- 1 GENERAL GOVERNMENT CABINET
- 2 Board of Nursing
- 3 (Amendment)
- 4 201 KAR 20:161. Investigation and depositions of complaints.
- 5 RELATES TO: KRS Chapter 13B, 218A.205, 314.011, 314.031, <u>314.035</u>, 314.071(4), 314.091,
- 6 314.107, <u>314.137, 314.402, 314.404, 314.475, 314.991(3)</u>
- 7 STATUTORY AUTHORITY: KRS 218A.205, <u>314.035</u>, 314.131(1), <u>314.137</u>, <u>314.402</u>, <u>314.404</u>
- 8 CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies with
- 9 the requirements of 2025 RS HB 6, Section 8, because the amendments to this regulation will
- 10 not have a major economic impact.
- 11 NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to
- 12 promulgate administrative regulations to effect the provisions of KRS Chapter 314. This
- 13 administrative regulation establishes the procedures for the investigation and disposition of
- 14 complaints received by the board.
- 15 Section 1. Receipt of Complaints. (1) The board shall receive and process each complaint
- 16 made against a <u>credential holder</u>, licensee, holder of a multistate licensure privilege pursuant to
- 17 KRS 314.475, [or]applicant, or unlicensed individual if the complaint alleges acts that may be in
- violation of the provisions of KRS Chapter 314, 201 KAR 20:478, Section 2, or 201 KAR 20:630,
- 19 <u>Section 1</u>.

1	(2)(a) A complaint shall be in writing and shall be dated and fully identify the individual by
2	name. The complaint may be submitted electronically, by fax, <u>hand-delivery</u> , or mail.
3	(b) The president of the board or the executive director or designee shall file a complaint
4	based upon information received by oral, telephone, or written communications if the facts of
5	the complaint are found to be accurate and indicate acts that may be in violation of the
6	provisions of KRS Chapter 314 <u>, 201 KAR 20:478, Section 2 or 201 KAR 20:630, Section 1</u> .
7	(3) A certified copy of a court record for a misdemeanor or felony conviction or a certified
8	copy of disciplinary action in another jurisdiction shall be considered a valid complaint.
9	(4) A complaint shall be investigated.
10	(a) If the complaint establishes a potential violation or the conduct falls within the statutory
11	or regulatory instances which shall be investigated, the board shall send a copy of the complaint
12	to the credential holder, licensee, holder of a multistate privilege, or applicant to the address of
13	record by United States Postal Service regular mail. If the board is aware of the person's email
14	address, it may send a copy by email as well.
15	1. For credential holders and licensees, the address of record is the last known address in
16	accordance with KRS 314.107, 201 KAR 20:478 Section 3(1), or 201 KAR 20:630 Section 4(1).
17	2. For applicants for nurse licensure, the address of record is the last known address in
18	accordance with 201 KAR 20:370, Section 1(10).
19	3. For applicants for a dialysis technician credential or licensure as a licensed certified
20	professional midwife, the address of record is the last known address reported to the board by
21	the applicant.

1	<u>4[3]</u> . For holders of a multistate privilege, the address of record is the last known mailing
2	address of record reported by the primary state of residence board of nursing to the NURSYS
3	database.
4	<u>5[4]</u> . All further mailings to the respondent subsequent to the complaint shall be mailed by
5	U.S. Postal Service regular mail to the address of record, except:
6	(a.) when a respondent has submitted a written request for email delivery in lieu of regular
7	mail; or
8	(b.) a notice of hearing pursuant to KRS 13B.050 [and]or a final order pursuant to KRS
9	13B.120, both of which shall be mailed by U.S. Postal Service certified mail to the address of
10	record, notwithstanding whether a respondent has submitted a written request for email
11	delivery under this subsection.
12	(b) A written, legible, verified response shall be filed with the board within thirty (30) days of
13	receipt by the individual against whom the complaint has been made.
14	(c) The staff may request an informal conference with the individual against whom the
15	complaint has been made.
16	(5)(a) A complaint shall be evaluated to find if a violation of the provisions of KRS Chapter
17	314 <u>, 201 KAR 20:478, Section 2, or 201 KAR 20:630, Section 1.</u> has been alleged.
18	(b) The credentials review panel or the executive director or designee shall make the
19	determination as to the disposition of the complaint pursuant to Section 2 of this administrative

20 regulation.

