

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

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

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

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

- 6 (1) "Board" means Kentucky Board of Nursing;
- 7 (2) "Delegation" means directing a competent person to perform a selected nursing
8 activity or task in a selected situation under the nurse's supervision and pursuant to
9 administrative regulations promulgated by the board in accordance with the
10 provisions of KRS Chapter 13A;
- 11 (3) "Nurse" means a person who is licensed or holds the privilege to practice under the
12 provisions of this chapter as a registered nurse or as a licensed practical nurse;
- 13 (4) "Nursing process" means the investigative approach to nursing practice utilizing a
14 method of problem-solving by means of:
- 15 (a) Nursing diagnosis, a systematic investigation of a health concern, and an
16 analysis of the data collected in order to arrive at an identifiable problem; and
- 17 (b) Planning, implementation, and evaluation based on nationally accepted
18 standards of nursing practice;
- 19 (5) "Registered nurse" means one who is licensed or holds the privilege under the
20 provisions of this chapter to engage in registered nursing practice;
- 21 (6) "Registered nursing practice" means the performance of acts requiring substantial
22 specialized knowledge, judgment, and nursing skill based upon the principles of
23 psychological, biological, physical, and social sciences in the application of the
24 nursing process in:
- 25 (a) The care, counsel, and health teaching of the ill, injured, or infirm;
- 26 (b) The maintenance of health or prevention of illness of others;
- 27 (c) The administration of medication and treatment as prescribed by a physician,

1 physician assistant, dentist, or advanced practice registered nurse and as
2 further authorized or limited by the board, and which are consistent either
3 with American Nurses' Association Scope and Standards of Practice or with
4 standards of practice established by nationally accepted organizations of
5 registered nurses. Components of medication administration include but are
6 not limited to:

- 7 1. Preparing and giving medications in the prescribed dosage, route, and
8 frequency, including dispensing medications only as defined in
9 subsection (17)(b) of this section;
 - 10 2. Observing, recording, and reporting desired effects, untoward reactions,
11 and side effects of drug therapy;
 - 12 3. Intervening when emergency care is required as a result of drug therapy;
 - 13 4. Recognizing accepted prescribing limits and reporting deviations to the
14 prescribing individual;
 - 15 5. Recognizing drug incompatibilities and reporting interactions or
16 potential interactions to the prescribing individual; and
 - 17 6. Instructing an individual regarding medications;
- 18 (d) The supervision, teaching of, and delegation to other personnel in the
19 performance of activities relating to nursing care; and
- 20 (e) The performance of other nursing acts which are authorized or limited by the
21 board, and which are consistent either with American Nurses' Association
22 Standards of Practice or with Standards of Practice established by nationally
23 accepted organizations of registered nurses;
- 24 (7) "Advanced practice registered nurse" or "APRN" means a certified nurse
25 practitioner, certified registered nurse anesthetist, certified nurse midwife, or
26 clinical nurse specialist, who is licensed to engage in advance practice registered
27 nursing pursuant to KRS 314.042 and certified in at least one (1) population focus;

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

- 18 (a) 1. Prescriptions issued by advanced practice registered nurses for Schedule
19 II controlled substances classified under KRS 218A.060, except
20 hydrocodone combination products as defined in KRS 218A.010, shall
21 be limited to a seventy-two (72) hour supply without any refill.
- 22 2. Prescriptions issued by advanced practice registered nurses for
23 hydrocodone combination products as defined in KRS 218A.010 shall
24 be limited to a thirty (30) day supply without any refill.
- 25 3. Prescriptions issued under this subsection for psychostimulants may be
26 written for a thirty (30) day supply only by an advanced practice
27 registered nurse certified in psychiatric-mental health nursing who is

1 providing services in a health facility as defined in KRS Chapter 216B
2 or in a regional services program for mental health or individuals with
3 an intellectual disability as defined in KRS Chapter 210.

