

**CHAPTER 218****( HB 459 )**

AN ACT relating to health care workers.

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

➔Section 1. 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:
  - (a) Has completed an education program that prepares the registered nurse for one (1) of four (4) APRN roles that has been accredited by a national nursing accrediting body recognized by the United States Department of Education;
  - (b) Is certified by a nationally established organization or agency recognized by the board to certify registered nurses for advanced practice registered nursing;
  - (c) Is able to understandably speak and write the English language and to read the English language with comprehension; and
  - (d) Has passed the jurisprudence examination approved by the board as provided in subsection (5)~~((13))~~ of this section.
- (2) *Upon request, an applicant who meets the requirements of subsection (1)(a), (c), and (d) of this section, but has not yet taken the national certification exam, may be issued a provisional license that shall expire no later than six (6) months from the date of issuance.*
- (3) *An individual who holds a provisional license shall have the right to use the title "advanced practice registered nurse applicant" and the abbreviation "APRNA" An APRNA may function as an APRN, except for prescribing medications and shall only practice under a mentorship with an advanced practice registered nurse or a physician.*
- (4)
  - (a) *An APRNA shall take and pass the national certification exam recognized by the board to the certify registered nurses for advanced practice registered nursing within the six (6) month term of the provisional license to become a fully licensed APRN.*
  - (b) *If the APRNA fails to take and pass the national certification exam on the first attempt, the APRNA shall be given one (1) more opportunity to take and pass the exam.*
  - (c) *If the APRNA does not pass the national certification exam on the second attempt, the provisional license shall immediately be terminated.*
- (5) *The jurisprudence examination shall be prescribed by the board and be conducted on the licensing requirements under this chapter and administrative regulations applicable to advance practice registered nursing promulgated in accordance with KRS Chapter 13A.*
- ~~(6)~~~~(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.
- ~~(7)~~~~(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.
- ~~(8)~~~~(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.

- ~~(9)(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.
- ~~(10)(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.
- ~~(11)(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 licensure by endorsement.
- ~~(12)(8)~~
- (a) Except as authorized by subsection ~~(13)(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 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 registered nurse and the collaborating physician and may be rescinded by either party upon written notice to the other party and the Kentucky Board of Nursing.
- ~~(13)(9)~~
- (a) Before an advanced practice registered nurse may discontinue or be exempt from a CAPA-NS required under subsection ~~(12)(8)~~ of this section, the advanced practice registered nurse shall have completed four (4) years of prescribing as a certified nurse practitioner, clinical nurse specialist, certified nurse midwife, or as a certified registered nurse anesthetist. For nurse practitioners and clinical nurse specialists, the four (4) years of prescribing shall be in a population focus as defined in KRS 314.011.
  - (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 license is restored to good standing.
- (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.
- ~~(14)~~~~(10)~~ (a) There is hereby established the "Collaborative Agreement for the Advanced Practice Registered Nurse's Prescriptive Authority for Controlled Substances" (CAPA-CS) Committee. The committee shall be composed of four (4) members selected as follows:
1. Two (2) members shall be advanced practice registered nurses who currently prescribe or have prescribed scheduled drugs, each appointed by the Kentucky Board of Nursing from a list of names submitted for each position by the Kentucky Association of Nurse Practitioners and Nurse-Midwives; and
  2. Two (2) members shall be physicians who have currently or had previously a signed CAPA-CS with an advanced practice registered nurse who prescribes scheduled drugs, each appointed by the Kentucky Board of Medical Licensure from a list of names submitted for each position by the Kentucky Medical Association.
- (b) Within sixty (60) days of June 29, 2023, the committee shall develop a standardized CAPA-CS form to be used in accordance with the provisions of subsection ~~(15)~~~~(14)~~ of this section. The standardized CAPA-CS form shall be used by all advanced practice registered nurses and all physicians in Kentucky who enter into a CAPA-CS.
  - (c) The committee may be reconvened at the request of the Kentucky Board of Nursing or the Kentucky Board of Medical Licensure if it becomes necessary to update the standardized CAPA-CS form.
  - (d) 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.
  - (e) 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. The Kentucky Board of Medical Licensure shall be responsible for the expenses of its members.
  - (f) The Kentucky Board of Nursing shall promulgate an administrative regulation pursuant to KRS Chapter 13A within ninety (90) days of June 29, 2023, to establish and implement the standardized CAPA-CS form developed by the committee.
- ~~(15)~~~~(14)~~ (a) Except as provided in subsections ~~(17)~~~~(14)~~ and ~~(18)~~~~(15)~~ of this section, 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) on a standardized CAPA-CS form with a physician licensed in Kentucky that defines the scope of the prescriptive authority for controlled substances.
- (b) 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 and shall, upon request, furnish to the board or its staff a copy of the completed standardized CAPA-CS form. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists and furnish an executed copy of the Kentucky Board of Nursing notification of a CAPA-CS completed by the advanced practice registered nurse to the Kentucky Board of Medical Licensure.
  - (c) The CAPA-CS shall be in writing and signed by both the advanced practice registered nurse and the collaborating physician. A copy of the completed standardized CAPA-CS form shall be available at each site where the advanced practice registered nurse is providing patient care.

