

Kentucky Administrative Regulations Governing LCPM Practice 201 KAR 20:670 201 KAR 20:650

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The logo features the letters 'KBN' in a bold, blue, 3D-style font with a green outline, set against a white silhouette of the state of Kentucky. The entire graphic is positioned on a dark blue background with a subtle grid pattern.

KBN

The logo consists of the word 'Kentucky' in a blue, cursive script font. To the right of the text is a stylized illustration of a white horse with a flowing mane and tail, accented with red and blue. Below the word 'Kentucky' is the tagline 'UNBRIDLED SPIRIT' in a smaller, blue, sans-serif font. The entire logo is set within a white rectangular box.

Kentucky
UNBRIDLED SPIRIT

Objectives

- ▶ Describe the provisions in the LCPM administrative regulations that relate to consultation, collaboration, and referrals
 - 201 KAR 20:670
- ▶ Describe the provisions in the LCPM administrative regulations that relate to permitted medical tests and formulary
 - 201 KAR 20:650



Administrative Regulations Governing LCPM Practice

201 KAR 20:

- ▶ 670 – Consultation, Collaboration, and Referral Provisions
- ▶ 650 – Permitted Medical Tests and Formulary



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ It is the responsibility of the LCPM to initiate a consultation and to communicate clearly to the consultant to that the LCPM is seeking a consultation.
- ▶ It is the responsibility of the LCPM to provide all relevant client records to the consultant, including a written summary of the client's history and presenting problem, as appropriate.
- ▶ Consultation shall be fully documented by the LCPM in the client's record, including:
 - Consultant's name
 - Date of service
 - Consultant's findings, opinions, and recommendations
- ▶ The LCPM shall discuss the consultant's recommendations with the client



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ Consultation visits do not require an in-person visit, may be a discussion via telephone or other appropriate electronic communication.

- ▶ The consultant may recommend further evaluation which may be either in-person, by telehealth, or a records review.

- ▶ Consultation may involve the consultant:
 - Providing advice and information
 - Providing care to the client or newborn
 - Prescribing treatment or medication for the client or newborn



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ After consultation and with the informed consent of the client (as required by 201 KAR 20:540), care of the client and responsibility for decision making either:
 - Continues with the LCPM
 - Is shared in collaboration by the LCPM and an appropriate licensed health care provider
 - Is referred completely to an appropriate licensed healthcare provider
 - Is transferred to a licensed healthcare facility providing a higher level of care (pursuant to 201 KAR 20:690)

- ▶ Referral or collaboration shall occur only after dialogue and agreement among the client, the LCPM, and the consultant



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ The LCPM shall ensure that the client can understand each provider's role and is able to identify which healthcare provider is responsible for various aspects of the client's care
- ▶ Collaboration shall be documented by the LCPM in the client's record including:
 - The name of the collaborating provider
 - Conditions or symptoms the collaborating provider is managing
- ▶ The LCPM shall maintain communication with the collaborating provider to the extent necessary to coordinate client care
- ▶ It is the responsibility of the LCPM to provide all relevant client records to appropriate providers or facilities, including a written summary of the client's history and presenting problem, as appropriate.



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ Discussion with the client regarding the indications for complete referral of care shall take place in a timely manner following the decision for referral. If possible, this discussion shall occur in person and be documented in the client's record



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ If, on initial or subsequent assessment, one (1) of the conditions listed exists (next slide), the LCPM shall consult with a physician or other appropriate licensed health care provider and shall mutually determine if collaboration or referral is appropriate and shall document that recommendation in the client record



201 KAR 20:670

Consultation, Collaboration, and Referrals

- a) Complete placenta previa
- b) Partial placenta previa persisting after thirty-two (32) weeks
- c) HIV infection
- d) Cardiovascular disease, including hypertension
- e) Severe psychiatric illness that may result in bodily harm to self or others
- f) History of cervical incompetence
- g) Preeclampsia or eclampsia
- h) Intrauterine growth restriction, oligohydramnios, in the current pregnancy
- i) Known potentially serious anatomic fetal abnormalities
- j) Any type of diabetes not controlled by diet
- k) Substance use disorder with current or recent use
- l) Any other condition or symptom which may threaten the life of the client or fetus, as assessed by an LCPM exercising reasonable skill and knowledge



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ If a client with a condition listed above declines to accept a medically indicated consultation, collaboration, or referral, the LCPM shall document the refusal in writing and shall transition the client to an appropriate higher level of care
- ▶ If the condition mandating referral occurs during labor or delivery or the client is other-wise acutely in jeopardy but refuses the referral, the LCPM shall call 911 and provide care until another appropriate licensed healthcare provider assumes care.