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

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

24 Nothing in this chapter shall be construed as requiring an advanced practice
25 registered nurse designated by the board as a certified registered nurse anesthetist to
26 obtain prescriptive authority pursuant to this chapter or any other provision of law
27 in order to deliver anesthesia care. The performance of these additional acts shall be

1 consistent with the certifying organization or agencies' scopes and standards of
2 practice recognized by the board by administrative regulation;

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

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

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

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

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

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

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

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

26 (12) "Continuing education" means offerings beyond the basic nursing program that
27 present specific content planned and evaluated to meet competency based

- 1 behavioral objectives which develop new skills and upgrade knowledge;
- 2 (13) "Nursing assistance" means the performance of delegated nursing acts by
3 unlicensed nursing personnel for compensation under supervision of a nurse;
- 4 (14) "Sexual assault nurse examiner" means a registered nurse who has completed the
5 required education and clinical experience and maintains a current credential from
6 the board as provided under KRS 314.142 to conduct forensic examinations of
7 victims of sexual offenses under the medical protocol issued by the Justice and
8 Public Safety Cabinet in consultation with the Sexual Assault Response Team
9 Advisory Committee pursuant to KRS 216B.400(4);
- 10 (15) "Competency" means the application of knowledge and skills in the utilization of
11 critical thinking, effective communication, interventions, and caring behaviors
12 consistent with the nurse's practice role within the context of the public's health,
13 safety, and welfare;
- 14 (16) "Credential" means a current license, registration, certificate, or other similar
15 authorization that is issued by the board;
- 16 (17) "Dispense" means:
- 17 (a) To receive and distribute noncontrolled legend drug samples from
18 pharmaceutical manufacturers to patients at no charge to the patient or any
19 other party; or
- 20 (b) To distribute noncontrolled legend drugs from a local, district, and
21 independent health department, subject to the direction of the appropriate
22 governing board of the individual health department;
- 23 (18) "Dialysis care" means a process by which dissolved substances are removed from a
24 patient's body by diffusion, osmosis, and convection from one (1) fluid
25 compartment to another across a semipermeable membrane;
- 26 (19) "Dialysis technician" means a person who is not a nurse, a physician assistant, or a
27 physician and who provides dialysis care in a licensed renal dialysis facility under

1 the direct, on-site supervision of a registered nurse or a physician;

2 (20) "Population focus" means the section of the population within which the advanced
3 practice registered nurse has targeted to practice. The categories of population foci
4 are:

- 5 (a) Family and individual across the lifespan;
- 6 (b) Adult gerontology;
- 7 (c) Neonatal;
- 8 (d) Pediatrics;
- 9 (e) Women's health and gender-related health; and
- 10 (f) Psychiatric mental health; and

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

- 12 (a) An unvacated adjudication of guilt;
- 13 (b) Pleading no contest or nolo contendere or entering an Alford plea; or
- 14 (c) Entering a guilty plea pursuant to a pretrial diversion order;

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

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

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

24 (2) The board may issue a license to practice advanced practice registered nursing to an
25 applicant who holds a current active registered nurse license issued by the board or
26 holds the privilege to practice as a registered nurse in this state and meets the
27 qualifications of subsection (1) of this section. An advanced practice registered

1 nurse shall be:

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

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

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

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

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

17 (6) Any person heretofore licensed as an advanced practice registered nurse under the
18 provisions of this chapter who has allowed the license to lapse may be reinstated on
19 payment of the current fee and by meeting the provisions of this chapter and
20 regulations promulgated by the board pursuant to the provisions of KRS Chapter
21 13A.

