

# **KBN** **CONNECTION**

Fall 2021  
Edition 69



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**OFFICIAL RENEWAL NOTICE  
RENEWAL DATES:  
SEPT. 15 – OCT. 31**



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**Published by the  
Kentucky Board of Nursing**

312 Whittington Pkwy., Ste 300  
Louisville, KY 40222-5172  
Phone: 800-305-2042 or 502-429-3300  
Fax: 502-429-3311  
Web Address: <http://kbn.ky.gov>

**KBN MISSION**

The Kentucky Board of Nursing protects the public by development and enforcement of state laws governing the safe practice of nurses, dialysis technicians, and licensed certified professional midwives.

**BOARD MEMBERS:**

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Audria Denker, RN – Vice-President  
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Jacob Higgins, RN  
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Interim Nursing Education Consultant

**PUBLICATION COORDINATOR:**

Eric Velazquez

**PUBLICATION GUIDELINES**

Articles from guest authors may be submitted for publication in the KBN Connection. Priority will be given to subject matter regarding Kentucky nurses, dialysis technicians, and licensed certified professional midwives. Articles should not exceed 1,000 words in length unless approved by the Editor. **Contact KBN Connection Editor for more detailed instructions.**

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[dbrown@pcipublishing.com](mailto:dbrown@pcipublishing.com)  
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*KBN Connection* circulation includes 90,000 licensed nurses, nursing students, certified professional midwives and dialysis technicians in Kentucky.

*KBN Connection* is funded in large part by advertisements. A portion of the publication costs are paid for by state funds. KBN Connection is provided free of charge to its readers. KBN receives no funding from this publication.

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## STATISTICS CORNER

As of OCTOBER 4, 2021  
KBN records show:

**RN ACTIVE: 75,903**

**LPN ACTIVE: 13,756**

**ADVANCED PRACTICE  
REGISTERED NURSES (APRN)  
LICENSES: 11,221**

**DIALYSIS TECHNICIAN (DT)  
CREDENTIALS: 690**

**SANE ACTIVE: 338**

**LICENSED CERTIFIED PROFESSIONAL  
MIDWIVES  
(LCPM) ACTIVE LICENSES: 26**

## Meet Your Kentucky Board of Nursing Board Members



**JESSICA WILSON, APRN**  
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2018-2022



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Vice-President  
Louisville  
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Kevil  
2017-2020



**ERICA LEMBERGER, RN**  
Paducah  
2018-2019



**ADAM OGLE, RN**  
Lexington  
2019-2022



**DANA STEFFEY, RN**  
Versailles  
2020-2024



**ANNE VENNO, RN**  
Crestwood  
2021-2025



**CARL VINSON, LPN**  
Paducah  
2019-2022



**MANDI WALKER, RN**  
Louisville  
2019-2022



# President's Message

Greetings!

On behalf of the Kentucky Board of Nursing members and staff, I would like to thank three individuals for their past dedicated and committed service to the Board, and wish each of them the very best as their Board member terms expired June 30, 2021:

- Michele Dickens, RN, Former KBN Vice-President, Campbellsville, KY
- Kristi Hilbert, RN, Bellevue, KY
- Robyn Wilcher, RN, Versailles, KY

As of October 4, 2021, the Governor has appointed three individuals to fill the vacant positions and we would like to welcome those new Board members:

- Melissa "Missy" Sue Bentley, RN, Vanceburg, KY, representing the KY Association for Health Care Facilities
- Anne Veno, RN, Crestwood, KY, representing Leading Age Kentucky
- Hope Jones, RN, Louisville, representing registered nurse educators and the Kentucky Nurses Association

We look forward to working with each of the new members and to their future contributions and service to the Commonwealth.

On a sad and heartfelt note, the Board lost a treasured staff member in September. Michelle Rudovich, Deputy Executive Director, helped lead the Board in many ways during COVID and the transition in Executive Directors. She was a diplomatic supervisor, brilliant writer and editor for the *KBN Connection*, and was always busy working behind the scenes to hold everything together. Her input in leadership meetings was always valued and when she talked, we listened. There was no task that was too great for Michelle to tackle. Throughout it all, she always exhibited compassion and dedication to the Board, its mission and work. She was genuine in her support of Board members and staff alike, was highly respected, organized, and had a calming presence through difficult decisions.