- (d) The CAPA-CS shall describe the arrangement for collaboration and communication between the advanced practice registered nurse and the collaborating physician regarding the prescribing of controlled substances by the advanced practice registered nurse.
- (e) The advanced practice registered nurse who is prescribing controlled substances and the collaborating physician shall be qualified in the same or a similar specialty.
- (f) The CAPA-CS is not intended to be a substitute for the appropriate exercise of professional judgment by the advanced practice registered nurse or by the collaborating physician.
- (g) The relevant statutes and regulations pertaining to the prescribing authority of advanced practice registered nurses for controlled substances shall be reviewed by the advanced practice registered nurse and the collaborating physician at the outset of the CAPA-CS.
- (h) Prior to prescribing controlled substances, the advanced practice registered nurse shall obtain a Controlled Substance Registration Certificate through the United States Drug Enforcement Administration.
- (i) The CAPA-CS shall be reviewed and signed by both the advanced practice registered nurse and the collaborating physician and may be rescinded by either party upon thirty (30) days written notice to the other party. The advanced practice registered nurse shall notify the Kentucky Board of Nursing that the CAPA-CS has been rescinded. The Kentucky Board of Nursing shall notify the Kentucky Board of Medical Licensure that the CAPA-CS has been rescinded and shall furnish an executed copy of the Kentucky Board of Nursing rescission of a CAPA-CS completed by the advanced practice registered nurse or by the collaborating physician to the Kentucky Board of Medical Licensure.
- (j) The CAPA-CS shall state any 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. 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. The CAPA-CS shall also include any requirements, as agreed to by both the advanced practice registered nurse and the collaborating physician, for communication between the advanced practice registered nurse and the collaborating physician.
- (k) Within thirty (30) days of obtaining a Controlled Substance Registration Certificate from the United States Drug Enforcement Administration, and prior to prescribing controlled substances, the advanced practice registered nurse shall register with the electronic system for monitoring controlled substances established by KRS 218A.202 and shall provide a copy of the registration certificate to the board.
- (l) After June 29, 2023, for advanced practice registered nurses who have not had a CAPA-CS:
  - 1. An advanced practice registered nurse wishing to have a CAPA-CS in his or her first year of licensure must be employed by a health care entity or provider. If the employing provider is an advanced practice registered nurse, he or she must have completed four (4) years of prescribing with a CAPA-CS and no longer be required to maintain a CAPA-CS;
  - 2. In the first year of the CAPA-CS, the advanced practice registered nurse and the physician shall meet at least quarterly, either in person or via video conferencing, to review the advanced practice registered nurse's reverse KASPER report or that of the prescription drug monitoring program (PDMP) currently in use in Kentucky pursuant to KRS 218A.202. The advanced practice registered nurse and the collaborating physician may meet via telephonic communication when an in-person meeting or videoconferencing session is not logistically or technologically feasible. The review of specific prescriptions identified in the reverse KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202 by the advanced practice registered nurse and the collaborating physician may include information from the patient's medical record that relates to the condition or conditions being treated with controlled substances by the advanced practice registered nurse to facilitate meaningful discussion. A record of the meeting date, summary of discussions, and any recommendations made shall be made in writing and a copy retained by both parties to the agreement for a period of one (1) year past the expiration of the CAPA-CS. The meeting records shall be subject to audit by the Kentucky Board of Nursing for the advanced practice registered nurse and by the Kentucky Board of Medical Licensure for the physician. The sole purpose of the audit shall be to document that the collaboration meetings have taken place as required by this section and that other provisions of this section have been met; and