1	(6)(a) All preliminary information shall be treated as confidential during the investigation and
2	shall not be disclosed to board members or to the public, except as provided by KRS 314.475.
3	The board shall make available to the public the fact that an investigation is pending.
4	(b) If a board member has participated in the investigation or has substantial knowledge of
5	facts prior to a hearing on the complaint that may influence an impartial decision by the
6	member, that member shall not participate in the adjudication of the complaint at hearing,
7	pursuant to KRS Chapter 13B. A board member may participate in the consideration and
8	ratification of an order or consent decree that has been submitted to the full board pursuant to
9	this administrative regulation.
10	(7)(a) When the board receives a report of improper, inappropriate, or illegal prescribing or
11	dispensing of a controlled substance by an advanced practice registered nurse (APRN), it shall
12	notify, within three (3) business days:
13	1. The Department of Kentucky State Police;
14	2. The Office of the Attorney General; and
15	3. The Cabinet for Health and Family Services, Office of the Inspector General.
16	(b) An investigation concerning a complaint filed against an APRN pertaining to the improper,
17	inappropriate, or illegal prescribing or dispensing of controlled substances shall be commenced
18	within seven (7) days of the filing of the complaint.
19	(c) The investigation shall be completed and a determination as to the disposition of the
20	complaint shall be made within 120 days of the receipt of the complaint, unless:
21	(a.) the circumstances of the complaint make it impractical to produce the charging decision
22	pursuant to this subsection; or

1	(b.) an extension of time is requested by a law enforcement agency due to an ongoing
2	criminal investigation.

3 Section 2. Disposition of Complaints. (1) Disposition of complaints shall be as follows:

4 (a) If there is a determination by the executive director or designee that there is insufficient

5 evidence of a violation or that a violation has not occurred, there shall not be further action

6 unless warranted by future evidence;

7 (b)1. The complaint may be referred to the credentials review panel of the board by the

8 executive director or designee for disposition pursuant to this section or for issuance of a letter

9 of concern; or

10 2. It may be found that there is probable cause that a violation of KRS 314.091, 201 KAR

11 <u>20:478, Section 2, or 201 KAR 20:630, Section 1, has occurred.</u>

12 (c) In cases involving practice as a nurse on the privilege pursuant to KRS 314.475, the case

13 may be referred to the home state.

14 (2) Upon determination that there is probable cause that a violation of KRS 314.091, 201 KAR

15 <u>20:478, Section 2, or 201 KAR 20:630, Section 1, has occurred, the complaint shall be handled</u>

16 as follows:

17 (a) An administrative hearing may be scheduled pursuant to subsection (3) of this section;

18 (b) An agreed order may be offered pursuant to subsection (4) of this section; or

19 (c) A consent decree may be offered, pursuant to subsection (5) of this section.

20 (3) Administrative hearings.

(a) Hearings shall be held pursuant to KRS 314.091, Chapter 13B, and 201 KAR 20:162.

(b) Notice of the hearing and charges shall be signed by the executive director or designee.

1 (4) Agreed order.

2	(a) The board may enter into an agreement with an individual for denial, revocation,
3	voluntary surrender, suspension, probation, reinstatement, limitation of credential or license, or
4	reprimand, and to impose a civil penalty, if the individual agrees to waive the right to a hearing.
5	The terms of the agreement may include other conditions or requirements to be met by the
6	individual, including those listed in Section 4 of this administrative regulation.
7	(b) The agreed order may contain terms that ensure protection of public health and safety or
8	that serve to educate or rehabilitate the individual.
9	(c) The agreed order, if approved by the board <u>or the board designee</u> , shall terminate the
10	investigation of a specific complaint.
11	(d) If the agreed order is not approved by the board <u>or the board designee</u> , charges may be
12	brought pursuant to KRS 314.091 <u>, 201 KAR 20:478, Section 2, or 201 KAR 20:630, Section 1</u> and
13	the matter shall be resolved as directed therein.
14	(5) Consent decree.
15	(a) If an individual agrees to waive the right to a hearing, the board may issue a consent
16	decree in accordance with the provisions of KRS 314.991 to impose a civil penalty and other
17	terms and conditions as listed in Section 4 of this administrative regulation against an individual
18	who has:
19	1. Practiced as a nurse in the Commonwealth of Kentucky without a temporary work permit,
20	multistate licensure privilege pursuant to KRS 314.475, or a current license or provisional license
21	issued by the board;