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

- 1 (8) (a) Except as authorized by KRS 314.196 and subsection (9) of this section,
2 before an advanced practice registered nurse engages in the prescribing or
3 dispensing of nonscheduled legend drugs as authorized by KRS 314.011(8),
4 the advanced practice registered nurse shall enter into a written "Collaborative
5 Agreement for the Advanced Practice Registered Nurse's Prescriptive
6 Authority for Nonscheduled Legend Drugs" (CAPA-NS) with a physician
7 licensed in Kentucky who has had no disciplinary actions regarding
8 prescribing that defines the scope of the prescriptive authority for
9 nonscheduled legend drugs.
- 10 (b) The advanced practice registered nurse shall notify the Kentucky Board of
11 Nursing of the existence of the CAPA-NS and the name of the collaborating
12 physician and shall, upon request, furnish to the board or its staff a copy of
13 the completed CAPA-NS. The Kentucky Board of Nursing shall notify the
14 Kentucky Board of Medical Licensure that a CAPA-NS exists and furnish the
15 collaborating physician's name.
- 16 (c) The CAPA-NS shall be in writing and signed by both the advanced practice
17 registered nurse and the collaborating physician. A copy of the completed
18 collaborative agreement shall be available at each site where the advanced
19 practice registered nurse is providing patient care.
- 20 (d) The CAPA-NS shall describe the arrangement for collaboration and
21 communication between the advanced practice registered nurse and the
22 collaborating physician regarding the prescribing of nonscheduled legend
23 drugs by the advanced practice registered nurse.
- 24 (e) The advanced practice registered nurse who is prescribing nonscheduled
25 legend drugs and the collaborating physician shall be qualified in the same or
26 a similar specialty.
- 27 (f) The CAPA-NS is not intended to be a substitute for the exercise of

1 professional judgment by the advanced practice registered nurse or by the
2 collaborating physician.

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

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

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

- 17 1. An advanced practice registered nurse whose license is in good standing
18 at that time with the Kentucky Board of Nursing and who will be
19 prescribing nonscheduled legend drugs without a CAPA-NS shall notify
20 that board that the four (4) year requirement has been met and that he or
21 she will be prescribing nonscheduled legend drugs without a CAPA-NS;
- 22 2. The advanced practice registered nurse will no longer be required to
23 maintain a CAPA-NS and shall not be compelled **by any employer for**
24 **any reason** to maintain a CAPA-NS ~~[as a condition to prescribe]~~ after
25 the four (4) years have expired, but an advanced practice registered
26 nurse may choose to maintain a CAPA-NS indefinitely after the four (4)
27 years have expired; and

- 1 3. If the advanced practice registered nurse's license is not in good
2 standing, the CAPA-NS requirement shall not be removed until the
3 license is restored to good standing.
- 4 (c) An advanced practice registered nurse wishing to practice in Kentucky
5 through licensure by endorsement is exempt from the CAPA-NS requirement
6 if the advanced practice registered nurse:
- 7 1. Has met the prescribing requirements in a state that grants independent
8 prescribing to advanced practice registered nurses; and
9 2. Has been prescribing for at least four (4) years.
- 10 (d) An advanced practice registered nurse wishing to practice in Kentucky
11 through licensure by endorsement who had a collaborative prescribing
12 agreement with a physician in another state for at least four (4) years is
13 exempt from the CAPA-NS requirement.
- 14 (e) After July 15, 2014:
- 15 1. An advanced practice registered nurse whose license is in good standing
16 at that time with the Kentucky Board of Nursing and who will be
17 prescribing nonscheduled legend drugs without a CAPA-NS shall notify
18 that board that the four (4) year requirement has been met and that he or
19 she will be prescribing nonscheduled legend drugs without a CAPA-NS;
- 20 2. An advanced practice registered nurse who has maintained a CAPA-NS
21 for four (4) years or more will no longer be required to maintain a
22 CAPA-NS and shall not be compelled **by any employer for any reason**
23 to maintain a CAPA-NS ~~[as a condition to prescribe]~~ after the four (4)
24 years have expired, but an advanced practice registered nurse may
25 choose to maintain a CAPA-NS indefinitely after the four (4) years have
26 expired; and
27 3. An advanced practice registered nurse who has maintained a CAPA-NS

1 for less than four (4) years shall be required to continue to maintain a
2 CAPA-NS until the four (4) year period is completed, after which the
3 CAPA-NS will no longer be required.

