AN ACT relating to the prescriptive authority of advanced practice registered
nurses.

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

Section 1. KRS 314.011 is amended to read as follows:

As used in this chapter, unless the context thereof requires otherwise:

(1) "Board" means Kentucky Board of Nursing;

(2) "Delegation" means directing a competent person to perform a selected nursing
activity or task in a selected situation under the nurse's supervision and pursuant to
administrative regulations promulgated by the board in accordance with the
provisions of KRS Chapter 13A;

(3) "Nurse" means a person who is licensed or holds the privilege to practice under the
provisions of this chapter as a registered nurse or as a licensed practical nurse;

(4) "Nursing process" means the investigative approach to nursing practice utilizing a
method of problem-solving by means of:

(a) Nursing diagnosis, a systematic investigation of a health concern, and an
analysis of the data collected in order to arrive at an identifiable problem; and
(b) Planning, implementation, and evaluation based on nationally accepted
standards of nursing practice;

(5) "Registered nurse" means one who is licensed or holds the privilege under the
provisions of this chapter to engage in registered nursing practice;

(6) "Registered nursing practice" means the performance of acts requiring substantial
specialized knowledge, judgment, and nursing skill based upon the principles of
psychological, biological, physical, and social sciences in the application of the
nursing process in:

(a) The care, counsel, and health teaching of the ill, injured, or infirm;
(b) The maintenance of health or prevention of illness of others;
(c) The administration of medication and treatment as prescribed by a physician,
physician assistant, dentist, or advanced practice registered nurse and as
further authorized or limited by the board, and which are consistent either
with American Nurses' Association Scope and Standards of Practice or with
standards of practice established by nationally accepted organizations of
registered nurses. Components of medication administration include but are
not limited to:

1. Preparing and giving medications in the prescribed dosage, route, and
   frequency, including dispensing medications only as defined in
   subsection (17)(b) of this section;

2. Observing, recording, and reporting desired effects, untoward reactions,
   and side effects of drug therapy;

3. Intervening when emergency care is required as a result of drug therapy;

4. Recognizing accepted prescribing limits and reporting deviations to the
   prescribing individual;

5. Recognizing drug incompatibilities and reporting interactions or
   potential interactions to the prescribing individual; and

6. Instructing an individual regarding medications;

(d) The supervision, teaching of, and delegation to other personnel in the
    performance of activities relating to nursing care; and

(e) The performance of other nursing acts which are authorized or limited by the
    board, and which are consistent either with American Nurses' Association
    Standards of Practice or with Standards of Practice established by nationally
    accepted organizations of registered nurses;

(7) "Advanced practice registered nurse" or "APRN" means a certified nurse
    practitioner, certified registered nurse anesthetist, certified nurse midwife, or
    clinical nurse specialist, who is licensed to engage in advance practice registered
    nursing pursuant to KRS 314.042 and certified in at least one (1) population focus;
"Advanced practice registered nursing" means the performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited education program that prepares the registered nurse for one (1) of the four (4) APRN roles; who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances described in or as classified pursuant to KRS 218A.020, 218A.060, 218A.080, 218A.100, and 218A.120 under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006.

(a) 1. Prescriptions issued by advanced practice registered nurses for Schedule II controlled substances classified under KRS 218A.060, except hydrocodone combination products as defined in KRS 218A.010, shall be limited to a seventy-two (72) hour supply without any refill.

2. Prescriptions issued by advanced practice registered nurses for hydrocodone combination products as defined in KRS 218A.010 shall be limited to a thirty (30) day supply without any refill.

3. Prescriptions issued under this subsection for psychostimulants may be written for a thirty (30) day supply only by an advanced practice registered nurse certified in psychiatric-mental health nursing who is
providing services in a health facility as defined in KRS Chapter 216B
or in a regional services program for mental health or individuals with
an intellectual disability as defined in KRS Chapter 210.

(b) Prescriptions issued by advanced practice registered nurses for Schedule III
controlled substances classified under KRS 218A.080 shall be limited to a
thirty (30) day supply without any refill. Prescriptions issued by advanced
practice registered nurses for Schedules IV and V controlled substances
classified under KRS 218A.100 and 218A.120 shall be limited to the original
prescription and refills not to exceed a six (6) month supply.