Michelle's legacy at KBN will not be forgotten. We are all better people because of Michelle's influence in our lives.

A handwritten signature in black ink that reads "Jessica Wilson". The script is fluid and cursive.

Jessica Wilson, PhD, APRN, ANP-C  
President, Kentucky Board of Nursing

# Executive Director's Message

Normally I would give an update on the events happening at the Board. However I feel it necessary to devote my space to recognize the contributions of our late Deputy Executive Director, Michelle Grant Rudovich who passed away unexpectedly on September 24, 2021.



Michelle's accomplishments were many during her brief tenure at the KBN. Her leadership and guidance were beyond reproach. She oversaw the Investigations Branch, Agency Support Branch, and the Credentials Branch and she led many process improvements. She consistently directed operations behind the scenes, and never sought recognition for herself, instead Michelle endeavored to recognize others' contributions.

Michelle was instrumental in the KBN's response to COVID-19 by developing a paperless process to ensure the Board's work was uninterrupted during the state of emergency. She was a driving force in developing an out-of-state registry, which allowed for nurses and dialysis technicians from neighboring states in good standing to work in Kentucky.

Michelle worked tirelessly on the Board's website redesign and implemented the KBN's social media platforms. She coordinated the work to revitalize the *KBN Connection*, highlighting the different branches within the agency in each newsletter. Michelle revised our annual reports, highlighting the Board's accomplishments. She was fundamental in contributing to our hiring processes, and developed standards and action items in response to employee feedback to further the agency's strategic plan and goals.

Board staff enjoyed seeing her beautiful boys, Zach and Grant, on our daily zoom calls. We can attest that Michelle was a wonderful mother who always displayed her calming manner when she tended to them during our meetings.

It is impossible to list all the ways Michelle contributed to the KBN during her year and a half with us. Michelle was empathetic and found the positive qualities in everyone she met. Her work ethic and calm, genuine demeanor will be forever branded in the hearts of all of her co-workers and the constituents she touched in the Commonwealth.

Sincerely,



Kelly Jenkins MSN, RN, NE- BC  
Executive Director, Kentucky Board of Nursing



## Upcoming 2021 KBN Board Meeting and Committee Meeting Schedule

### Board Meetings:

October 28 – 10:00am  
December 16 – 10:00am

### Consumer Protection Committee Meetings:

November 8 – 10:00am

### Practice Committee Meetings:

November 8 – 1:00pm

### Governance Committee Meetings:

November 8 – 9:00am

### Education Committee Meetings:

November 8 – 11:00am

### APRN Council Meetings:

November 19 – 1:00pm

### DT Council Meetings:

November 9 – 10:30am

Check the **KBN** website [www.kbn.ky.gov](http://www.kbn.ky.gov) for schedule updates and information about how to access the meeting virtually, when offered.



# Introduction to 2021 KBN Annual Report

**Kelly Jenkins**, Executive Director  
**Jessica Wilson**, Board President  
(Written June 2021, Revised October 2021)

The Kentucky Board of Nursing publishes the agency's Annual Report containing a wide variety of information. The following is the introduction to the 2021 Annual Report.

Fiscal year 2021 continued to bear the impact of COVID-19 on regulations pertaining to nurses, dialysis technicians (DTs), and licensed certified professional midwives (LCPMs). In March 2020, the Kentucky Board of Nursing (KBN) responded to the changing regulatory climate by implementing emergency measures to ensure continuity of patient care.

Pursuant to the authority in KRS 214.020, KRS 39A.356, and Executive Order 2020-215, the Cabinet for Health and Family Services authorized the Kentucky Board of Nursing to accept and review licenses for volunteer health care practitioners to confirm that they are licensed and in good standing to perform health services during the state of emergency. The order rescinding the Out-of-State Registry was effective on July 23, 2021 and the KBN ceased placing applicants on the registry on June 17 pursuant to the Cabinet's directive. The following were placed on the Out-of-State Registry: 1639 APRNs; 606 RNs; 141 LPNs; and 20 DTs.

In addition to the Out-of-State Registry, the Cabinet for Health and Family Services created the Personal Care Attendant Program and directed the KBN to place qualified applicants on the Personal Care Attendant Registry. As of June 30, there were 310 Personal Care Attendants on the registry, although this number has rapidly grown with the enactment of HB 276, which allows a pathway for Personal Care Attendants to transition to an SRNA certification.