3. In the ensuing three (3) years of the CAPA-CS, the advanced practice registered nurse and the physician shall meet at least biannually in person or via video conferencing to review the advanced practice registered nurse's reverse KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202. The advanced practice registered nurse and the collaborating physician may meet via telephonic communication when an in-person meeting or videoconferencing session is not logistically or technologically feasible. The review of specific prescriptions identified in the reverse KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202 by the advanced practice registered nurse and the collaborating physician may include information from the patient's medical record that relates to the condition or conditions being treated with controlled substances by the advanced practice registered nurse to facilitate meaningful discussion. A record of the meeting date, summary of discussions, and any recommendations made shall be noted in writing and a copy retained by both parties to the agreement for a period of one (1) year past the expiration of the CAPA-CS. The meeting records shall be subject to audit by the Kentucky Board of Nursing for the advanced practice registered nurse and by the Kentucky Board of Medical Licensure for the physician. The sole purpose of the audit shall be to document that the collaboration meetings have taken place as required by this section and that other provisions of this section have been met.
- ~~(16)(12)~~ 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 enter into a collaborative agreement with a physician, pursuant to this chapter or any other provision of law, in order to deliver anesthesia care.
- ~~(13) The jurisprudence examination shall be prescribed by the board and be conducted on the licensing requirements under this chapter and board regulations and requirements applicable to advanced practice registered nursing in this Commonwealth. The board shall promulgate administrative regulations in accordance with KRS Chapter 13A, establishing the provisions to meet this requirement.~~
- ~~(17)(14)~~ (a) Except as provided in subsection ~~(18)(15)~~ of this section, an advanced practice registered nurse who wishes to continue to prescribe controlled substances may be exempt from a CAPA-CS required under subsection ~~(15)(11)~~ of this section if the advanced practice registered nurse has:
1. Completed four (4) years of prescribing authority for controlled substances with a CAPA-CS;
  2. Maintained a United States Drug Enforcement Administration registration; and
  3. Maintained a master account with KASPER or the PDMP currently in use in Kentucky pursuant to KRS 218A.202.
- (b) On or after June 29, 2023:
1. An advanced practice registered nurse who has had four (4) years of prescribing authority with a CAPA-CS and who wishes to prescribe controlled substances without a CAPA-CS shall submit, via the APRN update portal, a request for review from the Kentucky Board of Nursing that the advanced practice registered nurse's license is in good standing;
  2. An advanced practice registered nurse who has fewer than four (4) years of prescribing authority with a CAPA-CS and who wishes to prescribe controlled substances without a CAPA-CS shall complete the required number of years under the then-current CAPA-CS to reach four (4) years and shall submit, via the APRN update portal, a request for review from the Kentucky Board of Nursing that the advanced practice registered nurse's license is in good standing. However, if the then-current CAPA-CS expires or is rescinded prior to the end of the four (4) year term, a new CAPA-CS shall be required and subject to the provisions of this section;
  3. The advanced practice registered nurse shall not prescribe controlled substances without a CAPA-CS until the board has completed its review and has notified the advanced practice registered nurse in writing that the advanced practice registered nurse is exempt from the CAPA-CS requirement; and
  4. The review request shall include the payment of a fee set by the board through the promulgation of an administrative regulation.
- (c) Upon receipt of a request pursuant to this subsection, the Kentucky Board of Nursing shall perform a review to determine whether the license of the advanced practice registered nurse is in good standing

based upon an evaluation of the criteria specified in this subsection and in the administrative regulation promulgated by the board pursuant to this subsection, including but not limited to verification:

1. That a current United States Drug Enforcement Administration registration certificate for the advanced practice registered nurse is on file with the board;
  2. That a current CAPA-CS notification for the advanced practice registered nurse is on file with the board;
  3. That the advanced practice registered nurse has an active master account with the electronic system for monitoring controlled substances pursuant to KRS 218A.202;
  4. Through a criminal background check of the absence of any unreported misdemeanor or felony convictions in Kentucky; and
  5. Through a check of the coordinated licensure information system specified in KRS 314.475 of the absence of any unreported disciplinary actions in another state.
- (d) Based on the findings of these actions, the Kentucky Board of Nursing shall determine if the advanced practice registered nurse's license is in good standing for the purpose of removing the requirement for the advanced practice registered nurse to have a CAPA-CS in order to prescribe controlled substances.
- (e) If the advanced practice registered nurse's license is found to be in good standing, the advanced practice registered nurse shall be notified by the board in writing that a CAPA-CS is no longer required. The advanced practice registered nurse shall not be required to maintain a CAPA-CS as a condition to prescribe controlled substances unless the board later imposes such a requirement as part of an action instituted under KRS 314.091(1). An advanced practice registered nurse may choose to maintain a CAPA-CS indefinitely after the determination of good standing has been made. An advanced practice registered nurse who chooses to prescribe without a CAPA-CS shall be held to the same standard of care as all other providers with prescriptive authority.
- (f) If the advanced practice registered nurse's license is found not to be in good standing, the CAPA-CS requirement shall not be removed until the license is restored to good standing, as directed by the board.
- (g) The Kentucky Board of Nursing shall conduct random audits of the prescribing practices of advanced practice registered nurses, including those who are no longer required to have a CAPA-CS in order to prescribe, through a review of data obtained from the KASPER report or that of the PDMP currently in use in Kentucky pursuant to KRS 218A.202 and shall take disciplinary action under KRS 314.091(1) if a violation has occurred.
- ~~(18)(15)~~ (a) An advanced 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 for controlled substances in a state that grants such prescribing authority to advanced practice registered nurses;
  2. Has had authority to prescribe controlled substances for at least four (4) years; and
  3. Has a license in good standing as described in subsection ~~(17)(14)~~ of this section and in the administrative regulation promulgated by the board pursuant to subsection ~~(17)(14)~~ of this section.
- (b) An advanced practice registered nurse wishing to practice in Kentucky through licensure by endorsement who has had the authority to prescribe controlled substances for less than four (4) years and wishes to continue to prescribe controlled substances shall enter into a CAPA-CS with a physician licensed in Kentucky and comply with the provisions of this section until the cumulative four (4) year requirement is met, after which the advanced practice registered nurse who wishes to prescribe controlled substances without a CAPA-CS shall follow the process identified in subsection ~~(17)(14)~~ of this section and in the administrative regulation promulgated by the board pursuant to subsection ~~(17)(14)~~ of this section.
- ~~(19)(16)~~ An advanced practice registered nurse shall not prescribe controlled substances without a CAPA-CS until the board has completed its review and has notified the advanced practice registered nurse in writing that the advanced practice registered nurse is exempt from the CAPA-CS requirement.

➔Section 2. KRS 314.121 is amended to read as follows:

- (1) The Governor shall appoint a Board of Nursing consisting of seventeen (17) members:
- (a) ~~Three (3)~~ ~~Ten (10)~~ members shall be registered nurses *actively engaged in clinical practice and licensed to practice in the Commonwealth, selected from a list of names submitted by the Kentucky Nurses Association*, ~~with the Governor ensuring that the appointees represent different specialties from a broad cross section of the nursing profession after soliciting and receiving nominations from recognized specialty state component societies~~;
  - (b) *Three (3) members shall be advanced practice registered nurses actively engaged in clinical practice and licensed to practice in the Commonwealth, two (2) of whom shall be selected from a list of names submitted by the Kentucky Association of Nurse Practitioners and Nurse Midwives, and one (1) of whom shall be a certified nurse anesthetist selected from a list of names submitted by the Kentucky Association of Nurse Anesthetists*;
  - (c) ~~Two (2)~~ ~~Three (3)~~ members shall be practical nurses *actively engaged in clinical practice and licensed to practice in the Commonwealth, selected from a list of names submitted by the Kentucky Association of Licensed Practical Nurses*;
  - (d) ~~(e)~~ One (1) member shall be a nurse service administrator *actively engaged in practice* who is a registered nurse licensed to practice in the Commonwealth, *selected from a list of names submitted by the Kentucky Organization of Nurse Leaders*;
  - (e) ~~Four (4)~~ ~~One (1)~~ ~~members~~ ~~member~~ shall be *actively engaged in nursing* ~~practical nurse~~ education, *each of whom* ~~who~~ is a registered nurse licensed to practice in the Commonwealth, *three (3) of whom shall be selected from a list of names submitted by the Kentucky League for Nursing and one (1) of whom shall be selected from a list of names submitted by the Kentucky Nurses Association*; ~~and~~
  - (f) *Two (2) members shall be registered nurses experienced in long-term care, one (1) of whom shall be selected from a list of names submitted by LeadingAge Kentucky, and one (1) of whom shall be selected from a list of names submitted by the Kentucky Association of Health Care Facilities; and*
  - (g) ~~(e)~~ Two (2) members shall be citizens at large, who are not associated with or financially interested in the practice or business regulated.
- (2) Each appointment shall be subject to confirmation by the Senate and shall be for a term of four (4) years expiring on June 30 of the fourth year, ***except in 2024, when new appointments shall be made by the Governor after the effective date of this Act.*** ~~A~~ ~~No~~ board member shall *not* serve for more than three (3) consecutive terms. ~~Any board member who is serving at least a third consecutive term on April 7, 2022, and shall be ineligible for reappointment until the passage of one (1) full four (4) year appointment cycle. The cycle for appointments and expiration of terms shall be as follows:~~
- (a) ~~The first year of the four (4) year cycle, the terms for three (3) registered nurses and one (1) licensed practical nurse shall expire;~~
  - (b) ~~The second year of the four (4) year cycle, the terms for three (3) registered nurses and one (1) citizen at large shall expire;~~
  - (c) ~~The third year of the four (4) year cycle, the terms for two (2) registered nurses, one (1) licensed practical nurse, and the one (1) member engaged in practical nurse education who is a registered nurse shall expire; and~~
  - (d) ~~Before January 1, 2024, in the fourth year of the four (4) year cycle, the terms for two (2) registered nurses, one (1) licensed practical nurse, and one (1) citizen at large shall expire. Beginning on January 1, 2024, in the fourth year of the four (4) year cycle, the terms for two (2) registered nurses, one (1) certified registered nurse anesthetist, one (1) licensed practical nurse, and one (1) citizen at large shall expire.~~
- (3) (a) ***By August 1, 2024, the Kentucky Nurses Association shall submit to the Governor two (2) names of qualified individuals for appointment as a registered nurse (R.N.) who are actively engaged in clinical nursing practice, from which the Governor shall make an appointment as necessary by October 1, 2024. Thereafter, by March 1 of the year in which the term of an R.N. actively engaged in clinical practice expires, the Kentucky Nurses Association shall submit to the Governor two (2) names of qualified individuals*** ~~a list of members qualified~~ for appointment as *an R.N. who are actively*

