

**KBN**

Spring 2015  
Edition 43

# CONNECTION

**“DO NOT FILL UNTIL”...  
NOT A LEGAL SOLUTION!**

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YOU DON'T UPDATE YOUR  
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# KBN CONNECTION

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## Statistics Corner

As of March 26, 2015 KBN records show:

**RN Active: 65,078**

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**Advanced Practice**

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## PRESIDENT'S MESSAGE

Great news! The Kentucky Board of Nursing has received a regulation change to 201 KAR 20:240 Fees for service. This increase will go into effect no earlier than July 2015. Please take a moment to read the General Counsel's article on page 18 to learn more about this change.

As I am writing this article, we are in the middle of a historic snow storm and many of us in the Commonwealth have dealt with challenging weather for the past 3 weeks. However, I hope the weather is warm & sunny as you read this edition of *KBN Connection*! Through these difficult weather days, I have again had the opportunity to appreciate the extreme dedication of the nurses in Kentucky. I have personally witnessed nurses who have selflessly slept at their place of employment, or who have walked to work, and those who have worked multiple shifts to care for the sick and frail, while sacrificing their own family time. Truly amazing!

Without a doubt, nurses are a dedicated group of professionals who lead by example! I recently attended a Leadership Conference which focused on the multigenerational workforce we all find ourselves in. ***We currently have four generations working side by side for the first time in history.*** These generations are categorized by: the **Traditionals** (*born before 1946*)- play by the rules and need structure, the **Boomers** (*born between 1946-1966*)- want freedom and want to leave their mark, **Gen X** (*born between*

*1966-1981*)- peer reliant and strives for wealth but lacks the associated wisdom, and **Gen Y** (*born between 1981-2000*)- lacks focus and ability to prioritize but great with multi-tasking. The successful leader makes a 'beautiful salad' utilizing the strengths of these generational groups rather than creating a 'salad bar'! I believe nurses do this every day. Not only do we deal with these differences in our workforce, but also in the patients we care for! Keep up the great work leaders of healthcare!

March 16<sup>th</sup>- March 18<sup>th</sup>, Kentucky hosted the National Council of State Boards of Nursing for the Mid-year meeting. Please see the Executive Director's Message on page 6 for more information on this conference of Nursing Regulators and Leaders from the across the nation.

I would like to close by saying "Thank you" to retiring board member Kelly Jenkins, Nick Hammonds, Michelle Dunn and Kathy Burr. The Board appreciates your valuable insight and dedication to the protection of the public.

Sally Baxter, RN  
President, Kentucky Board of Nursing



## EXECUTIVE DIRECTOR'S MESSAGE

Dear Colleagues in Nursing,

As reported in the "President's Message" (page 5), on March 16-18, 2015, the National Council of State Boards of Nursing (NCSBN) held its Mid-Year meeting in Louisville, Kentucky. Nursing regulators from across the country as well as outside the United States came to Kentucky to discuss issues of common interest. One of the many items for discussion was the proposed revisions to the Nurse Licensure Compact (NLC). As a reminder, the NLC is an interstate compact allowing a nurse to have one license (issued by the primary state of residence) with the privilege to practice in other compact states (both physically and via technology). The NLC applies to only registered nurses (RNs) and licensed practical or vocational nurses (LPN/LVNs) and not to advanced practice registered nurse (APRN) licensure.

Over the past several years, members of the NCSBN Executive Officer Leadership Council and the Nurse Licensure Compact Administrators (NLCA) have undertaken a thorough and comprehensive review of the current Nurse Licensure Compact to identify potential barriers and possible remedies for other state boards of nursing becoming party to the NLC. This endeavor is based upon an increasing interest in a national model of licensure related to improving access to care through telehealthcare, further propelled by the increasing numbers of insured through the Affordable Care Act and the aging population. At the time of this writing, there are currently twenty-five (25) states that are party to the NLC, including Kentucky.

Some of the proposed revisions to the NLC include, but are not limited to, the following:

- requiring biometric based (fingerprint) criminal background checks for eligibility as a party state;
- the applicant/licensee must hold an active, unencumbered license;
- the applicant/licensee must not have been convicted of a felony;
- the applicant/licensee must not have been convicted of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
- the applicant/licensee must not be currently enrolled in an alternative program;
- the applicant/licensee is subject to self-disclosure requirements regarding current participation in an alternative program; and

- the applicant/licensee has a valid United States Social Security number.