Of the COVID-19 related measures implemented, the following remain in effect through legislation passed by the General Assembly: suspension of collaborative agreement requirements [201 KAR 20:057§7, KRS 314.042(8, 10)]; suspension of one year waiting period during which newly licensed APRNs were previously required to refrain from prescribing controlled substances [201 KAR 20:057§7, KRS 314.042(8, 10)]; suspension of the concentrated seven consecutive week requirement for completion of the 120 hour integrated practicum (201 KAR 20:320); and suspension of the fifty percent simulation cap allowing practicum to be up to 100% simulation (201 KAR 20:320).

In December of 2020, Kentucky began using IdentoGO® to provide state and federal criminal background checks. The transition to IdentoGO® provided greater opportunities for access to fingerprint driven criminal background checks and eliminated many of the barriers that previously existed. As a result, all emergency modifications related to fingerprint-driven criminal background checks were rescinded on March 5, 2021. Further, CE requirements for reinstatement applicants resumed their effectiveness on the same date.

During this fiscal year, the KBN licensed the first Certified Professional Midwife pursuant to KRS 314.400-416 and 201 KAR 20:600-690. Regulating certified professional midwives ensures educational and training standards, as well as enhancing patient safety.

While much of the Board of Nursing's focus centered on ensuring that measures were implemented to allow continuity in workforce and to reduce barriers to practice, the KBN stayed true to its mission of protecting the public. In addition to the COVID-19 related measures, the KBN continued to license or credential nurses, dialysis technicians, and licensed certified professional midwives; regulate educational programs; provide practice related information; investigate licensees and credential holders who were accused of violating KRS 314 and 201 KAR 20; monitor licensees and credential holders who have entered disciplinary monitoring; and work with participants in the Kentucky Alternative Recovery Effort (KARE) for Nurses Program.

The KBN Annual Report FY 2021 Table of Contents includes the following:

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A copy of each year's Annual Report can be obtained from <https://kbn.ky.gov>.

# Licensure Corner: The Official Nurse License and Credential Renewal Notification



## **BEGAN:**

**September 15, 2021 at 12:01 a.m. EDT**

## **ENDS:**

**Midnight October 31, 2021, EDT**

## **RENEWAL WEB ADDRESS:**

**[kbn.ky.gov/General/Pages/renewal.aspx](https://kbn.ky.gov/General/Pages/renewal.aspx)**

## **RENEWAL FEES**

- RN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)**
- LPN: \$65 (includes \$10 for the Nursing Incentive Scholarship and the KARE Program)**
- APRN: \$55 for each role designation (NP, CNM, CRNA, CNS (plus \$65 for the RN license) = \$120)**
- SANE: \$50**

Clicking on the “submit” button at the end of the renewal process is an attestation that you have or will have met the continuing competency requirements by midnight, October 31.

**Print the confirmation page for your record of payment for your license renewal.**

## **NOTIFICATION OF RENEWAL**

Clicking on the submit button at the end of the renewal application does not renew your license. You have only applied for renewal of your license. When your license has been renewed, you will receive an email notification to the email address you provided to KBN. You can also validate that your license was renewed and check the expiration date at: <https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx>.

## **LAPSE OF LICENSE**

A license that is not renewed before 4:30 p.m. on October 31 will lapse at midnight on that date. Working on a lapsed license is a violation of Kentucky Nursing Law and subjects the individual to disciplinary action.

If an application is received before midnight on October 31 and an individual answers “No” to the disciplinary and conviction questions, a license MAY be renewed by the next business day.

If your license has not been renewed before midnight, Eastern Time, October 31, your license will lapse. You cannot practice as a nurse in

Kentucky if your license has lapsed. Thus, it is highly recommended that you apply for renewal early in the renewal period to ensure that your license is renewed and does not lapse.

## **REQUIRED RENEWAL DOCUMENTATION**

If you answered “yes” to the discipline, criminal, and/or the APRN national certification revocation questions, your license will not be renewed until KBN receives and reviews the required documents.

Required documentation includes:

- Certified court records and letters of explanation, if you answer “yes” to the criminal convictions question
- Board certified orders and letters of explanation, if you answer “yes” to the disciplinary question
- Documentation from your APRN national certification organization if you answer “yes,” that your national certification was revoked or issued on a provisional or conditional status
- Other documentation requested by KBN staff.