- engaged in clinical nursing practice*~~members, in number not less than twice the number of appointments to be made], from which [list ]the Governor shall make *an*[each] appointment as[or appointments] necessary by July 1[-. By March 1 of the year in which the certified registered nurse anesthetist term expires, the Kentucky Nurses Association shall submit to the Governor two (2) names of qualified individuals for the appointment, and from this list the Governor shall make the appointment by July 1].~~
- (b) By March 1~~[-]~~ *of the year in which the term of an L.P.N. expires, the* Kentucky Licensed Practical Nurses Organization Incorporated shall submit to the Governor *two (2) names of qualified individuals*~~[a list of names qualified]~~ for appointment as *an L.P.N. who are actively engaged in clinical nursing practice*~~members, in number not less than twice the number of appointments to be made], from which [list ]the Governor shall make *an*[each] appointment [or appointments]as necessary by July 1.~~
- (c) By March 1 of the year in which the nurse service administrator's term *expires*~~[shall expire]~~, the Kentucky Organization of Nurse Leaders, an affiliate of the Kentucky Hospital Association, shall submit to the Governor two (2) names of qualified individuals for appointment as the nurse service administrator, from which list the Governor shall make an appointment as necessary by July 1.
- (d) By March 1 *of the year in which the term of the R.N. recommended by LeadingAge Kentucky expires,* LeadingAge Kentucky shall submit to the Governor two (2) names of qualified individuals for *appointment*~~[appointments]~~ as *an R.N. experienced in long-term care*~~[its R.N. representative to the board]~~, from which the Governor shall make an appointment *as necessary* by July 1.
- (e) By March 1 of the year in which the *term of the R.N. recommended by* Kentucky Association of Health Care Facilities *expires*~~[representative's term shall expire]~~, the Kentucky Association of Health Care Facilities shall submit to the Governor two (2) names of qualified individuals for appointment as *an R.N. experienced in long-term care*~~[its R.N. representative to the board]~~, from which ~~[list ]~~the Governor shall make an appointment as necessary by July 1.
- (f) By March 1 of the year in which the practical nurse educator's term expires, *the Kentucky League for Nursing*~~[Kentucky Licensed Practical Nurses Organization Incorporated]~~ shall submit to the Governor two (2) names of qualified individuals for the appointment *as a licensed practical nurse educator*, from which ~~[list ]~~the Governor shall make the appointment *as necessary* by July 1.
- (g) *By August 1, 2024, the Kentucky League for Nursing shall submit to the Governor two (2) names of qualified individuals for appointment as a graduate degree nurse educator, from which the Governor shall make an appointment as necessary by October 1, 2024. Thereafter, by March 1 of the year in which the term of the graduate degree nurse educator expires, the Kentucky League for Nursing shall submit to the Governor two (2) names of qualified individuals for the appointment as a graduate degree nurse educator, from which the Governor shall make an appointment as necessary by July 1.*
- (h) *By March 1, 2025, and thereafter on March 1 of the year in which the term of the undergraduate nurse educator expires, the Kentucky Nurses Association shall submit to the Governor two (2) names of qualified individuals for the appointment as an undergraduate nurse educator, from which the Governor shall make the appointment as necessary by July 1.*
- (i) *By March 1, 2026, and thereafter on March 1 of the year in which the term of the undergraduate nurse educator expires, the Kentucky League for Nursing shall submit to the Governor two (2) names of qualified individuals for appointment as an undergraduate nurse educator, from which the Governor shall make the appointment as necessary by July 1.*
- (j) *By March 1 of the year in which the certified registered nurse anesthetist term expires, the Kentucky Association of Nurse Anesthetists shall submit to the Governor two (2) names of qualified individuals who are actively engaged in clinical nursing practice for the appointment, from which the Governor shall make the appointment as necessary by July 1.*
- (k) *By August 1, 2024, the Kentucky Association of Nurse Practitioners and Nurse-Midwives shall submit to the Governor the names of qualified individuals for appointments of two (2) advanced practice registered nurses. The appointed individuals shall be certified in different population foci and shall be actively engaged in advanced nursing clinical practice. Two (2) names of qualified individuals shall be submitted to the Governor for each position. The Governor shall appoint one (1) advanced practice registered nurse from the two (2) names submitted in one (1) population focus for*



*an initial term of four (4) years and shall also appoint one (1) advanced practice registered nurse from the two (2) names submitted in another population focus for an initial term of two (2) years. The Governor shall make each appointment as necessary by October 1, 2024. Successive terms for each advanced registered nurse practitioner shall be four (4) years. The two (2) advanced practice registered nurses shall be certified in a different population focus. Thereafter, on March 1 of the year in which the term of an advanced practice registered nurse expires, the Kentucky Association of Nurse Practitioners and Nurse-Midwives shall submit to the Governor the names of two (2) qualified individuals, from which the Governor shall make the appointment as necessary by July 1.*