4 (10) (a) Before an advanced practice registered nurse engages in the prescribing of
5 Schedules II through V controlled substances as authorized by KRS
6 314.011(8), the advanced practice registered nurse shall enter into a written
7 "Collaborative Agreement for the Advanced Practice Registered Nurse's
8 Prescriptive Authority for Controlled Substances" (CAPA-CS) with a
9 physician licensed in Kentucky who has had no disciplinary action with
10 regard to prescribing or a collaborating advanced practice registered nurse
11 who has had a CAPA-CS for more than four (4) years and who has had no
12 disciplinary action with regard to prescribing that defines the scope of the
13 prescriptive authority for controlled substances.

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

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

26 (d) The CAPA-CS shall describe the arrangement for collaboration and
27 communication between the advanced practice registered nurse and the

- 1 collaborating physician *or collaborating advanced practice registered nurse*
2 regarding the prescribing of controlled substances by the advanced practice
3 registered nurse.
- 4 (e) The advanced practice registered nurse who is prescribing controlled
5 substances and the collaborating physician *or collaborating advanced*
6 *practice registered nurse* shall be qualified in the same or a similar specialty.
- 7 (f) The CAPA-CS is not intended to be a substitute for the exercise of
8 professional judgment by the advanced practice registered nurse or by the
9 collaborating physician *or collaborating advanced practice registered nurse*.
- 10 (g) Before engaging in the prescribing of controlled substances, the advanced
11 practice registered nurse shall:
- 12 1. Have been licensed to practice as an advanced practice registered nurse
13 for one (1) year with the Kentucky Board of Nursing; or
 - 14 2. Be nationally certified as an advanced practice registered nurse and be
15 registered, certified, or licensed in good standing as an advanced
16 practice registered nurse in another state for one (1) year prior to
17 applying for licensure by endorsement in Kentucky.
- 18 (h) Prior to prescribing controlled substances, the advanced practice registered
19 nurse shall obtain a Controlled Substance Registration Certificate through the
20 U.S. Drug Enforcement Agency.
- 21 (i) The CAPA-CS shall be reviewed and signed by both the advanced practice
22 registered nurse and the collaborating physician *or collaborating advanced*
23 *practice registered nurse* and may be rescinded by either party upon written
24 notice via registered mail to the other party, the Kentucky Board of Nursing,
25 and the Kentucky Board of Medical Licensure *when a physician is the*
26 *collaborator*.
- 27 (j) The CAPA-CS shall state the limits on controlled substances which may be

1 prescribed by the advanced practice registered nurse, as agreed to by the
2 advanced practice registered nurse and the collaborating physician or
3 collaborating advanced practice registered nurse. The limits so imposed may
4 be more stringent than either the schedule limits on controlled substances
5 established in KRS 314.011(8) or the limits imposed in regulations
6 promulgated by the Kentucky Board of Nursing thereunder.

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

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

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

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

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

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

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

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

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

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

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

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

27 2. An advanced practice registered nurse who has maintained a CAPA-

1 CS for four (4) years or more will no longer be required to maintain a
2 CAPA-CS and shall not be compelled by any employer for any reason
3 to maintain a CAPA-CS after the four (4) years have expired, but an
4 advanced practice registered nurse may choose to maintain a CAPA-
5 CS indefinitely after the four (4) years have expired; and

6 3. An advanced practice registered nurse who has maintained a CAPA-
7 CS for less than four (4) years shall be required to continue to
8 maintain a CAPA-CS until the four (4) year period is completed, after
9 which the CAPA-CS will no longer be required.

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

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

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

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

25 (2) The council shall meet annually or as the members designate and shall seek all
26 available information from concerned nursing groups. The council shall have the
27 duty of recommending standards in the performance of any acts requiring additional

1 education which is recognized by the nursing profession. The Board of Nursing
 2 may authorize the performance of additional acts by its regulations, after seeking all
 3 available information from the groups to be regulated. The regulations shall not be
 4 inconsistent with statutory law and shall be promulgated pursuant to the provisions
 5 of KRS Chapter 13A.