## **NURSE LICENSURE COMPACT AND KENTUCKY LICENSE RENEWAL**

If your primary state of residence (PSOR) is another compact state, you will not be able to renew your Kentucky RN or LPN license. You will have to obtain licensure in the state where you legally reside.

Your primary state of residence is “the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.”

The only exceptions to this are if you ONLY practice in a military or federal facility or if you do not qualify for a multistate license. To determine whether you qualify for a multistate license, visit [https://www.ncsbn.org/NLC\\_ULRs.pdf](https://www.ncsbn.org/NLC_ULRs.pdf) for a list of the uniform licensure requirements for a multistate license.

## **APRN RENEWAL**

If you do not intend to practice as an APRN and want to relinquish your APRN license (allow it to expire) but you do want to renew your RN license, access the RN/APRN renewal application. There will be a drop down selection for you to renew only your RN license.

If your national certification has expired, you will not be able to renew your APRN license(s).

You cannot practice as an APRN in Kentucky with an expired national certification.

To renew your APRN license in only one role designation (NP, CRNA, CNM, CNS) and your Kentucky RN license, you MUST use the RN/APRN link on the renewal web page ([kbn.ky.gov](https://kbn.ky.gov)). You will renew your RN and APRN licenses simultaneously for the combined fee of \$120 (RN-\$65 and APRN-\$55).

To renew your APRN license in more than one designation and your Kentucky RN license, select each designation that you want to renew. The fee for renewing each APRN designation is \$55 per designation, plus the \$65 RN renewal fee. You must maintain current national certification in each designation.

If your primary residence is in a compact state and you hold a current RN multistate license in that state, you must use the “APRN Renewal Only (with RN license in another compact state)” link. You must provide the name of the state and the expiration date of your multistate RN license before you will be able to renew your Kentucky APRN license. You must keep your multistate RN license active in the state of your primary residence while you are practicing as an APRN in Kentucky. If your multistate RN license and/or your national certification lapse, you may not practice as an APRN in Kentucky.

## **APRN POPULATION FOCI OF ONCOLOGY, CRITICAL CARE, AND COMMUNITY HEALTH**

APRNs holding a current license with a population focus in oncology, critical care, or community health who fail to renew their APRN license in those foci will be unable to reinstate with these population foci.

## **SEXUAL ASSAULT NURSE EXAMINER (SANE) RENEWAL**

Before you will be able to renew your SANE credential, you must renew your RN license. When you have completed that process, proceed to the SANE link to renew your SANE credential. If you are a SANE and an APRN, renew your RN-APRN first (see previous information) and then renew your SANE credential from the SANE link.

If your primary state of residence is in a compact state, you must provide the state name and the expiration date of the multistate RN

Continued on page 10>>



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license you hold before you will be able to renew your Kentucky SANE credential. You must keep your multistate RN license active in the state of your primary residence during the period of time that you practice as a SANE in Kentucky. If your multistate RN license lapses, you may not practice as a SANE in Kentucky, even though your Kentucky SANE credential is current.

### FAILURE TO RENEW

If you fail to renew by midnight, Eastern Time, October 31, or you fail to submit all requirements for renewal, you will be required to reinstate your license. Before a license will be reinstated, the applicant for reinstatement must:

- Complete the reinstatement application and submit the fee
- Complete the state and federal criminal background check through IdentoGO®
- Meet the continuing competency requirements, which are determined by how long your license has lapsed
- Provide proof of current national certification (if applying for APRN reinstatement)

### ACTIVE DUTY MILITARY NURSES

KRS 36.450 and KRS 12.355 require KBN, upon request of an active duty military licensee and with the appropriate military documentation, to renew the license without

the required renewal fee and continuing competency requirement.

The waiving of the renewal fee and continuing competency requirement does not restrict the license from the KBN standpoint. It is still considered full licensure in Kentucky, however, you should be aware of any policies your branch of service has toward waived fees. During online renewal, an option is available for active duty military licensees who wish to voluntarily pay a renewal fee, even though such payments are not required.

Active duty military includes those nurses who are based stateside or deployed overseas. Not included in these groups are individuals working for the Federal government, such as civilian VA nurses, public health nurses employed by the federal government, or National Guard nurses who are not on full, active duty. KBN must receive one of the following before the license of active duty military nurses will be renewed:

- PCS Orders
- AF Form 899
- Mobilization Orders

You must complete the online renewal application in addition to providing copies of one of the above documents. Copies of the above may be faxed to 502-429-3336 or emailed to **KBN.Credentials@ky.gov**.