(c) Limitations for specific controlled substances which are identified as having
the greatest potential for abuse or diversion, based on the best available
scientific and law enforcement evidence, shall be established in an
administrative regulation promulgated by the Kentucky Board of Nursing. The
regulation shall be based on recommendations from the Controlled Substances
Formulary Development Committee, which is hereby created. The committee
shall be composed of two (2) advanced practice registered nurses appointed by
the Kentucky Board of Nursing, one (1) of whom shall be designated as a
committee co-chair; two (2) physicians appointed by the Kentucky Board of
Medical Licensure, one (1) of whom shall be designated as a committee co-
chair; and one (1) pharmacist appointed by the Kentucky Board of Pharmacy.
The initial regulation shall be promulgated on or before August 15, 2006, and
shall be reviewed at least annually thereafter by the committee.

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
obtain prescriptive authority pursuant to this chapter or any other provision of law
in order to deliver anesthesia care. The performance of these additional acts shall be
consistent with the certifying organization or agencies' scopes and standards of
practice recognized by the board by administrative regulation;

(9) "Licensed practical nurse" means one who is licensed or holds the privilege under the provisions of this chapter to engage in licensed practical nursing practice;

(10) "Licensed practical nursing practice" means the performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

(a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist;

(b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;

(c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;

(d) Teaching, supervising, and delegating except as limited by the board; and

(e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;

(11) "School of nursing" means a nursing education program preparing persons for licensure as a registered nurse or a practical nurse;

(12) "Continuing education" means offerings beyond the basic nursing program that present specific content planned and evaluated to meet competency based behavioral objectives which develop new skills and upgrade knowledge;
(13) "Nursing assistance" means the performance of delegated nursing acts by unlicensed nursing personnel for compensation under supervision of a nurse;

(14) "Sexual assault nurse examiner" means a registered nurse who has completed the required education and clinical experience and maintains a current credential from the board as provided under KRS 314.142 to conduct forensic examinations of victims of sexual offenses under the medical protocol issued by the Justice and Public Safety Cabinet in consultation with the Sexual Assault Response Team Advisory Committee pursuant to KRS 216B.400(4);

(15) "Competency" means the application of knowledge and skills in the utilization of critical thinking, effective communication, interventions, and caring behaviors consistent with the nurse's practice role within the context of the public's health, safety, and welfare;

(16) "Credential" means a current license, registration, certificate, or other similar authorization that is issued by the board;

(17) "Dispense" means:

(a) To receive and distribute noncontrolled legend drug samples from pharmaceutical manufacturers to patients at no charge to the patient or any other party; or

(b) To distribute noncontrolled legend drugs from a local, district, and independent health department, subject to the direction of the appropriate governing board of the individual health department;

(18) "Dialysis care" means a process by which dissolved substances are removed from a patient's body by diffusion, osmosis, and convection from one (1) fluid compartment to another across a semipermeable membrane;

(19) "Dialysis technician" means a person who is not a nurse, a physician assistant, or a physician and who provides dialysis care in a licensed renal dialysis facility under the direct, on-site supervision of a registered nurse or a physician;
(20) "Population focus" means the section of the population within which the advanced practice registered nurse has targeted to practice. The categories of population foci are:

(a) Family and individual across the lifespan;

(b) Adult gerontology;

(c) Neonatal;

(d) Pediatrics;

(e) Women's health and gender-related health; and

(f) Psychiatric mental health; and

(21) "Conviction" means but is not limited to:

(a) An unvacated adjudication of guilt;

(b) Pleading no contest or nolo contendere or entering an Alford plea; or

(c) Entering a guilty plea pursuant to a pretrial diversion order;

Regardless of whether the penalty is rebated, suspended, or probated.

Section 2. KRS 314.042 is amended to read as follows:

(1) An applicant for licensure to practice as an advanced practice registered nurse shall file with the board a written application for licensure and submit evidence, verified by oath, that the applicant has completed an approved organized postbasic program of study and clinical experience; is certified by a nationally established organization or agency recognized by the board to certify registered nurses for advanced practice registered nursing; and is able to understandably speak and write the English language and to read the English language with comprehension.