- (I) The Governor shall appoint two (2) members who shall be citizens at large, who are not associated with or financially interested in the practice or business regulated. The Governor shall make the appointments by July 1 of the year in which the citizen members' terms expire.
- (4) Among the seventeen (17) members of the board, at all times, at least two (2) members shall be appointed from each of the six (6) congressional districts of the Commonwealth.
- (5) Among the nurse board members appointed under subsection (1)~~[(a), (b), (c), and (d)]~~ of this section, no less than three (3) and no more than six (6) nurse board members shall be nurse educators. All other nurse members of the board shall be practicing nurses.
- (6) A vacancy on the board shall be filled by the Governor as provided for under subsection (1) of this section.
- (7) The Governor may remove any member from the board for neglect of duty, incompetence, or unprofessional or dishonorable conduct.
- (8) Each R.N. member of the board shall be a citizen of the United States, a resident of Kentucky, a graduate of an approved school of nursing, and a registered nurse in this state. All shall have had at least five (5) years of experience in nursing, three (3) of which shall immediately precede such appointment. **Three (3)**~~Five (5)]~~ members shall be engaged in *clinical* nursing practice; **four (4)**~~three (3)]~~ shall be engaged in nursing education; **three (3)**~~one (1)]~~ shall be engaged in advanced practice registered nursing, **one (1) of whom shall be a certified registered nurse anesthetist; two (2) shall be experienced in long-term care**~~one (1) shall be a certified registered nurse anesthetist]~~; and one (1) shall be in nursing administration.
- (9) Each L.P.N. member of the board shall be a citizen of the United States, a resident of Kentucky, a graduate of an approved school of practical nursing or its equivalent, licensed as a licensed practical nurse in this state, have at least five (5) years of experience in nursing, three (3) of which shall immediately precede this appointment, and be currently engaged in nursing practice. **Two (2) members shall be engaged in clinical nurse practice.**

➔Section 3. KRS 314.131 is amended to read as follows:

- (1) The board shall meet at least annually and shall elect from its members a president and any other officers that it deems necessary. Nine members of the board including one (1) officer shall constitute a quorum at any meeting. The board is authorized to promulgate administrative regulations not inconsistent with the law and subject to the provisions of KRS Chapter 13A, as may be necessary to enable it to carry into effect the provisions of this chapter. The board may require, by administrative regulation, that licensees and applicants utilize a specific method of submission of documents or information that is required to be provided to the board under this chapter and the administrative regulations of the board, including electronic submission.
- (2) The board shall approve programs of nursing and shall monitor compliance with standards for nurse competency under this chapter. It shall examine, license, and renew the license of duly-qualified applicants; determine notice of place and time of licensure examinations; approve providers of continuing education; administer continuing education requirements; issue advisory opinions or declaratory rulings dealing with the practice of nursing; register and designate those persons qualified to engage in advanced nursing practice; and it shall conduct administrative hearings in accordance with KRS Chapter 13B upon charges calling for discipline of a licensee and cause the prosecution of all persons violating any provisions of this chapter. It shall keep a record of all its proceedings and make an annual report to the Governor.
- (3) The board shall develop specific guidelines to follow upon receipt of an allegation of sexual misconduct by a nurse licensed by the board. The guidelines shall include investigation, inquiry, and hearing procedures which ensure that the process does not revictimize the alleged victim or cause harm if a nurse is falsely accused.
- (4) The board and investigators hired by the board shall receive training on the dynamics of sexual misconduct of professionals, including the nature of this abuse of authority, characteristics of the offender, the impact on the

victim, the possibility and the impact of false accusations, investigative procedure in sex offense cases, and effective intervention with victims and offenders.

- (5) The board shall employ a qualified person to serve as executive director to the board, and shall fix the compensation and define the duties of the executive director. It may employ other persons as may be necessary to carry on the work of the board.
- (6) The executive director shall have at least the qualifications for board members, and a master's degree in nursing or equivalent and shall have had at least two (2) years of experience in nursing administration immediately preceding the time of appointment.
- (7) ***With the approval of the board, the executive director may hire additional officers and other personnel necessary for the proper functioning of the board, fix their salaries, and prescribe their duties. Any person employed under this section shall not be subject to the provisions of KRS Chapter 18A.***
- ~~(8)~~~~(7)~~ Each member of the board shall receive, in addition to traveling, hotel, and other necessary expenses, one hundred fifty dollars (\$150) for each day the member is actually engaged in the discharge of official duties.
- ~~(9)~~~~(8)~~ The board may, in its discretion, purchase liability insurance for board and staff members against acts performed in good faith discharge of duties.
- ~~(10)~~~~(9)~~ The board may, by administrative regulation issued pursuant to the provisions of KRS Chapter 13A, determine which disciplinary action records may be expunged. Any records which are expunged shall be exempt from disclosure under the Kentucky Open Records Law, KRS 61.870 to 61.884. The board shall not report its disciplinary actions for any purpose other than statistical.
- ~~(11)~~~~(10)~~ The board may reimburse any person appointed by direction of the board to any committee, subcommittee, or task force created by the board for his or her travel and subsistence expenses as established through the promulgation of administrative regulations in accordance with KRS Chapter 13A.