If you are a military nurse and are stationed

stateside, you must renew your license during the renewal period and provide the documentation listed above. If you fail to provide the documentation and/or fail to submit the renewal application prior to October 31, Eastern Time, you will have to meet all the requirements for reinstatement of a license(s).

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

- Submit a copy to KBN of the official overseas deployment orders showing a return date. Your license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders. You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.
- Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States. You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

### INVALIDATING AN APRN LICENSE

If KBN records reflect that an APRN's national certification has expired and the APRN

Continued on page 12>>



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fails to provide evidence of current certification/recertification prior to the expiration date on file with the KBN, the KBN will invalidate the APRN license. When an APRN license is invalidated, the APRN may not practice in the advanced practice role. This does not affect the RN license. An APRN whose license is invalidated for failure to provide evidence of current certification may reinstate the APRN license by meeting all of the requirements for reinstatement. If an APRN continues to work in an APRN role in Kentucky after the invalidation of the Kentucky APRN license, that will result in a disciplinary complaint, which may delay reinstatement. Billing insurance companies for services performed after the APRN license has been invalidated may necessitate the refunding of any billings collected during this time period. Failure to do so may be insurance fraud and the APRN is encouraged to contact each insurance company billed to determine what, if anything, needs to be refunded.

### NATIONAL CERTIFICATION IN DUAL POPULATION FOCI

KBN is able to record the national certification information for those APRNs holding certification in two population foci. The national certification of each population foci must be current if the APRN wishes to practice in both focus areas. If the national certification of one population focus expires, the APRN may only practice in the focus area of the unexpired certification. If the certification of both foci expires, the APRN license will be invalidated and the APRN must reinstate one or both foci.

### REQUIRED APRN DOCUMENTATION

Pursuant to KRS 314.042 and 201 KAR 20:057, each APRN is required to have the following documentation on file with the KBN, if applicable:

- National Certification/Recertification (required for all APRNs)
- Notification of a Collaborative Agreement for Prescriptive Authority (CAPA) for Non-Scheduled Legend Drugs (CAPA-NS)†
- Notification of a CAPA for Controlled Substances (CAPA-CS)†
- DEA registration
- A master KASPER account

† During the COVID-19 State of Emergency, all collaborative agreement requirements have been suspended by Executive Memorandum and SB 150 (2020RS). Collaborative agreement requirements will reactivate at the end of a thirty-day grace period following the lifting of the COVID-19 State of Emergency or unless otherwise ordered.

If you hold a current Kentucky APRN

license that has not lapsed or been voided you will need to upload your proof of certification/recertification to the APRN Portal/APRN Update. The APRN Portal is the only way this documentation will be accepted by the KBN if you have a current, active APRN license.

A CAPA may be rescinded by either the APRN or the physician. When a CAPA is rescinded, KBN must be notified.

### ATTESTATION OF KBN DOCUMENTS

Attestation statements appear at the end of all KBN applications for licensure and other KBN forms. The attestation statement is a confirmation that the information provided is truthful and accurate. Be sure to read the attestation carefully. The individual whose name is on the application or form is accountable for all information the document contains and for understanding the additional information contained within the attestation statement itself. Accountability extends not only for the purpose of filing the form but may also be compared to information provided on other forms filed with KBN. Allowing another party to complete and submit a KBN form does not relieve the nurse or applicant of the accountability for incorrect or inadequate

information provided and may be the basis for disciplinary action for falsification of a Board of Nursing form. Each individual nurse or applicant should complete all forms and applications submitted to KBN.

### CURRENT MAILING ADDRESS — REQUIRED

Kentucky nursing laws require nurses to notify the Board of a change of address immediately. Address changes made from the KBN website update the Board's database in real time. A change of address may also be mailed to the **Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, KY** or emailed ([KBN.Credentials@ky.gov](mailto:KBN.Credentials@ky.gov)) through the use of the form provided on the KBN website.

### CURRENT EMAIL ADDRESS — REQUIRED

On March 25, 2021 the Kentucky Board of Nursing housekeeping legislation, House Bill 202, was signed into law. It took effect on June 29, 2021. KBN licensees must now maintain an email address of record with KBN.