(2) The board may issue a license to practice advanced practice registered nursing to an applicant who holds a current active registered nurse license issued by the board or holds the privilege to practice as a registered nurse in this state and meets the qualifications of subsection (1) of this section. An advanced practice registered nurse shall be:
(a) Designated by the board as a certified registered nurse anesthetist, certified nurse midwife, certified nurse practitioner, or clinical nurse specialist; and

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

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

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

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

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

(7) The board may authorize a person to practice as an advanced practice registered nurse temporarily and pursuant to applicable regulations promulgated by the board pursuant to the provisions of KRS Chapter 13A if the person is awaiting the results of the national certifying examination for the first time or is awaiting licensure by endorsement. A person awaiting the results of the national certifying examination shall use the title "APRN Applicant" or "APRN App."

(8) (a) Except as authorized by KRS 314.196 and subsection (9) of this section,
before an advanced practice registered nurse engages in the prescribing or
dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8),
the advanced practice registered nurse shall enter into a written "Collaborative
Agreement for the Advanced Practice Registered Nurse's Prescriptive
Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician
licensed in Kentucky who has had no disciplinary actions regarding
prescribing that defines the scope of the prescriptive authority for
nonscheduled legend drugs.

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

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

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

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

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

(g) The CAPA-NS shall be reviewed and signed by both the advanced practice nurse and the collaborating physician and may be rescinded by either party upon written notice via registered mail to the other party, the Kentucky Board of Nursing, and the Kentucky Board of Medical Licensure.

(9) (a) Before an advanced practice registered nurse may discontinue or be exempt from a CAPA-NS required under subsection (8) of this section, the advanced practice registered nurse shall have completed four (4) years of prescribing as a nurse practitioner, clinical nurse specialist, nurse midwife, or as a nurse anesthetist. For nurse practitioners and clinical nurse specialists, the four (4) years of prescribing shall be in a population focus of adult-gerontology, pediatrics, neonatal, family, women's health, acute care, or psychiatric-mental health.

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

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

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

3. If the advanced practice registered nurse's license is not in good standing, the CAPA-NS requirement shall not be removed until the
(c) An advanced practice registered nurse wishing to practice in Kentucky through licensure by endorsement is exempt from the CAPA-NS requirement if the advanced practice registered nurse:

1. Has met the prescribing requirements in a state that grants independent prescribing to advanced practice registered nurses; and

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

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

(e) After July 15, 2014:

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

2. An advanced practice registered nurse who has maintained a CAPA-NS for four (4) years or more will no longer be required to maintain a CAPA-NS and shall not be compelled to maintain a CAPA-NS as a condition to prescribe after the four (4) years have expired, but an advanced practice registered nurse may choose to maintain a CAPA-NS indefinitely after the four (4) years have expired; and

3. An advanced practice registered nurse who has maintained a CAPA-NS for less than four (4) years shall be required to continue to maintain a CAPA-NS until the four (4) year period is completed, after which the CAPA-NS will no longer be required.
Before an advanced practice registered nurse engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the advanced practice registered nurse shall enter into a written "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) with a physician licensed in Kentucky or a collaborating advanced practice registered nurse who has had a CAPA-CS for more than four (4) years and who has had no disciplinary action with regard to prescribing that defines the scope of the prescriptive authority for controlled substances.

The advanced practice registered nurse shall notify the Kentucky Board of Nursing of the existence of the CAPA-CS and the name of the collaborating physician or collaborating advanced practice registered nurse and shall, upon request, furnish to the board or its staff a copy of the completed CAPA-CS. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists and furnish the collaborating physician's name when a physician is the collaborator.

The CAPA-CS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician or collaborating advanced practice registered nurse. A copy of the completed collaborative agreement shall be available at each site where the advanced practice registered nurse is providing patient care.

The CAPA-CS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the collaborating physician or collaborating advanced practice registered nurse regarding the prescribing of controlled substances by the advanced practice registered nurse.

The advanced practice registered nurse who is prescribing controlled
substances and the collaborating physician or collaborating advanced practice registered nurse shall be qualified in the same or a similar specialty.

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

(g) Before engaging in the prescribing of controlled substances, the advanced practice registered nurse shall:

1. Have been licensed to practice as an advanced practice registered nurse for one (1) year with the Kentucky Board of Nursing; or
2. Be nationally certified as an advanced practice registered nurse and be registered, certified, or licensed in good standing as an advanced practice registered nurse in another state for one (1) year prior to applying for licensure by endorsement in Kentucky.