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

- (1) As a prerequisite for license renewal, all individuals licensed under provisions of this chapter shall be required to document continuing competency during the immediate past licensure period as prescribed in regulations promulgated by the board.
- (2) The continuing competency requirement shall be documented and reported as set forth by the board in administrative regulations promulgated in accordance with KRS Chapter 13A.
- (3) The board shall approve providers of continuing education. The approval may include recognition of providers approved by national organizations and state boards of nursing with comparable standards. Standards for these approvals shall be set by the board in administrative regulations promulgated in accordance with the provisions of KRS Chapter 13A.
- (4) The board shall work cooperatively with professional nursing organizations, approved nursing schools, and other potential sources of continuing education programs to ensure that adequate continuing education offerings are available statewide. The board may enter into contractual agreements to implement the provisions of this section.
- (5) The board shall be responsible for notifying applicants for licensure and licensees applying for license renewal, of continuing competency requirements.
- (6) As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees, the board shall ensure practitioners licensed under KRS Chapter 314 complete a one-time training course of at least one and one-half (1.5) hours covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020. The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.
- (7) ***As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees and the evolving needs of the growing senior population, the board shall ensure practitioners licensed under KRS Chapter 314 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 practitioners 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:***

- (a) *The warning signs and symptoms of Alzheimer's disease and other forms of dementia;*
  - (b) *The importance of early detection, diagnosis, and appropriate communication techniques for discussion of memory concerns with the patient and his or her caregiver;*
  - (c) *Cognitive assessment and care planning billing codes;*
  - (d) *The variety of tools used to assess a patient's cognition; and*
  - (e) *Current treatments that may be available to the patient.*
- (8) In order to offset administrative costs incurred in the implementation of the mandatory continuing competency requirements, the board may charge reasonable fees as established by regulation in accordance with the provisions of KRS Chapter 13A.
- ~~(9)~~~~(8)~~ The continuing competency requirements shall include at least five (5) contact hours in pharmacology continuing education for any person licensed as an advanced practice registered nurse.

➔Section 5. KRS 311.844 is amended to read as follows:

- (1) To be licensed by the board as a physician assistant, an applicant shall:
  - (a) Submit a completed application form with the required fee;
  - (b) Be of good character and reputation;
  - (c) Be a graduate of an approved program; and
  - (d) Have passed an examination approved by the board within three (3) attempts.
- (2) A physician assistant who is authorized to practice in another state and who is in good standing may apply for licensure by endorsement from the state of his or her credentialing if that state has standards substantially equivalent to those of this Commonwealth.
- (3) A physician assistant's license shall be valid for two (2) years and shall be renewed by the board upon fulfillment of the following requirements:
  - (a) The holder shall be of good character and reputation;
  - (b) The holder shall provide evidence of completion, during the previous two (2) years, of a minimum of one hundred (100) hours of continuing education approved by the American Medical Association, the American Osteopathic Association, the American Academy of Family Physicians, the American Academy of Physician Assistants, or by another entity approved by the board. The one hundred (100) hours of continuing education required by this paragraph shall include:
    - 1. During the first two (2) years of licensure or prior to the first licensure renewal:
      - a. One (1) continuing education course on the human immunodeficiency virus and acquired immunodeficiency syndrome;~~and~~
      - b. One and one-half (1.5) hours of continuing education in the prevention and recognition of pediatric abusive head trauma, as defined in KRS 620.020; and
      - c. *As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees and the evolving needs of the growing senior population, the board shall ensure physician assistants licensed under KRS 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;*

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- 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*
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, addiction disorders, use of the electronic system for monitoring controlled substances established in KRS 218A.202, or any combination of two (2) or more of these subjects; and
- (c) The holder shall provide proof of current certification with the National Commission on Certification of Physician Assistants.

➔Section 6. The following KRS section is repealed:

314.193 Advanced Practice Registered Nurse Council -- Members -- Meetings -- Duties -- Terms.

**Signed by Governor April 19, 2024.**