These proposed revisions will create requirements for issuance of a multistate license by those jurisdictions who become party to the revised NLC. For those applicants or licensees who do not meet these proposed requirements, they may still be eligible for a single state license according to current regulatory requirements in KY.

Concurrent to the above described efforts, a thorough and comprehensive review of the draft Advanced Practice Registered Nurse (APRN) Compact has been completed to assure alignment with the proposed revisions to the NLC.

In May 2015, the NCSBN Delegate Assembly will be asked to approve both the proposed revisions to the NLC and the draft APRN Compact for the purpose of furthering the adoption of the mutual recognition model of nursing licensure in more jurisdictions across the United States.

As KBN adopted the NLC in 2007, any change to the current NLC has the potential for substantial impact upon licensees, whose primary state of residence is KY, as well as Board operations. As this matter progresses, updated information will be provided to you through this publication as well as on the Board's website, [www.kbn.ky.gov](http://www.kbn.ky.gov).

Over the past few months, KBN has welcomed several new staff. Sandi Clark RN joined KBN as a Nurse Investigator/Case Manager in the Compliance Section. Glenda McClain joined staff as an Administrative Specialist in the Credentials Branch. Heather Pharris-Schrecker RN returned to KBN as a Nurse Investigator in the Investigation and Discipline Section. Bridget Smith joined staff as Receptionist and Randolph ("Randy") Smith assumed the role of Operations Manager for KBN. Also, KBN bid a fond farewell to Aneeka Farrell, APRN Program Coordinator in the Credentials Branch.

As always, should you have questions about this information, please feel free to contact me at the Board office.

With best regards,

Paula S. Schenk MPH, R



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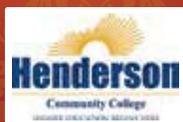
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## “DO NOT FILL UNTIL”.....NOT A LEGAL SOLUTION!

Many APRNs seek to find solutions to prescribing controlled medications for their patients who have transportation issues, co-pays, and other convenience issues. However, providing multiple prescriptions for patients with instructions that state, “Do not fill until \_\_\_\_\_” is outside the scope of practice of the APRN’s prescriptive authority and the designated prescription limits. It is a violation of the law in instances where the total supply of the medication at issue of the prescription exceeds the applicable prescribing limit.

It is unlawful for an APRN to write multiple controlled substance prescriptions at one time, for a single drug and for a single patient, if in doing so has the effect of circumventing the applicable prescribing limit.

### SUMMARY OF PRESCRIBING LIMITS:

**SCHEDULE II** Pursuant to KRS 314.011(8)(a), an APRN with a DEA number and a CAPA-CS may prescribe a seventy-two (72) hour supply of a Schedule II controlled substance, with no refills.

An exception to this limit allows an APRN with a DEA number, a CAPA-CS, and certification as a psychiatric-mental health nurse practitioner to prescribe a thirty (30) day supply of a Schedule II psychostimulant, with no refills. Though hydrocodone was reclassified to a Schedule II drug effective October 6, 2014, drugs containing hydrocodone, when prescribed by Kentucky APRNs are subject to the prescription limits applicable to Schedule III drugs. See, KRS 218A.020(3).

### SCHEDULE III

Pursuant to KRS 314.011(8)(b), an APRN with a DEA number and a CAPA-CS may prescribe a thirty (30)

day supply of a Schedule III controlled substance, with no refills.

### LIMITED SCHEDULE IV

Pursuant to 201 KAR 20:059, an APRN with a DEA number and a CAPA-CS may prescribe a thirty (30) day supply of the following Schedule IV controlled substance, with no refills: diazepam (Valium); clonazepam (Klonopin); lorazepam (Ativan), alprazolam (Xanax), and carisoprodol (Soma).

### SCHEDULE IV & SCHEDULE V

Except where limited by 201 KAR 20:059, an APRN with a DEA number and a CAPA-CS may provide an original prescription and refills not to exceed a six (6) month supply of Schedule IV and Schedule V controlled substances.

### SCENARIO:

An APRN with a CAPA-CS and a DEA number, upon seeing and assessing a patient, simultaneously writes three (3) separate Schedule II controlled substance prescriptions for oxycodone, each for a three (3) day period. By doing this, the APRN has effectively written a nine (9) day supply of a Schedule II controlled substance, without intermediate assessments or

office visits during the nine (9) day period. The applicable APRN prescribing limit for oxycodone is a three (3) day supply with no refills.