6 (3) *The council shall review information regarding controlled substances identified*
 7 *as having the greatest potential for abuse or diversion based on the best scientific*
 8 *and law enforcement information. The council shall make recommendations to*
 9 *the Board of Nursing for prescribing limitations if indicated by their analysis.*
 10 *The council shall review current continuing education requirements for*
 11 *controlled substances and make recommendations to the Board of Nursing. The*
 12 *council, or their designee, shall share annually their recommendations with the*
 13 *controlled substances councils of all other prescribing professionals in the*
 14 *Commonwealth.*

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

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

17 (1) There is hereby established the Collaborative Prescribing Agreement Joint
 18 Advisory Committee, designed to serve in an advisory role regarding the
 19 "Collaborative Agreement for the Advanced Practice Registered Nurse's
 20 Prescriptive Authority for Nonscheduled Legend Drugs" (CAPA-NS), as authorized
 21 under KRS 314.042(8) *and the "Collaborative Agreement for the Advanced*
 22 *Practice Registered Nurse Prescriptive Authority for Controlled Substances"*
 23 *(CAPA-CS) as authorized under subsection (10) of Section 2 of this Act.* The
 24 committee shall be composed of six (6) members selected as follows:

25 (a) Three (3) members shall be advanced practice registered nurses who currently
 26 prescribe nonscheduled legend *and scheduled* drugs *who have had no*
 27 *disciplinary action with regard to prescribing,* each appointed by the

- 1 Kentucky Board of Nursing; and
- 2 (b) Three (3) members shall be physicians who currently have or previously had a
3 signed CAPA-NS or a signed CAPA-CS with an advanced practice registered
4 nurse who prescribes nonscheduled and scheduled legend drugs who have
5 had no disciplinary action with regard to prescribing, each appointed by the
6 Kentucky Board of Medical Licensure.
- 7 (2) The committee may make recommendations to the Kentucky Board of Nursing and
8 the Kentucky Board of Medical Licensure about the CAPA-NS and CAPA-CS
9 agreements and shall perform other duties as required by this section. The
10 committee may recommend a common CAPA-NS and CAPA-CS form for use by
11 all advanced practice registered nurses and all physicians in Kentucky who enter
12 into a CAPA-NS or CAPA-CS. The common CAPA-NS and CAPA-CS
13 forms~~[form]~~ shall only be required for CAPA-NS and CAPA-CS agreements if
14 both the Kentucky Board of Nursing and the Kentucky Board of Medical Licensure
15 approve the same version of the common CAPA-NS and CAPA-CS forms~~[form]~~. If
16 those boards do not both approve the same version of the common CAPA-NS and
17 CAPA-CS forms~~[form]~~, advanced practice registered nurses and physicians may
18 use their own CAPA-NS and CAPA-CS forms as authorized by KRS 314.042.
- 19 (3) (a) An advanced practice registered nurse may request assistance from the
20 committee and the Kentucky Board of Nursing to identify any physicians who
21 are available to enter into the CAPA-NS, or any physicians or advanced
22 practice registered nurses who are available to enter into the CAPA-CS in a
23 nonemergency situation if the advanced practice registered nurse is not able to
24 locate a physician to sign a CAPA-NS or a physician or collaborating
25 advanced practice registered nurse to sign a CAPA-CS.
- 26 (b) If the committee and the Kentucky Board of Nursing receive a request from
27 an advanced practice registered nurse under this subsection, both shall

1 immediately forward the request to the Kentucky Board of Medical Licensure,
2 which shall provide the committee and the Kentucky Board of Nursing with
3 the names, contact information, and any fee requirements provided by any
4 physicians who are available to enter into the CAPA-NS or the CAPA-CS.
5 The Kentucky Board of Nursing and the committee shall make those
6 physician names, contact information, and any fee requirements available to
7 the requesting advanced practice registered nurse. The Kentucky Board of
8 Nursing and the committee shall provide the names, contact information,
9 and any fee requirements provided by any advanced registered nurse
10 practitioners who are available to enter into the CAPA-CS to the requesting
11 advanced registered nurse practitioners.