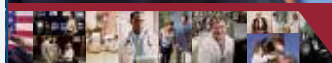
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# KBN Contact List

The KBN website at [kbn.ky.gov](http://kbn.ky.gov) provides extensive information on our licensure process, programs and organization. The website is organized with the menu list of topics down the left side of the screen. Click on the menu topic of your interest for more information. The left side-menu will expand with additional topic information to assist you. In addition to the KBN website, the KBN staff are available to answer your questions Monday-Friday, excluding state holidays, from 8:00am to 4:30pm ET. Please use the subject list below to identify the appropriate contact for your question.

## LICENSURE

Renewal of Kentucky Nursing License

Annual Renewal Period is September 15 - October 31

RN/LPN Renewal	502-262-9110
APRN Renewal	502-271-9759
Military Renewal	502-759-2784
SANE Renewal	502-403-8084

Licensure Types

RN/LPN Examination Applications (New Grads, NCLEX, ATT, Provisional License)	502-408-5866
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RN/LPN Endorsement Applications (prior licensure in another state)	502-262-9110
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RN/LPN Reinstatement Applications (Lapsed KY RN/LPN License)	502-403-8084
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APRN Applications (Collaborative Agreements, DEA Registration)	502-271-9759
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Sexual Assault Nurse Examiner (SANE) Credential Applications	502-403-8084
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Foreign Educated Nurse Licensure	502-759-2784
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### Nurse Aides

KY Nurse Aide Registry	502-271-8185
(all CNA and SRNA questions)	502-544-9871
	502-553-2813

### Other Licensing Questions

APRN/RN/LPN Name and Address Change	502-408-4133
NLC Compact License Questions	502-408-4133
Transcript Requests	502-262-9110
Reporting a Deceased Nurse	502-262-9110
Retiring a RN/LPN License	502-271-9759

## VERIFICATION OF LICENSURE TO ANOTHER STATE BOARD

RN/LPN (visit <a href="http://www.nursys.com">www.nursys.com</a> to request verification)	502-408-4133
APRN License Verifications	502-271-9759

### Consumer Protection/Complaints

Complaint Against a Nurse (or submit online at <a href="http://www.kbn.ky.gov">www.kbn.ky.gov</a> )	502-408-6620 502-429-3325
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Reporting Criminal Convictions Investigations	502-408-6620 502-408-6620 or 502-429-3325
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Kentucky Alternative Recovery Effort for Nurses (KARE) Probation Compliance and KARE Program	502-429-3313 or 502-224-8711
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Complaints Against a Healthcare Facility - contact the Cabinet for Health and Family Services, Office of the Inspector General, at 502-564-2888.

### Nursing Education

Prelicensure Programs of Nursing	502-287-2695 502-718-2919
APRN Programs of Nursing	502-641-1739

### Nursing Practice

RN/LPN Practice	502-759-2785
APRN Practice	502-641-1739

### CE

Continuing Education Competency/CE Audit	502-705-3863
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### Scholarship

Nursing Incentive Scholarship Fund (Application Period is January 1 - June 1)	502-287-2695
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## DIALYSIS TECHNICIANS

Credential/Education/Renewal/Other	502-403-8084
DT Practice	502-759-2785
Reporting Criminal Convictions	502-408-6620

## GENERAL

Main KBN Office Phone	502-429-3300
Main KBN Office Fax	502-429-3311
KBN Executive Office	502-408-4451
Payment Receipt Request	502-407-9234
Open Records Request	KBN.ORB@ky.gov
Open Records Questions	502-432-6061
KBN Connection Magazine	502-759-6956
Website Technical Difficulties	502-759-6956
Human Resources	502-424-0827
General Counsel	502-338-2851



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# \$21.6 Million Grant Helping Injured or Ill Kentuckians Remain on the Job

Article Submitted By  
**Shirley Kron, BSN, COHN**  
Director Outreach and Engagement  
Human Development Institute  
University of Kentucky

The Retaining Employment and Talent After Injury/Illness Network in Kentucky (RETAIN KY) is a federally funded effort providing immediate customized intervention and supports for eligible workers who are injured or become sick off-the-job, so they can stay at work or return to work. RETAIN KY participants receive case management services which can include communications with the person's employers and healthcare team, peer support, and assistive technology.