Many APRNs think that an applicable federal law (21 CFR 1306.12) permits an APRN with a CAPA-CS and a DEA number to simultaneously write multiple controlled substance prescriptions, for a single drug and for a single patient, to be filled in a serial manner that would exceed the prescription limits described above.

21 CFR 1306.12 states:

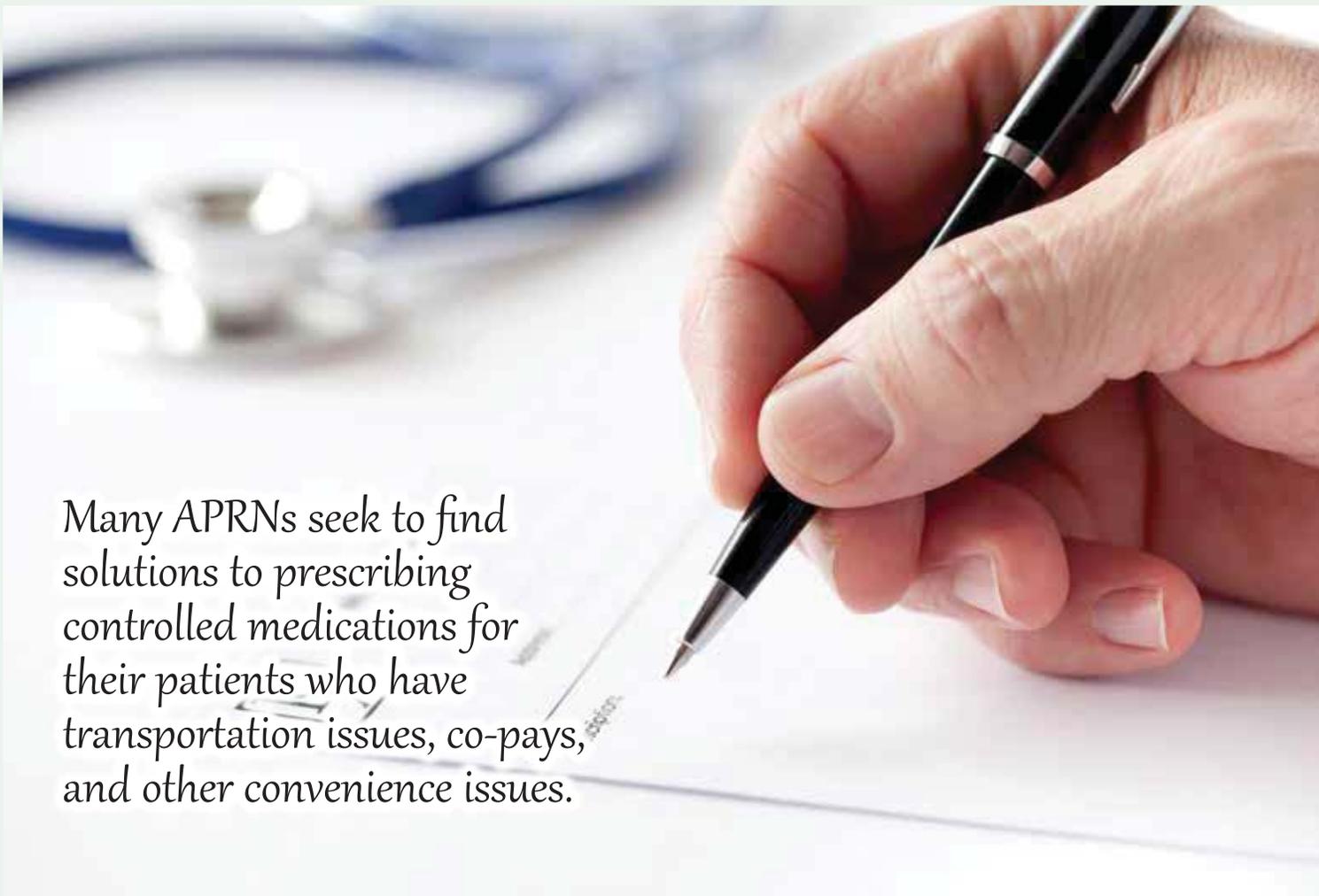
(a) *The refilling of a prescription for a controlled substance listed in Schedule II is prohibited.*

(b)(1) *An individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled substance provided the following conditions are met:*

(i) *Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice;*

(ii) *The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest*





Many APRNs seek to find solutions to prescribing controlled medications for their patients who have transportation issues, co-pays, and other convenience issues.