1	2. Practiced as an advanced practice registered nurse in the Commonwealth of Kentucky
2	without current licensure issued by the board prior to filing an application for licensure;
3	3. Practiced as an advanced practice registered nurse after expiration of the current
4	certification granted by the appropriate national organization or agency;
5	4. Practiced as a licensed certified professional midwife after the license lapsed due to non-
6	<u>renewal;</u>
7	5. Practiced as a dialysis technician after the dialysis technician credential lapsed due to non-
8	<u>renewal;</u>
9	<u>6[4]</u> . Rectified noncompliance with continuing education requirements, as established in 201
10	KAR 20:215, Section 3;
11	<u>7[5]</u> . Tested positive on a drug screen for a nonprescribed drug <u>,</u> [or] illicit substance <u>, or THC</u>
12	without proof of certification or registry identification card, and obtained a substance use
13	disorder evaluation that does not indicate a diagnosis of substance use disorder;
14	<u>8[6]</u> . Failed to report a criminal conviction or disciplinary action against any professional
15	license or credential in Kentucky or in another jurisdiction on an application;
16	<u>9</u> [7]. Committed a substandard nursing, dialysis technician, or licensed certified professional
17	midwife act where:
18	a. The continuing practice by the [nurse]respondent does not pose a risk of harm to the
19	client or another;
20	b. The potential risk of physical, emotional, or financial harm to the client due to the incident
21	is minimal;

1	c. The [nurse] <u>respondent</u> subsequently exhibits a conscientious approach to and
2	accountability for his or her practice; and
3	d. The [nurse]respondent subsequently has demonstrated the knowledge and skill to
4	practice safely; or
5	<u>10[8]</u> . As an advanced practice registered nurse (APRN)[with a Collaborative Agreement for
6	Prescriptive Authority for Controlled Substances (CAPA-CS)]who has obtained a DEA registration
7	number for the prescribing of controlled substances:
8	a. Failed to register with KASPER or the PDMP, as defined in 201 KAR 20:057, Section 1;
9	b. Failed to report a DEA registration number to the board; or
10	c. Failed to notify the board of [the]a CAPA-NS or CAPA-CS, or the recission of either.
11	(b) The issuance of a consent decree shall be restricted to [only]those individuals described
12	in paragraph (a) of this subsection who have not [previously] been issued a consent decree for
13	the same or substantially similar violation and that is ineligible for expungement under 201 KAR
14	20:410[-and who have not violated any other provision of KRS Chapter 314 or any other laws of
15	the Commonwealth of Kentucky or of the United States]. When determining whether a same or
16	substantially similar prior consent decree would disqualify an individual's eligibility for another
17	consent decree, the board shall disregard 201 KAR 20:410 Section 5.
18	(c) [The license may be issued by board staff after the individual meets all requirements for
19	licensure upon ratification of the consent decree by the board.][(d)] Upon ratification by the
20	board of the consent decree, the investigation of the specific complaint shall be terminated.
21	(<u>d</u>)[(e)] If the consent decree is not ratified by the board, charges may be brought pursuant
22	to KRS 314.091, and the matter shall be resolved as directed therein.

