulgated by the
10 board.

11 (2) The continuing competency requirement shall be documented and reported as set
12 forth by the board in administrative regulations promulgated in accordance with
13 KRS Chapter 13A.

14 (3) The board shall approve providers of continuing education. The approval may
15 include recognition of providers approved by national organizations and state
16 boards of nursing with comparable standards. Standards for these approvals shall be
17 set by the board in administrative regulations promulgated in accordance with the
18 provisions of KRS Chapter 13A.

19 (4) The board shall work cooperatively with professional nursing organizations,
20 approved nursing schools, and other potential sources of continuing education
21 programs to ensure that adequate continuing education offerings are available
22 statewide. The board may enter into contractual agreements to implement the
23 provisions of this section.

24 (5) The board shall be responsible for notifying applicants for licensure and licensees
25 applying for license renewal, of continuing competency requirements.

26 (6) As a part of the continuing education requirements that the board adopts to ensure
27 continuing competency of present and future licensees, the board shall ensure

1 practitioners licensed under KRS Chapter 314 complete a one-time training course
2 of at least one and one-half (1.5) hours covering the recognition and prevention of
3 pediatric abusive head trauma, as defined in KRS 620.020. The one and one-half
4 (1.5) hours required under this section shall be included in the current number of
5 required continuing education hours.

6 (7) As a part of the continuing education requirements that the board adopts to ensure
7 continuing competency of present and future licensees and the evolving needs of
8 the growing senior population, the board shall ensure practitioners licensed under
9 KRS Chapter 314 complete a one (1) time course of one (1) hour of continuing
10 education approved by the board. The course shall be completed one (1) time and
11 count towards the current number of required continuing education hours, except
12 that graduating student practitioners may submit Alzheimer's and other forms of
13 dementia course curriculum taught in their programs of study towards the required
14 one (1) hour for approval. The course topics shall include but not be limited to:

- 15 (a) The warning signs and symptoms of Alzheimer's disease and other forms of
16 dementia;
- 17 (b) The importance of early detection, diagnosis, and appropriate communication
18 techniques for discussion of memory concerns with the patient and his or her
19 caregiver;
- 20 (c) Cognitive assessment and care planning billing codes;
- 21 (d) The variety of tools used to assess a patient's cognition; and
- 22 (e) Current treatments that may be available to the patient.

23 (8) *As a part of the continuing education requirements that the board adopts to*
24 *ensure continuing competency of licensees, all advanced practice registered*
25 *nurses who regularly provide care for infants shall demonstrate completion of a*
26 *one (1) time course of at least one (1) hour of continuing education approved by*
27 *the board that covers the recognition and warning signs of infantile seizure*

1 *disorder.*

2 (9) In order to offset administrative costs incurred in the implementation of the
3 mandatory continuing competency requirements, the board may charge reasonable
4 fees as established by regulation in accordance with the provisions of KRS Chapter
5 13A.

6 (10)~~(9)~~ The continuing competency requirements shall include at least five (5) contact
7 hours in pharmacology continuing education for any person licensed as an
8 advanced practice registered nurse.