In May, Governor Andy Beshear and Lieutenant Governor/ Secretary of Education and Workforce Development, Jacqueline Coleman, announced that Kentucky received Phase 2 funding from the U.S. Department of Labor to boost efforts to help injured and ill employees remain at or return to work. The Phase 2 funds build upon successes and lessons learned in Phase 1 and is the largest federal grant (\$21.6 million) awarded to date to the Kentucky Education and Workforce Development Cabinet's Office of Vocational Rehabilitation (OVR). The University of Kentucky Human Development Institute will lead implementation of the research study as it expands statewide.

The Phase 2 federal funding will enable RETAIN Kentucky to expand implementation statewide to serve over 3,200 employees and address enduring implications that COVID-19 will have on the physical and mental health of our workforce. The effort will also build capacity of disciplines that have a stake in return to work issues through development of an academic certificate in Return to Work at the University of Kentucky, and continuing education opportunities. RETAIN KY will expand a multi-systems leadership team across healthcare, public health and employers that will advise on policies and practices that promote an inclusive, healthy Kentucky workforce and develop pre-professional and continuing education training in Stay at Work/Return to Work strategies. This work aligns with Kentucky's commitment as an Employment First state to promote and support competitive integrated employment as the first and primary option for Kentuckians

with disabilities of working age who want to be employed.

"As part of UofL Health, Frazier Rehabilitation Institute serves patients who have experienced a life changing illness or injury. So many of our patients—and our staff—have benefited from the return-to-work services provided by RETAIN Kentucky. We are thrilled to expand our partnership as we move into Phase 2". - Priya Chandan, MD, PhD, MPH, RETAIN Healthcare co-lead, University of Louisville School of Medicine.

"The collaboration between RETAIN KY and the Population Health program is invaluable to the patients and employees of UKHC. The Population Health team can help identify eligible persons and connect with a RETAIN KY coordinator for early intervention." - Jessica Sass, MD, Director of Population Health, UK Healthcare and RETAIN Healthcare co-lead.

RETAIN KY has helped more than 200 Kentuckians, like Heidi, get back to work. When Heidi called RETAIN, she shared her story and goals and received customized case services. The RETAIN Return to Work Coordinator helped her get workplace benefits and worked with her insurance company to develop a return-to-work plan. The RETAIN Return to Work Coordinator worked with Heidi's physical therapist and optometrist after her stroke resulted in impaired vision and short-term memory loss. A referral for an assistive technology assessment identified tools to successfully work with memory loss issues. Until Heidi's driver's license was restored, she was referred to a community partner for transportation and ride share services. The RETAIN Return to Work Coordinator guided Heidi in her job search and she secured a position with another healthcare provider, where she continues to be successful in her role as an occupational health nurse.

"Maintaining employment is critical, particularly for people with disabilities. In addition to financial stability, being engaged in meaningful work provides psychological, physical, social, and emotional benefits". -Matthew Adamkin, MD, RETAIN

Healthcare co-lead, UofL Health

A key element of RETAIN KY is the early coordination of healthcare and employment related supports and services to help injured or ill workers remain in the workforce. These supports and services include training in occupational health best practices for participating healthcare providers and employers. Today, many of the nation's health care workers are now on the front line of the battle with COVID-19. Healthcare is a critical partner with RETAIN KY and we have learned valuable lessons throughout Phase 1 that have put us on a strong path to even more success over the next four years of the grant what we hope will lead to sustainable and positive change. We invite you to participate in our healthcare training at [www.kyretain.org/trainings/](http://www.kyretain.org/trainings/) and give feedback on healthcare practices. Upon completion of the training and evaluation, you may be eligible to receive \$100 for your feedback and time. Contact Shirley. [Kron@uky.edu](mailto:Kron@uky.edu) to participate.

Kentuckians who have worked in the past 12 months and who have an illness or injury that occurred outside of the workplace can call 859-562-3251 to find out if they can participate in the research study for RETAIN KY services. If you would like to learn more about RETAIN, contact [Beth.Potter@uky.edu](mailto:Beth.Potter@uky.edu) or visit [www.kyretain.org](http://www.kyretain.org). Visit and subscribe to our RETAIN Kentucky Media on YouTube for archived videos that includes topics about returning to work. Follow us on Facebook and Twitter @KyRETAIN.