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ If, on initial or subsequent assessment, one (1) of the conditions listed exists (next slide), the LCPM shall consult with a physician or other appropriate licensed health care provider and shall mutually determine if collaboration or referral is necessary and shall document that recommendation in the client record



201 KAR 20:670

Consultation, Collaboration, and Referrals

- a) Prior Cesarean section or other surgery resulting in an uterine scar
- b) Multifetal gestation
- c) Non-cephalic presentation after thirty-six (36) weeks gestation
- d) History of severe shoulder dystocia as documented objective findings
- e) Gestational age greater than forty-two (42) weeks

201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ An individual with a condition listed (previous slides) may give informed refusal to a consultation or to the consultant's recommendation.
- ▶ Prior to giving informed refusal, the LCPM shall recommend that the individual discuss the condition and the risks involved with a physician or other appropriate licensed healthcare provider.



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ If the client continues to refuse the consultation, collaboration, or referral, the LCPM shall document in the client's record that the client was informed of the condition requiring consultation, collaboration, or referral and the possible consequences.
- ▶ The client shall complete the Informed Refusal Form.
- ▶ The LCPM may continue to assume primary management of the client unless and until the client subsequently consents to the collaborative care or referral.



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ If, on initial or subsequent assessment, one (1) of the conditions listed exists (next slide), the LCPM shall recommend consultation, collaboration, or referral with a physician or other appropriate licensed health care provider and shall mutually determine if collaboration or referral is appropriate and shall document that recommendation in the client record
- ▶ If the client refuses the recommended consultation, collaboration, or referral, the LCPM shall document the refusal in the client's record and may continue to assume primary management of the client



201 KAR 20:670

Consultation, Collaboration, and Referrals

- a) Acute or chronic bacterial or fungal infection
- b) Liver or kidney disease
- c) Endocrinologic abnormalities
- d) Hematologic abnormalities other than physiologic anemia of pregnancy;
- e) History of impaired glucose tolerance, history of diabetes satisfactorily controlled by diet and lifestyle changes alone, abnormal blood sugar or glucose tolerance test, or history of gestational diabetes
- f) Substance use disorder, in remission
- g) Current asthma or other significant pulmonary disease
- h) Abnormality in a screening test indicative of possible genital tract malignancy or pre-malignant condition during the pregnancy
- i) Seizure disorder or other significant neurologic disease
- j) Abnormal vaginal bleeding during pregnancy other than first trimester bleeding
- k) History of invasive malignancy
- l) History of severe and persistent mental illness
- m) History of prior intrauterine fetal demise or neonatal death
- n) History of preterm birth
- o) Any other condition or symptom which could adversely affect the client or the fetus as assessed by an LCPM exercising reasonable skill and knowledge



201 KAR 20:670

Consultation, Collaboration, and Referrals

- ▶ If the condition or symptom requiring collaboration or referral of care is resolved as mutually agreed upon by the LCPM and the collaborating provider or other participating providers, the LCPM may resume sole or primary management of the client's or enter into a collaboration of care if appropriate, and document the decision in the client's record.



Scenarios: When does the LCPM require collaboration, consultation, or referral?

Scenario #1:

- ▶ Sarah is a G3,P0111 at 16 weeks pregnant, presenting to the LCPM for care. She has a history of preterm delivery at 32 weeks related to an incompetent cervix and uncontrolled diabetes for which she takes “occasional” insulin.
- ▶ After completing her initial assessment, what is the LCPM’s next step in establishing a plan of care for this patient?

Scenarios: When does the LCPM require collaboration, consultation, or referral?

Scenario #1:

- ▶ The LCPM shall consult with a physician or other appropriate licensed health care provider and shall mutually determine if collaboration or referral is appropriate and shall document that recommendation in the client record
- ▶ If a client with a condition listed above declines to accept a medically indicated consultation, collaboration, or referral, the LCPM shall document the refusal in writing and shall transition the client to an appropriate higher level of care
- ▶ If the condition mandating referral occurs during labor or delivery or the client is other-wise acutely in jeopardy but refuses the referral, the LCPM shall call 911 and provide care until another appropriate licensed healthcare provider assumes



Scenarios: When does the LCPM require collaboration, consultation, or referral?