*date on which a pharmacy may fill each prescription;*

*(iii) The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse;*

*(iv) The issuance of multiple prescriptions as described in this section is permissible under the applicable state laws; and*

*(v) The individual practitioner complies fully with all other applicable requirements under the Act and these regulations as well as any additional requirements under state law.*

*(2) Nothing in this paragraph (b) shall be construed as mandating or encouraging individual practitioners to issue multiple prescriptions or to see their patients only once every 90 days when prescribing Schedule II controlled substances. Rather, individual practitioners must determine on their own,*

*based on sound medical judgment, and in accordance with established medical standards, whether it is appropriate to issue multiple prescriptions and how often to see their patients when doing so.*

However, the cited federal regulation is a law of general application to all persons who hold DEA licenses. Conversely, KRS 314.011(8) and 201 KAR 20:059 are much narrower in scope, with specific application only to Kentucky APRNs who hold a DEA license and a CAPA-CS. Because the Kentucky Board of Nursing was formed and operates by actions of the General Assembly as contained in KRS Chapter 314, and the administrative regulations promulgated by the designated legislative committees, the more restrictive prescription limits set forth at KRS 314.011(8) and 201 KAR 20:059 apply to Kentucky APRNs

in matters before the Kentucky Board of Nursing.

The **SCENARIO** provided disregards the applicable prescribing limit and therefore violates Kentucky nursing laws.

Unless and until a court or legislative body dictates otherwise, when KBN learns that an APRN has engaged in the practice of simultaneously writing multiple controlled substance prescriptions, for a single drug and for a single patient, in a manner that contravenes the applicable prescribing limit, administrative complaints regarding this practice will be filed and appropriate remedial action will be sought.

Should you have any questions or need additional information, please contact Pamela Hagan, APRN Education and Practice Consultant, 502-429-7181 or at [PamelaC.Hagan@ky.gov](mailto:PamelaC.Hagan@ky.gov)

# CONTINUING COMPETENCY FAQs

By **Mary Stewart**, Continuing Competency Program Coordinator

**Q: I was selected for the CE audit last year. I have friends that have been in nursing for many years but have never been selected. Why did I receive an audit letter and they did not?**

A: Nurses receiving CE audit letters are chosen by random selection. The number of years one has been in nursing has nothing to do with the selection process.

**Q: What will happen if I am audited, and I do not have the required contact hours?**

A: You will be asked to earn the required hours and submit copies of the CE certificates to KBN along with a letter of explanation as to why these hours were earned late. Once this documentation is received and accepted by KBN, you will be allowed to enter into a Consent Decree with KBN and pay the required fine. If you refuse to earn the late hours and/or pay the fine, your records and audit response will be forwarded to the Investigation and Discipline Section of the Consumer Protection Branch for initiation of disciplinary action.

**Q: What are the dates of the CE earning period for renewal of my nursing license?**

A: Nurses are required to earn 14 contact hours or the equivalent within the yearly earning period of November 1st through October 31st. You may wish to view the CE brochure available on the KBN website ([www.kbn.ky.gov](http://www.kbn.ky.gov)) for additional earning information.

**Q: My friend refers to the continuing education hours she earns as CEUs. I notice that you refer to them as contact hours. What is the difference in a CEU and a contact hour?**

A: Contact hours refer to the stated amount of time an individual was present during a course. One contact hour is equal to 50 minutes of clock time. Continuing Education Unit (CEU) is the term used as the unit of measurement by colleges and universities to designate 10 contact hours. The terms contact hour

and CEU cannot be used interchangeably. Kentucky and most nursing continuing education providers require offerings to be determined in contact hours.

**Q: This is my first renewal of my Kentucky nursing license. Am I required to earn CE hours for this renewal?**

A: Yes. All nurses that are required to renew their licenses are also required to earn 14 approved contact hours or the equivalent within the earning period (November 1st through October 31st). There is no exemption for first-time renewal.

*Continued on page 12*



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Accreditation: The nursing program at UofL is accredited by CCNE.