1	(<u>e)[(f)]</u> Consent decrees that have been ratified by the board shall not be reported to other
2	state boards of nursing, the national council of state boards of nursing, or other organizations,
3	unless required by law.
4	(6) Special standards for an Advanced Practice Registered Nurse (APRN) with a Collaborative
5	Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS).
6	(a) An APRN licensed in Kentucky or an applicant for <u>APRN licensure in Kentucky who has</u>
7	been convicted of any felony offense after July 20, 2012, relating to controlled substances in any
8	state shall be permanently banned from prescribing controlled substances.
9	(b) An APRN licensed in Kentucky or an applicant for licensure in Kentucky who has been
10	convicted of any misdemeanor offense after July 20, 2012, relating to prescribing or dispensing
11	controlled substances in any state shall have their authority to prescribe controlled substances
12	suspended for at least three (3) months and further restricted as established by the board.
13	(c) The board shall mirror in time and scope any disciplinary limitation placed on an APRN
14	licensed in Kentucky by a licensing board of another state if the disciplinary action resulted from
15	improper, inappropriate, or illegal prescribing or dispensing of controlled substances.
16	(d) An applicant for <u>APRN</u> licensure in Kentucky [as an APRN] who has disciplinary action by a
17	licensing board of another state which resulted from improper, inappropriate, or illegal
18	prescribing or dispensing of controlled substances shall have his or her application denied.
19	(e) Cases that come under KRS 314.011(21)(c) shall not be considered convictions for the
20	purpose of this subsection.
21	Section 3. The executive director or designee shall notify the complainant and the person
22	against whom the complaint was made of the final disposition of the case.

1	Section 4. The restrictions or conditions imposed by the board on a temporary work permit,
2	DT applicant, holder of a multistate licensure privilege, or license or provisional license may
3	include the following:
4	(1) Prohibiting the performance of specific [nursing]healthcare_acts including access to,
5	responsibility for, or the administration of controlled substances; administration of medication;
6	supervisory functions; or any act that the individual is unable to safely perform;
7	(2) Requiring the individual have continuous, direct, or on-site supervision by a licensed
8	nurse, physician, or another specifically identified classification of professional licensure in
9	Kentucky;
10	(3) Specifying the individual's practice setting;
11	(4) Specifying the types of patients to whom the individual may give [nursing] professional
12	care;
13	(5) Requiring the individual to notify the board in writing of a change in name, address, or
14	employment;
15	(6) Requiring the individual to have his or her employer submit to the board written reports
16	of performance or compliance with the requirements established by the board;
17	(7) Requiring the individual to submit to the board evidence of physical, mental health,
18	neuropsychological, psychosocial, psychosexual, or substance use disorder evaluations,
19	counseling, therapy, or drug screens;
20	(8) Meeting with representatives of the board;
21	(9) Issuing the license or temporary work permit for a specified period of time;

(10) Requiring the individual to notify the board in writing of criminal arrests, charges, or
 convictions;

3 (11) Requiring the individual to be employed as a nurse, <u>dialysis technician</u>, or licensed
 4 <u>certified professional midwife</u> for a specified period of time; or

5 (12) Requiring the individual to complete continuing education <u>or other training</u> in a specific
6 subject.

7 Section 5. Anonymous Complaints. Section 1(2)(a) of this administrative regulation

8 notwithstanding, the board shall accept an anonymous complaint if the complaint is

9 accompanied by sufficient corroborating evidence as would allow the board to believe, based

10 upon a totality of the circumstances, that a reasonable probability exists that the complaint is

11 meritorious.

12 Section 6. In accordance with federal law, the board shall submit all disciplinary actions to

13 the National Practitioner Data Bank of the United States Department of Health and Human

14 Services either directly or through a reporting agent.

15 Section 7. (1) The board may conduct a random audit of the prescribing practices of an

advanced practice registered nurse (APRN) through a review of data in KASPER or PDMP[-data],

as defined in 201 KAR 20:057 Section 1, such as patient records, pharmacy records, or other
 relevant material.

(2) An APRN who is audited shall cooperate with the audit. Failure to cooperate may subject
 the APRN to disciplinary action pursuant to KRS 314.091.