Scenario #2:

- ▶ Kelly is a G4, P2103 at 37 weeks pregnant who has a history of a prior Cesarean section and two previous vaginal deliveries, and currently has a fetal breech presentation. Kelly has previously been counseled by the LCPM's collaborating physician on the risks of a vaginal birth after cesarean section.
- ▶ Upon assessment today and fetal position confirmation, Kelly refuses further consultation with the physician as she fears she will be forced to have a Cesarean section. What is the LCPM's next step in establishing a plan of care for this patient?

Scenarios: When does the LCPM require collaboration, consultation, or referral?

Scenario #2:

- ▶ An individual with a condition listed (previous slides) may give informed refusal to a consultation or to the consultant's recommendation.
- ▶ Prior to giving informed refusal, the LCPM shall recommend that the individual discuss the condition and the risks involved with a physician or other appropriate licensed healthcare provider.
- ▶ If the client continues to refuse the consultation, collaboration, or referral, the LCPM shall document in the client's record that the client was informed of the condition requiring consultation, collaboration, or referral and the possible consequences.
- ▶ The client shall complete the Informed Refusal Form.
- ▶ The LCPM may continue to assume primary management of the client unless and until the client subsequently consents to the collaborative care or referral.

Scenarios: When does the LCPM require collaboration, consultation, or referral?

Scenario #3:

- ▶ Mary Beth is a G5, P0030 at 12 weeks pregnant who has a history of multiple miscarriages at 6, 8, 12, and 15 weeks gestation. Her medical history includes MTHFR mutation, asthma, fatty liver disease, obesity, and hypertension.
- ▶ Mary Beth states she does not want to see a physician or go to a hospital as her last miscarriage was traumatic. What is the LCPM's next step in establishing a plan of care for this patient?

Scenarios: When does the LCPM require collaboration, consultation, or referral?

Scenario #3:

- ▶ An individual with a condition listed (previous slides), the LCPM shall recommend consultation, collaboration, or referral with a physician or other appropriate licensed health care provider and shall mutually determine if collaboration or referral is appropriate and shall document that recommendation in the client record
- ▶ If the client refuses the recommended consultation, collaboration, or referral, the LCPM shall document the refusal in the client's record and may continue to assume primary management of the client

Questions...



201 KAR 20:650

LCPM Permitted medical tests and Formulary

An LCPM may independently order the following medical tests:

1. Complete blood count (CBC)
2. Blood type, Rh, and antibody screen
3. Screening for gestational diabetes
4. Hepatitis B and C panels for immunity or infection
5. HIV test
6. HPV test
7. Pap smear
8. Screen tests for syphilis, chlamydia, gonorrhea, and herpes
9. Rubella titers
10. Urine or serum HCG
11. Urinalysis
12. Urine culture including Group B strep
13. Vaginal culture for Group B strep
14. Varicella titers



201 KAR 20:650

LCPM Permitted medical tests and Formulary

An LCPM may independently order the following medical tests:

15. Ultrasound for fetal viability, confirmation of singleton intrauterine pregnancy, gestational age, fetal position, placental localization, anatomy scan, amniotic fluid index, or nuchal translucency
16. Standard state newborn screening for metabolic disorders;
17. Newborn hearing screening
18. Critical congenital heart disease screening (pulse oximetry)
19. Maternal prenatal genetic screening for errors of metabolism
20. Hemoglobin A1C
21. Standard screening tests for fetal genetic abnormalities including Quad Screen and cell-free DNA testing
22. TSH screening
23. Complete Metabolic Panel (CMP)
24. Non-stress tests



201 KAR 20:650

LCPM Permitted medical tests and Formulary

- ▶ An LCPM may order any other test which is determined as necessary after consultation with a physician or other appropriate licensed healthcare provider



201 KAR 20:650

LCPM Permitted medical tests and Formulary

An LCPM may obtain, transport, and administer the following legend medications:

- a) Vitamin K;
- b) Rho D immune globulin;
- c) Erythromycin ophthalmic ointment USP, *five-tenths* (0.5) *percent*;
- d) Oxygen;
- e) Hepatitis B vaccine

f) Antibiotics which shall be administered pursuant to United States Centers for Disease Control (CDC) Guidelines for Prophylaxis:

1. Penicillin
2. Ampicillin
3. Cefazolin
4. Clindamycin
5. Vancomycin



201 KAR 20:650

LCPM Permitted medical tests and Formulary

An LCPM may obtain, transport, and administer the following legend medications:

- g. Topical anesthetics
 1. Procaine HCL
 2. Novacaine
 3. Benzocaine
 4. Cetacaine
 5. Generic equivalents
- h) Lidocaine, one (1) percent up to twenty (20) milliliters per patient
- i) Lidocaine, two (2) percent may be obtained by a LCPM only if it may be compounded to one (1) percent if Lidocaine one (1) percent is not available;
- j) Epinephrine
- k) Glucose gel to be administered orally for neonatal hypoglycemia
- l) Normal saline
- m) Medical supplies needed to administer the medications listed in this administrative regulation.