(h) Prior to prescribing controlled substances, the advanced practice registered nurse shall obtain a Controlled Substance Registration Certificate through the U.S. Drug Enforcement Agency.

(i) The CAPA-CS shall be reviewed and signed by both the advanced practice registered nurse and the collaborating physician or collaborating advanced practice registered nurse and may be rescinded by either party upon written notice via registered mail to the other party, the Kentucky Board of Nursing, and the Kentucky Board of Medical Licensure when a physician is the collaborator.

(j) The CAPA-CS shall state the limits on controlled substances which may be prescribed by the advanced practice registered nurse, as agreed to by the advanced practice registered nurse and the collaborating physician or collaborating advanced practice registered nurse. The limits so imposed may be more stringent than either the schedule limits on controlled substances
established in KRS 314.011(8) or the limits imposed in regulations promulgated by the Kentucky Board of Nursing thereunder.

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

(12) (a) Before an advanced practice registered nurse may discontinue or be exempt from a CAPA-CS required under subsection (10) of this section, the advanced practice registered nurse shall have completed four (4) years of prescribing controlled substances as a nurse practitioner, clinical nurse specialist, nurse midwife, or as a nurse anesthetist. For nurse practitioners and clinical nurse specialists, the four (4) years of prescribing shall be in a population focus of adult-gerontology, pediatrics, neonatology, family, women’s health, or psychiatric-mental health.

(b) After four (4) years of prescribing with a CAPA-CS in collaboration with a physician or a collaborating advanced practice registered nurse practitioner:

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

2. The advanced practice registered nurse will no longer be required to maintain a CAPA-CS and shall not be compelled to maintain a CAPA-CS after the four (4) years have expired, but an advanced practice registered nurse may choose to maintain a CAPA-CS
indefinitely after the four (4) years have expired; and

3. If the advanced practice registered nurse's license is not in good standing, the CAPA-CS requirement shall not be removed until the license is restored to good standing.

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

1. Has met the prescribing requirements in a state that grants independent prescribing to advanced practice registered nurses; and

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

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

(e) On or after the effective date of this Act:

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

2. An advanced practice registered nurse who has maintained a CAPA-CS for four (4) years or more will no longer be required to maintain a CAPA-CS and shall not be compelled by any employer for any reason to maintain a CAPA-CS after the four (4) years have expired, but an advanced practice registered nurse may choose to maintain a CAPA-CS indefinitely after the four (4) years have expired; and
3. An advanced practice registered nurse who has maintained a CAPA-CS for less than four (4) years shall be required to continue to maintain a CAPA-CS until the four (4) year period is completed, after which the CAPA-CS will no longer be required.

Section 3. KRS 314.193 is amended to read as follows:

(1) There is hereby created an Advanced Practice Registered Nurse Council to be made up of nine (9) members, including one (1) member who shall be from the Board of Nursing, one (1) member from the Board of Medical Licensure, one (1) member from the Board of Pharmacy, and six (6) advanced practice registered nurses who shall be determined as follows:

(a) Three (3) advanced practice registered nurse members shall include one (1) certified nurse anesthetist, one (1) certified nurse midwife, and one (1) certified nurse practitioner who shall be nominated from members chosen by their respective nursing specialty groups or organizations and recommended to the Board of Nursing for appointment; and

(b) Three (3) advanced practice registered nurse members, at least one (1) of whom shall be a designated clinical nurse specialist, shall be nominated by the Kentucky Nurses Association, and recommended to the Board of Nursing for appointment.

(2) The council shall meet annually or as the members designate and shall seek all available information from concerned nursing groups. The council shall have the duty of recommending standards in the performance of any acts requiring additional education which is recognized by the nursing profession. The Board of Nursing may authorize the performance of additional acts by its regulations, after seeking all available information from the groups to be regulated. The regulations shall not be inconsistent with statutory law and shall be promulgated pursuant to the provisions of KRS Chapter 13A.
(3) **The council shall review information regarding controlled substances identified as having the greatest potential for abuse or diversion based on the best scientific and law enforcement information. The council shall make recommendations to the Board of Nursing for prescribing limitations if indicated by their analysis.**

The council shall review current continuing education requirements for controlled substances and make recommendations to the board. The council shall share annually their recommendations with the controlled substances councils of all other prescribing professionals in the Commonwealth.