- 1 <u>Section 8.</u> The board may initiate disciplinary [action]proceedings pursuant to this
- 2 administrative regulation for any potential violation of [the law] KRS Chapter 314 or 201 KAR
- 3 <u>Chapter 20</u>.

Amended Administrative Regulation

201 KAR 20:161. Investigation and deposition of complaints.

Adopted: June 26, 2025

audio Denker, DNP, RN, FAADN

Audria Denker, President Kentucky Board of Nursing

<u>June 26, 2025</u> Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on September 23, 2025, at 10:00 AM at Kentucky Board of Nursing, 312 Whittington Parkway, Ste 300, Louisville, KY 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by September 16, 2025, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through September 30, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person or submit a comment at:

https://secure.kentucky.gov/formservices/Nursing/PendReg.

CONTACT PERSON: Jeffrey R. Prather, General Counsel Kentucky Board of Nursing 312 Whittington Parkway, Suite 300 Louisville, KY 40222 (502) 338-2851 Jeffrey.Prather@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 20:161 Contact Person: Jeffrey Prather Phone: (502) 338-2851 Email: Jeffrey.prather@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: It sets out the process for investigation and disposition of complaints against nurses alleged to have violated nursing law.

(b) The necessity of this administrative regulation: It is required by statute.

(c) How this administrative regulation conforms to the content of the authorizing statutes: By establishing regulatory processes.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: By establishing regulatory processes.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendments incorporate regulatory references to credential holders such as Dialysis Technicians and Licensed Certified Professional Midwives; provides that Board members may be present for the ratification of a formal finding after the matter has been presented at hearing or resolved by agreement; adds the term "PDMP"; and updates guidance regarding violations that may be resolved with a consent decree.

(b) The necessity of the amendment to this administrative regulation: To incorporate additions of credential holders to the regulation and clarify how alleged violations may be resolved due to changes in the law, such as a positive THC by a medicinal cannabis cardholder or the missing collaborative agreement reporting requirements, and updates regulatory standards for resolving an action when the individual has committed a similar action that has been the subject of board action.

(c) How the amendment conforms to the content of the authorizing statutes: By providing regulatory guidance consistent with the statutory policy to protect the public under KRS 314.021 and its regulatory authority under KRS 314.131(1).

(d) How the amendment will assist in the effective administration of the statutes: By setting regulatory standards.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: All licensees and credential holders subject to the Board's regulatory authority, approximately 150,000, as well as those nurses privileged to practice pursuant to the nursing compact under KRS 314.475.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have

to take to comply with this administrative regulation or amendment: No new action is required.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): No additional cost.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): There is no additional benefit.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: There is no additional cost.

(b) On a continuing basis: There is no additional cost.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Agency funds.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: No fee increase or funding is required.

(8) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: No new fees are established.

(9) TIERING: Is tiering applied? Tiering is not applied.

FISCAL IMPACT STATEMENT

201 KAR 20:161 Contact Person: Jeffrey Prather Phone: (502) 338-2851 Email: Jeffrey.prather@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 218A.205, 314.035, 314.131(1), 314.137, 314.402, 314.404

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: The Kentucky Board of Nursing.

(a) Estimate the following for the first year:

Expenditures: No expenditures to estimate.

Revenues: No revenues to estimate.

Cost Savings: No cost savings.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? They will not differ.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts):

(a) Estimate the following for the first year:

Expenditures: No expenditures to estimate.

Revenues: No revenues to estimate.

Cost Savings: No cost savings.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? They will not differ.

(4) Identify additional regulated entities not listed in questions (2) or (3):

(a) Estimate the following for the first year:

Expenditures: N/A.

Revenues: N/A.

Cost Savings: N/A.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? There will be no difference to expenditures, revenues, or cost savings. N/A.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: None.

(b) Methodology and resources used to determine the fiscal impact: None.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate) This regulation will not have an overall adverse economic impact.

(b) The methodology and resources used to reach this conclusion: N/A.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(13): This regulation will not have a major economic impact.

(b) The methodology and resources used to reach this conclusion: This regulation does not have a major impact on the entities identified in 3(a), 4(a), and 5(a).