**Q: Is it true that I can use an employment evaluation for part of my CE hours?**

A: Yes. A satisfactory employment evaluation or competency validation for your position as a nurse, that covers at least six months of the earning period, can be used for seven contact hours. You must earn the other seven hours. Other acceptable ways to earn your CE hours can be found online ([www.kbn.ky.gov/ce](http://www.kbn.ky.gov/ce)) under "Licensure Renewal Requirements."

**Q: Do college courses count as CE hours?**

A: Academic courses in nursing and health care, or social or physical sciences will count toward your CE requirement. One semester credit hour equals 15 contact hours. One quarter credit hour equals 12 contact hours. These courses count as CE for the earning period in which the course was completed.

**Q: I have attended a CE course that is not offered by an approved CE provider. How can I get credit for these hours?**

A: You may wish to submit an "Individual Request for Review of CE Activities," ([www.kbn.ky.gov/ce/](http://www.kbn.ky.gov/ce/)) under "CE Forms and Publications," to KBN requesting contact hours for this course. There is a non-refundable charge of \$10 for the review. You can also request an application form by contacting the KBN office at 800-305-2042, ext. 7191. Once submitted, your application will be reviewed and, if approved, the appropriate number of contact hours will be awarded. Applications must be submitted no later than November 30th of the licensure year.

**Q: Are CE hours earned on the internet acceptable for licensure in Kentucky? If so, how many of the required 14 hours can be earned on the internet?**

A: Internet CE courses are acceptable if offered by an approved CE provider. All 14 hours or any combination of the hours may be from internet providers.

**Q: I understand that I can use my national nursing certification for the required 14 contact hours of CE. Is this correct?**

A: If you have a national nursing certification or recertification related to your practice role that is in effect the

whole earning period or earned initially this period, it will count for the required 14 contact hours for Kentucky licensure. NOTE: In addition to the national nursing certification, APRNs are required to earn five approved contact hours in pharmacology each earning period. APRNs with a CAPA-CS are required to earn 1.5 approved CE contact hours on

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the use of KASPER, pain management, or addiction disorders.

These hours may count as part of the required pharmacology hours. SANE-credentialed nurses must earn five contact hours of approved sexual assault CE.

**Q: I am required to take a class in CPR where I work. Will this CPR class count toward my CE requirement?**

A: No. CPR and BLS classes, as well as inservice education and nurse aide training, do not count as CE hours.

**Q: Will ACLS and PALS courses count toward my CE requirement?**

A: If an approved provider offers the ACLS or PALS courses, the hours earned will be accepted by KBN. See the list of national nursing organizations recognized by KBN for continuing education offerings on the KBN website ([www.kbn.ky.gov](http://www.kbn.ky.gov)).

**Q: Can a nurse substitute CME credits for nursing contact hours?**

A: CME credits do not automatically transfer to contact hours. If you wish to earn contact hours for a course that awarded CME credit, you will need to go to the KBN CE Web page ([www.kbn.ky.gov/ce/](http://www.kbn.ky.gov/ce/)) under "CE Forms and Publications," and submit an "Individual Request for Review of CE Activities." APRNs are allowed to use CME credits for pharmacology continuing education if the provider offering the course is recognized by their national certifying organization.

**Q: I have earned more CE hours this earning period than I need. Can these hours be used for my next renewal?**

A: No. CE hours cannot be carried over to the next earning period. All 14 hours must be earned within the specified earning period.

**Q: I understand Kentucky nurses are now required to complete a CE course in pediatric abusive head trauma. Please give me information about this requirement.**

A: All nurses licensed as of July 15, 2010 were required to earn 1.5 CE contact hours in pediatric abusive head trauma (shaken baby syndrome) by December 31, 2013. Nurses licensed after July 15, 2010 must complete this earning within 3 years of their initial licensure date. This one-time only requirement is included as part of the nursing curriculum for nurses graduating from a Kentucky Program of Nursing after December 2011.

**Q: I am required to renew my license for the first time by October 31, 2015. Am I exempt from earning CE hours since it is my first renewal?**

A: No. The CE exemption for new licensees at the time of their first renewal has been eliminated. All nurses renewing their license during the Sept. 15 through Oct. 31, 2015 renewal period are required to earn 14 contact hours or the equivalent. The earning period for these hours is Nov. 1, 2014 through October 31, 2015.

