

1 AN ACT relating to continuing education for medical professionals.

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

3 ➔Section 1. KRS 314.073 is amended to read as follows:

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

1 (1.5) hours required under this section shall be included in the current number of
2 required continuing education hours.

3 (7) As a part of the continuing education requirements that the board adopts to
4 ensure continuing competency of present and future licensees and the evolving
5 needs of the growing senior population, the board shall ensure practitioners
6 licensed under KRS Chapter 314, whose primary scope of practice includes but is
7 not limited to individuals aged fifty (50) years and older and who serve in a
8 primary care, internal medicine, geriatric, neurology, family practice, and
9 emergency medicine settings, complete a course of two (2) hours of continuing
10 education approved by the board. The course shall be completed every two (2)
11 years and count towards the current number of required continuing education
12 hours. The course topics shall include but not be limited to:

13 (a) The warning signs and symptoms of Alzheimer's disease and other forms of
14 dementia;

15 (b) The importance of early detection, diagnosis, and appropriate
16 communication techniques for discussion of memory concerns with the
17 patient and his or her caregiver;

18 (c) Cognitive assessment and care planning billing codes;

19 (d) The variety of tools used to assess a patient's cognition; and

20 (e) Current treatments that may be available to the patient.

21 **(8)** In order to offset administrative costs incurred in the implementation of the
22 mandatory continuing competency requirements, the board may charge reasonable
23 fees as established by regulation in accordance with the provisions of KRS Chapter
24 13A.

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

1 ➔Section 2. KRS 311.844 is amended to read as follows:

2 (1) To be licensed by the board as a physician assistant, an applicant shall:

3 (a) Submit a completed application form with the required fee;

4 (b) Be of good character and reputation;

5 (c) Be a graduate of an approved program; and

6 (d) Have passed an examination approved by the board within three (3) attempts.

7 (2) A physician assistant who is authorized to practice in another state and who is in
8 good standing may apply for licensure by endorsement from the state of his or her
9 credentialing if that state has standards substantially equivalent to those of this
10 Commonwealth.

11 (3) A physician assistant's license shall be valid for two (2) years and shall be renewed
12 by the board upon fulfillment of the following requirements:

13 (a) The holder shall be of good character and reputation;

14 (b) The holder shall provide evidence of completion, during the previous two (2)
15 years, of a minimum of one hundred (100) hours of continuing education
16 approved by the American Medical Association, the American Osteopathic
17 Association, the American Academy of Family Physicians, the American
18 Academy of Physician Assistants, or by another entity approved by the board.
19 The one hundred (100) hours of continuing education required by this
20 paragraph shall include:

21 1. During the first two (2) years of licensure or prior to the first licensure
22 renewal:

23 a. One (1) continuing education course on the human
24 immunodeficiency virus and acquired immunodeficiency
25 syndrome;~~and~~

26 b. One and one-half (1.5) hours of continuing education in the
27 prevention and recognition of pediatric abusive head trauma, as

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

defined in KRS 620.020; and

c. One (1) hour of continuing education approved by the board for those physician assistants whose scope of practice includes but is not limited to individuals aged fifty (50) years and older and which includes and is strictly limited to primary care, internal medicine, geriatric, neurology, family practice, and emergency medicine settings. The course topics shall include but not be limited to:

i. The warning signs and symptoms of Alzheimer's disease and other forms of dementia;

ii. The importance of early detection, diagnosis, and appropriate communication techniques for discussion of memory concerns with the patient and his or her caregiver;

iii. Cognitive assessment and care planning billing codes;

iv. The variety of tools used to assess a patient's cognition;
and

v. Current treatments that may be available to the patient;
and

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.