

ADVANCED PRACTICE REGISTERED NURSES AS INDEPENDENT PRACTITIONERS

A question has been raised as to whether or not an Advanced Practice Registered Nurse (APRN) is considered an independent practitioner in Kentucky.

Pursuant to KRS 314.042, the Board of Nursing may issue an APRN license to an applicant who holds a current, active registered nurse license (or privilege) and meets the statutory requirements. APRNs are designated as nurse anesthetists, nurse midwives, nurse practitioners or clinical nurse specialists.

KRS 314.042(2). APRN is a protected title in Kentucky and no person shall practice as an APRN without a license. KRS 314.042(5).

KRS 314.011(8) defines APRN practice as “the performance of additional acts by registered nurses who have gained advanced clinical knowledge and skills through an accredited education program that prepares the registered nurse for one (1) of the four (4) APRN roles; who are certified by the American Nurses’ Association or other nationally-established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist, and who are certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include, but not be limited to, prescribing treatment, drugs, devices, and ordering diagnostic tests...”

There is nothing in the relevant statutes that require supervision of the APRN by a physician.

KRS 314.042(8) and (9) state that before an APRN may engage in the prescribing of drugs, the APRN shall enter into a collaborative agreement with a physician “that defines the scope of the prescriptive authority.” The collaborative agreement is the only statutory requirement for physician involvement. Effective July 15, 2014, an APRN who has completed four (4) years of prescribing nonscheduled, legend drugs may discontinue or be exempt from the requirement of a collaborative agreement for nonscheduled, legend drugs upon notification to the Board. This, of course, does not preclude APRN and physician cooperation, referral, and other professional interactions. In addition, KRS 314.195 states that an APRN shall be considered a practitioner for purposes of KRS Chapters 217 (nonscheduled legend drugs) and 218A (controlled substances) and shall have the authority granted thereunder.

The administrative regulations that deal with APRN practice are 201 KAR 20:056, 057, 059, and 063. The Board adopted the scope and practice standards of several national nursing organizations. 201 KAR 20:057, Section 2. APRNs must practice in accordance with the published standards of the applicable organization. None of the published scope and practice standards require physician supervision. It has been the Board’s position and its interpretation of the applicable statutes and regulations that APRNs independently perform advanced nursing practice. The APRN is individually responsible and accountable for his or her acts and decisions independent of the physician signing the APRN’s collaborative agreement for prescriptive

authority. KRS 314.021. Neither the statutes nor the regulations set forth a requirement of physician supervision. In my opinion, the APRN is an independent practitioner in Kentucky.

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