**Q: Where can I find a list of approved CE providers?**

A: You can print a copy of the KBN approved provider list from the KBN website ([www.kbn.ky.gov](http://www.kbn.ky.gov)) under "CE Forms and Publications" or you may request a copy of the list by contacting the KBN office at 800-305-2042, ext. 7191. In addition, a list of National Nursing Organizations recognized by KBN for continuing education is also provided on the KBN website. If a provider approved by one of these organizations offers a course you wish to take, that course will be accepted by KBN for the same number of contact hours.

**Q: Does KBN have a record of the CE hours I have earned?**

A: No. KBN does not keep track of each nurse's CE hours – that responsibility falls on the individual nurse. It is the responsibility of the CE provider to see that the nurse receives a certificate of completion, but the provider does not send a copy of the certificate to KBN. You are not required to submit CE certificates to KBN unless requested to

do so through the CE audit. Nurses must retain records of their CE/competency for at least five years following a licensure period. HIV/AIDS CE records must be retained for 12 years.

**Q: I am an Advanced Practice Registered Nurse (APRN) in Kentucky. Are there any specific CE requirements for my registration renewal?**

A: APRNs are required to earn five contact hours of approved CE in pharmacology each licensure period.

The licensure earning period is November 1st through October 31st of the renewal year. In 2008, the regulation was amended to reflect that pharmacology CE hours can be earned from any provider that is recognized by your APRN accrediting body. It is the responsibility of the individual APRN to contact the certifying body for a complete and up-to-date list of recognized providers for their organization. APRNs with a CAPA- CS are required to earn 1.5 approved CE contact hours on the use of KASPER, pain management or addiction disorders. These hours may count as part of the required pharmacology hours.

**Q: Are SANE-credentialed nurses required to earn specific CE hours in addition to the required 14 contact hours for RN renewal?**

A: SANE-credentialed nurses are required to earn five approved contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the required 14 hours for RN renewal.



## WHAT CAN HAPPEN WHEN YOU DON'T UPDATE YOUR ADDRESS WITH KBN – A CAUTIONARY TALE

John Q. Public is an RN and APRN who lives and works in Vermont. He obtained his Kentucky RN and APRN licenses when searching for employment in Kentucky three years ago; however, he never lived or worked in Kentucky. While licensed in Kentucky, he was contacted by a staff member at the Kentucky Board of Nursing (KBN), who said: “You haven’t sent in proof of your recertification by your national certifying body.” See, 201 KAR 20:056 §7.

Mr. Public contacted his national certifying body and asked, “Will you please send KBN proof of the renewal of my national certification/recertification?” Unfortunately, the national certifying body didn’t do as asked. A short time after that, Mr. Public changed addresses without notifying KBN office. At the time he moved, Mr. Public didn’t think he should bother with changing his address with KBN, as he didn’t plan on renewing his Kentucky licenses, and he knew that his licenses would lapse as a consequence of nonrenewal in a few months anyway.

Board staff attempted to reach Mr. Public at his former address, the only address KBN was aware of, to advise him that the national recertification document never arrived; however, the letter never found its way to Mr. Public’s new address. After sixty days, Board staff filed a complaint alleging

that Mr. Public failed to provide evidence of his national recertification, which violated a Board administrative regulation.

Mr. Public never received the complaint, because it was mailed to his old address (address of record). Board staff next filed a Notice of Charges, which was mailed to Mr.

SEE PAGE 28 FOR APPROVAL STATUS



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Public's old address. Mr. Public never received the Notice of Charges. So, of course, he didn't respond. Eventually, the Board's hearing officer issued a default order in Mr. Public's case, and the Board subsequently issued a final decision, which is disciplinary action, imposing a six hundred dollar fine and stating that Mr. Public was prohibited from reinstating his Kentucky RN and APRN licenses for a period of at least one year. This disciplinary action was reported to NURSYS (see below), the Board's reporting agent. NURSYS, in turn, reported this disciplinary action to the National Practitioner Databank (see below). When the Vermont Board of Nursing learned of the Kentucky disciplinary action against Mr. Public, the staff there took note of the fact that the Kentucky disciplinary action wasn't reported to them by Mr. Public.

Mr. Public was quite shocked to receive a complaint from the Vermont Board of Nursing arising from an unreported disciplinary action in Kentucky. He contacted his national certifying body and obtained evidence of his continuous certification throughout the relevant period; however, it was too late to provide such evidence, as the Kentucky discipline case was already closed by virtue of a default disposition. By the time Mr. Public learned about this matter, the opportunity for appeal had long since expired.