- 12 (c) Beginning from the date the requesting advanced practice registered nurse
13 first receives the physician or the advanced practice registered nurse
14 practitioner information, whether from the committee or the Kentucky Board
15 of Nursing, the requesting advanced practice registered nurse shall have sixty
16 (60) days to sign a CAPA-NS agreement with a physician or a CAPA-CS
17 agreement with a physician or advanced practice registered nurse. If the
18 requesting advanced practice registered nurse is unable to sign a CAPA-NS or
19 CAPA-CS within the sixty (60) days, the committee shall furnish the
20 requesting advanced practice registered nurse with a physician to sign a
21 temporary CAPA-NS or with a physician or collaborating advanced
22 practice registered nurse practitioner to sign a temporary CAPA-CS. The
23 physician or collaborating advanced practice registered nurse practitioner
24 shall be qualified in the same or a similar specialty as the requesting advanced
25 practice registered nurse and shall not charge a fee to[as] sign the temporary
26 CAPA-NS or CAPA-CS. The advanced practice registered nurse may
27 prescribe under this temporary CAPA-NS or CAPA-CS until that advanced

1 practice registered nurse signs a CAPA-NS with a different physician or signs
2 a CAPA-CS with a different physician or advanced practice registered nurse
3 as authorized by KRS 314.042.

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

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

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

25 (c) If the committee and the Kentucky Board of Nursing receive a request from
26 an advanced practice registered nurse under this subsection, both shall
27 immediately forward the request to the Kentucky Board of Medical Licensure.

1 The Kentucky Board of Medical Licensure shall provide the committee and
2 the Kentucky Board of Nursing with the names, contact information, and any
3 fee requirements provided by any physicians who are available to enter into a
4 CAPA-NS or CAPA-CS. The Kentucky Board of Nursing and the committee
5 shall make those physician names, contact information, and any fee
6 requirements available to the requesting advanced practice registered nurse.
7 *The Kentucky Board of Nursing and the committee shall provide the names,*
8 *contact information, and any fee requirements provided by any advanced*
9 *registered nurse practitioners who are available to enter into the CAPA-CS*
10 *to the requesting advanced registered nurse practitioners.*

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

- 20 (e) *Beginning from the date the requesting advanced practice registered nurse*
21 *first receives the physician or collaborating advanced practice registered*
22 *nurse information, whether from the committee or the Kentucky Board of*
23 *Nursing, the requesting advanced practice registered nurse shall have thirty*
24 *(30) days to sign a CAPA-CS agreement with a physician or a collaborating*
25 *advanced practice registered nurse. If no CAPA-CS is signed at the end of*
26 *the thirty (30) days, the advanced practice registered nurse shall cease to*
27 *prescribe until a CAPA-CS is signed. Once a new CAPA-CS goes into*

1 **effect, the advanced practice registered nurse shall only prescribe within the**
2 **terms of the new CAPA-CS until that CAPA-CS is no longer in effect.**

- 3 (5) If the committee receives a complaint about the prescribing, fee requirements, or
4 other activities of an advanced practice registered nurse or physician **or**
5 **collaborating advanced practice registered nurse** under a CAPA-NS **or CAPA-CS**,
6 the committee shall not discuss or review the complaint or any actions of any
7 advanced practice registered nurse or physician, but shall immediately forward the
8 complaint to the licensing board that has jurisdiction over the person who is the
9 subject of the complaint.
- 10 (6) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure
11 shall each maintain sole jurisdiction over their respective licensees and their
12 licensees' practice.
- 13 (7) The Kentucky Board of Nursing and the Kentucky Board of Medical Licensure
14 shall each be responsible for and have exclusive authority over their respective
15 members appointed to the committee. Each board may determine its own process
16 for the appointment, removal, term length, or any other procedural matter relating
17 to its members appointed to the committee.
- 18 (8) The committee shall be attached to the Kentucky Board of Nursing for
19 administrative purposes. The Kentucky Board of Nursing shall be responsible for
20 the expenses of its members and for administering the committee. The Kentucky
21 Board of Medical Licensure shall be responsible for the expenses of its members.
22 The location for committee meetings shall alternate between the facilities of the
23 Kentucky Board of Nursing and the facilities of the Kentucky Board of Medical
24 Licensure.