(4) The terms for the council shall be for four (4) years.

Section 4. KRS 314.196 is amended to read as follows:

(1) There is hereby established the Collaborative Prescribing Agreement Joint Advisory Committee, designed to serve in an advisory role regarding the "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS), as authorized under KRS 314.042(8) and the "Collaborative Agreement for the Advanced Practice Registered Nurse Prescriptive Authority for Controlled Substances" (CAPA-CS) as authorized under KRS 314.042(10). The committee shall be composed of six (6) members selected as follows:

(a) Three (3) members shall be advanced practice registered nurses who currently prescribe nonscheduled legend and scheduled drugs who have had no disciplinary action with regard to prescribing, each appointed by the Kentucky Board of Nursing; and

(b) Three (3) members shall be physicians who currently have or previously had a signed CAPA-NS or a signed CAPA-CS with an advanced practice registered nurse who prescribes nonscheduled and scheduled legend drugs who have had no disciplinary action with regard to prescribing, each appointed by the Kentucky Board of Medical Licensure.
(2) The committee may make recommendations to the Kentucky Board of Nursing and the Kentucky Board of Medical Licensure about the CAPA-NS and CAPA-CS agreements and shall perform other duties as required by this section. The committee may recommend a common CAPA-NS and CAPA-CS form for use by all advanced practice registered nurses and all physicians in Kentucky who enter into a CAPA-NS or CAPA-CS. The common CAPA-NS and CAPA-CS forms shall only be required for CAPA-NS and CAPA-CS agreements if both the Kentucky Board of Nursing and the Kentucky Board of Medical Licensure approve the same version of the common CAPA-NS and CAPA-CS forms. If those boards do not both approve the same version of the common CAPA-NS and CAPA-CS forms, advanced practice registered nurses and physicians may use their own CAPA-NS and CAPA-CS forms as authorized by KRS 314.042.

(3) (a) An advanced practice registered nurse may request assistance from the committee and the Kentucky Board of Nursing to identify any physicians who are available to enter into the CAPA-NS, or any physicians or advanced practice registered nurses who are available to enter into the CAPA-CS in a nonemergency situation if the advanced practice registered nurse is not able to locate a physician to sign a CAPA-NS or a physician or collaborating advanced practice registered nurse to sign a CAPA-CS.

(b) If the committee and the Kentucky Board of Nursing receive a request from an advanced practice registered nurse under this subsection, both shall immediately forward the request to the Kentucky Board of Medical Licensure, which shall provide the committee and the Kentucky Board of Nursing with the names, contact information, and any fee requirements provided by any physicians who are available to enter into the CAPA-NS or the CAPA-CS. The Kentucky Board of Nursing and the committee shall make those physician names, contact information, and any fee requirements available to
the requesting advanced practice registered nurse. **The Kentucky Board of Nursing and the committee shall provide the names, contact information, and any fee requirements provided by any advanced registered nurse practitioners who are available to enter into the CAPA-CS to the requesting advanced registered nurse practitioners.**

(c) Beginning from the date the requesting advanced practice registered nurse first receives the physician **or the advanced practice registered nurse** information, whether from the committee or the Kentucky Board of Nursing, the requesting advanced practice registered nurse shall have sixty (60) days to sign a CAPA-NS agreement with a physician **or a CAPA-CS agreement with a physician or advanced practice registered nurse.** If the requesting advanced practice registered nurse is unable to sign a CAPA-NS or CAPA-CS within the sixty (60) days, the committee shall furnish the requesting advanced practice registered nurse with a physician to sign a **temporary CAPA-NS or with a physician or collaborating advanced practice registered nurse to sign a temporary CAPA-CS.** The physician **or collaborating advanced practice registered nurse** shall be qualified in the same or a similar specialty as the requesting advanced practice registered nurse and shall not charge a fee to sign the **temporary CAPA-NS or CAPA-CS.** The advanced practice registered nurse may prescribe under this **temporary CAPA-NS or CAPA-CS** until that advanced practice registered nurse signs a CAPA-NS with a different physician **or signs a CAPA-CS with a different physician or advanced practice registered nurse** as authorized by KRS 314.042.