201 KAR 20:650

LCPM Permitted medical tests and Formulary

- ▶ An LCPM shall obtain and transport for emergencies Oxytocin (Pitocin) for prevention of postpartum hemorrhage and Lactated Ringer's or Normal Saline for intravenous infusion.

- ▶ The LCPM shall obtain and transport at least one (1) of the following to be used in the event of postpartum hemorrhage and if Oxytocin is not successful:
 1. Methylergonovine (Methergine)
 2. Hemabate
 3. Misoprostal (Cytotec)



Scenarios: What medical tests may the LCPM order?

Scenario #1:

- ▶ Sarah is a G3,P0111 at 16 weeks pregnant, presenting to the LCPM for care. She has a history of preterm delivery at 32 weeks related to an incompetent cervix and uncontrolled diabetes for which she takes “occasional” insulin.
- ▶ She asks what medical tests can the LCPM order and obtain at her first visit?



Scenarios: What medical tests may the LCPM order?

Scenario #1:

The LCPM may independently order initial prenatal labs, not limited to the following:

- ▶ Complete blood count (CBC)
- ▶ Blood type, Rh, and antibody screen
- ▶ Hepatitis B and C panels for immunity or infection
- ▶ HIV test
- ▶ HPV test
- ▶ Pap smear
- ▶ Screen tests for syphilis, chlamydia, gonorrhea, and herpes
- ▶ Rubella titers
- ▶ Urine or serum HCG
- ▶ Urinalysis
- ▶ Varicella titers
- ▶ Ultrasound for fetal viability, confirmation of singleton intrauterine pregnancy, gestational age, fetal position, placental localization, anatomy scan, amniotic fluid index, or nuchal translucency
- ▶ Maternal prenatal genetic screening for errors of metabolism
- ▶ Hemoglobin A1C
- ▶ Standard screening tests for fetal genetic abnormalities including Quad Screen and cell-free DNA testing
- ▶ TSH screening
- ▶ Complete Metabolic Panel (CMP)

Scenarios: What medical tests may the LCPM order??

Scenario #2:

- ▶ Mary Beth is a G5, P0030 at 12 weeks pregnant who has a history of multiple miscarriages at 6, 8, 12, and 15 weeks gestation. Her medical history includes MTHFR mutation, asthma, fatty liver disease, obesity, and hypertension.
- ▶ Mary Beth states she does not want to see a physician or go to a hospital as her last miscarriage was traumatic. The LCPM is concerned about Mary Beth's medical history and pregnancy risks and after consulting with a collaborating physician what tests can the LCPM order?

Scenarios: What medical tests may the LCPM order?

Scenario #2:

- ▶ An LCPM may order any other test which is determined as necessary after consultation with a physician or other appropriate licensed healthcare provider



Scenarios: What medical tests may the LCPM order?

Scenario #3:

- ▶ Kelly is a G4, P2103 at 39 weeks pregnant who has a history of a prior Cesarean section and two previous vaginal deliveries, and currently has a fetal vertex presentation.
- ▶ Kelly is concerned about pain and bleeding after delivery. What medications can the LCPM obtain, transport, and administer?

Scenarios: What medical tests may the LCPM order??

Scenario #3:

The LCPM may obtain, transport, and administer, not limited to the following:

- Procaine HCL
- Novacaine
- Benzocaine
- Cetacaine
- Generic equivalents
- Lidocaine

- ▶ An LCPM shall obtain and transport for emergencies Oxytocin (Pitocin) for prevention of postpartum hemorrhage and Lactated Ringer's or Normal Saline for intravenous infusion.
- ▶ The LCPM shall obtain and transport at least one (1) of the following to be used in the event of postpartum hemorrhage and if Oxytocin is not successful:
 1. Methylergonovine (Methergine)
 2. Hemabate
 3. Misoprostal (Cytotec)

Questions...



For Reference:

The following KY Administrative Regulations are included in handout materials and available for review/discussion upon request:

- ▶ 201 KAR 20:670 Consultation, Collaboration, and Referral Provisions
- ▶ 201 KAR 20:650 – Permitted Medical Tests and Formulary

For all administrative regulations go to:

- ▶ <https://apps.legislature.ky.gov/law/kar/TITLE201.HTM>



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