While it would have only taken a few minutes to update his address on the KBN website, Mr. Public didn't

do so. As a consequence, he cost himself a six hundred dollar fine and disciplinary action on his Kentucky nursing licenses. In addition, Mr. Public was faced with the possibility of licensure discipline in all of the other states where he was licensed.

This is but one example and scenario that shows what can happen when you fail to assure your licensing board has your correct mailing address. It is the responsibility of all nurses who hold a Kentucky nursing

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license to promptly notify the Board of all address changes. Failure to keep the Board apprised of your current address can result in a variety of problems, including suspension or denial of licensure.

References:

NURSYS provides online verification to a nurse requesting to practice in another state and nurse license lookup reports to employers and the general public. Learn more at the National Council of State Boards of Nursing website. <https://www.nursys.com/>

The National Practitioner Data Bank (NPDB), or "the Data Bank," is a confidential information clearinghouse created by Congress with the primary goals of improving health care quality, protecting the public, and reducing health care fraud and abuse in the U.S. Learn more about the US Department of Health and Human Services and who can query and report to its Data Bank by emailing [help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov)

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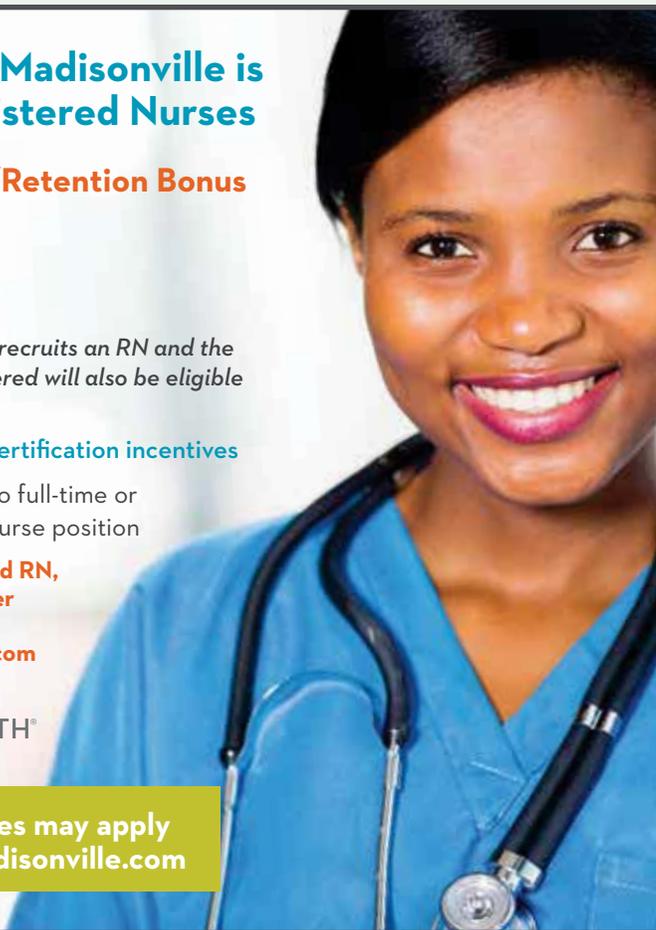
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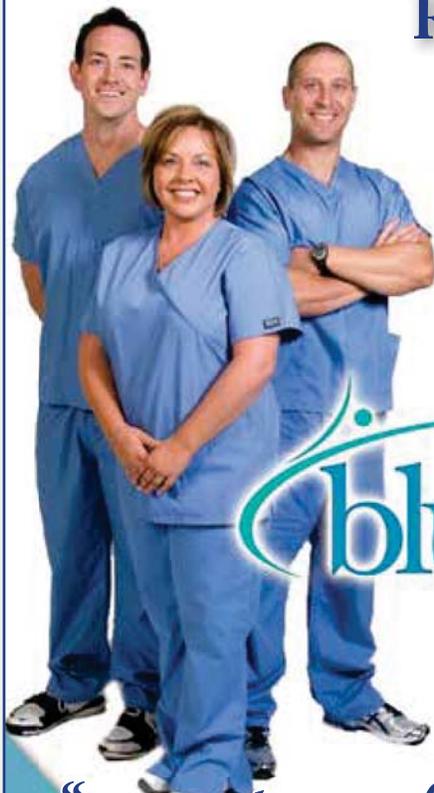
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