(4) (a) An advanced practice registered nurse may request assistance from the committee and the Kentucky Board of Nursing to identify any physicians who are available to enter into the CAPA-NS **or any physicians or collaborating advanced practice registered nurses who are available to enter into the**
CAPA-CS in an emergency situation where a collaborating physician or collaborating advanced practice registered nurse is either unavailable or suddenly rescinds from a CAPA-NS or CAPA-CS with the advanced practice registered nurse who is providing care in an established practice, for any reason other than:

1. A disciplinary action against the advanced practice registered nurse that is directly related to prescribing or patient safety; or
2. The collaborating physician or collaborating advanced practice registered nurse has filed a complaint with evidence against the advanced practice registered nurse with the Kentucky Board of Nursing related to prescribing or patient safety.

(b) While the advanced practice registered nurse is unable to locate a physician to sign the CAPA-NS or any physician or advanced practice registered nurse to sign the CAPA-CS in an emergency situation and after requesting assistance from the committee and the Kentucky Board of Nursing, the advanced practice registered nurse may prescribe as if he or she is prescribing with a CAPA-NS or CAPA-CS.

(c) If the committee and the Kentucky Board of Nursing receive a request from an advanced practice registered nurse under this subsection, both shall immediately forward the request to the Kentucky Board of Medical Licensure. The Kentucky Board of Medical Licensure shall provide the committee and the Kentucky Board of Nursing with the names, contact information, and any fee requirements provided by any physicians who are available to enter into a CAPA-NS or CAPA-CS. The Kentucky Board of Nursing and the committee shall make those physician names, contact information, and any fee requirements available to the requesting advanced practice registered nurse. The Kentucky Board of Nursing and the committee shall provide the names.
contact information, and any fee requirements provided by any advanced practice registered nurse who are available to enter into the CAPA-CS to the requesting advanced practice registered nurse.

(d) Beginning from the date the requesting advanced practice registered nurse first receives the physician information, whether from the committee or the Kentucky Board of Nursing, the requesting advanced practice registered nurse shall have thirty (30) days to sign a CAPA-NS agreement with a physician. If no CAPA-NS is signed at the end of the thirty (30) days, the advanced practice registered nurse shall cease to prescribe until a CAPA-NS is signed. Once a new CAPA-NS goes into effect, the advanced practice registered nurse shall only prescribe within the terms of the new CAPA-NS until that CAPA-NS is no longer in effect.

(e) Beginning from the date the requesting advanced practice registered nurse first receives the physician or collaborating advanced practice registered nurse information, whether from the committee or the Kentucky Board of Nursing, the requesting advanced practice registered nurse shall have thirty (30) days to sign a CAPA-CS agreement with a physician or a collaborating advanced practice registered nurse. If no CAPA-CS is signed at the end of the thirty (30) days, the advanced practice registered nurse shall cease to prescribe until a CAPA-CS is signed. Once a new CAPA-CS goes into effect, the advanced practice registered nurse shall only prescribe within the terms of the new CAPA-CS until that CAPA-CS is no longer in effect.

(5) If the committee receives a complaint about the prescribing, fee requirements, or other activities of an advanced practice registered nurse or physician or collaborating advanced practice registered nurse under a CAPA-NS or CAPA-CS, the committee shall not discuss or review the complaint or any actions of any advanced practice registered nurse or physician, but shall immediately forward the
complaint to the licensing board that has jurisdiction over the person who is the
subject of the complaint.

(6) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure shall
each maintain sole jurisdiction over their respective licensees and their licensees' practice.

(7) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure shall
each be responsible for and have exclusive authority over their respective members
appointed to the committee. Each board may determine its own process for the
appointment, removal, term length, or any other procedural matter relating to its
members appointed to the committee.

(8) The committee shall be attached to the Kentucky Board of Nursing for administrative purposes. The Kentucky Board of Nursing shall be responsible for the expenses of its members and for administering the committee. The Kentucky Board of Medical Licensure shall be responsible for the expenses of its members. The location for committee meetings shall alternate between the facilities of the Kentucky Board of Nursing and the facilities of the Kentucky Board of Medical Licensure.