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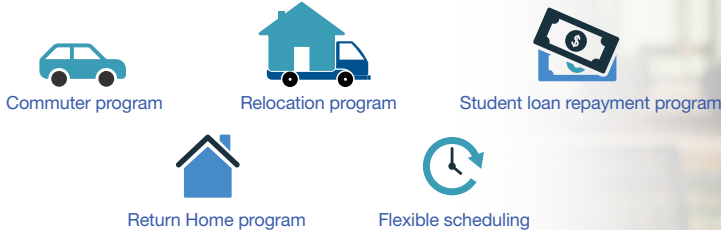
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# Practice Related Frequently Asked Questions

**Kim Richmond, DNP, RNC-OB,**  
RN/LPN Nursing Practice Consultant



## **Q: I am a RN and work with a team of LPNs. What are the requirements for supervision of LPN practice and patient acuity?**

**A:** KRS 314.011(10) defines licensed practical nursing practice as “the performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing...” Licensed practical nurses practice under the direction of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist and are not licensed for independent practice. <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=48246>

(1) The nurse shall provide supervision of a delegated nursing task.  
(2) The degree of supervision required shall be determined by the delegator after an evaluation of appropriate factors involved including the following:

- (a) The stability and acuity of the client’s condition;
  - (b) The training and competency of the delegatee;
  - (c) The complexity of the nursing task being delegated; and
  - (d) The proximity and availability of the delegator to the delegatee when the nursing task is performed.
- 201 KAR 20:400 <https://apps.legislature.ky.gov/law/kar/201/020/400.pdf>

Licensed practical nurses may function under direction as direct care providers in a variety of structured practice settings, such as nursing units, specialty units, and respiratory, physical, and occupational therapy areas. Licensed practical nurses may also function under direction in other areas, including but not limited to administrative and management areas, and quality assurance and peer review programs.

Supervision is provided in accordance with established policies, procedures, practices, and channels of communication which are consistent with the laws governing nursing practice. “Supervision” for the purpose of this statement means the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the task has been performed according to the established standards of practice.

AOS #27 Components of Licensed Practical Nursing Practice  
<https://kbn.ky.gov/General/Documents/aos27-comp-of-lpn-practice.pdf>

Licensed practical nurses practice under the direction and supervision of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist. Definitions of direction and supervision are included below.

- Direction – Communication of a plan of care based on patient assessment by a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist providing parameters of care and/or performance of a procedure.
- Supervision – Guidance, periodic observation, evaluation, and

validation.

- Degree of supervision is based on a patient’s condition as determined by the LPN’s supervisor.
  - Supervisor may provide supervision without being physically present in the immediate vicinity of the LPN, when a patient’s condition is stable, predictable, and rapid change is not anticipated, but the supervisor must be readily available.
  - Supervisor must be physically present in the immediate vicinity of the LPN and immediately available to intervene in care, when:
    - A patient’s condition is or becomes unstable.
    - A patient is receiving blood, blood components, or plasma volume expanders.
    - A patient is receiving peritoneal dialysis or hemodialysis.

## **Q: I am an LPN. Is there a list of medications that I cannot administer or tasks that are not within my scope of practice to perform?**

**A:** Authorization for medication administration is found in KRS 314.011(10)(c) which states, “the administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.” <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=48246>

The Kentucky Board of Nursing does not include specific guidelines on the various tasks that can be performed or medications and treatments that may be administered by nurses. Rather, nursing laws guide general nursing practice and hold the nurse responsible for ensuring they are educationally prepared and clinically competent to perform any delegated task. Advisory Opinion Statements are issued as to what constitutes safe nursing practice and may offer more specific guidance. <https://kbn.ky.gov/practice/Pages/aosindex.aspx> The Kentucky Board of Nursing has no jurisdiction over healthcare facility policies or job descriptions, and these policies and procedures may limit the nurses’ scope of practice.

201 KAR 20:490 (Licensed practical nurse infusion therapy scope of practice) was revised in 2018 with the changes becoming effective on November 2, 2018. Changes to 201 KAR 20:490 removed the list of permitted functions. The revised and edited regulation identifies definitions, education and training standards, supervision requirements, standards of practice, and twelve functions that SHALL NOT be performed by a LPN in regards to IV infusions. The relevant section of the regulation pertaining to functions that cannot be performed by an LPN are provided below. If the function is not listed in this provision, then it is within the scope of LPN practice.

Section 5. Functions That Shall Not Be Performed. An LPN shall not perform the following infusion therapy functions:

- (1) Administration of tissue plasminogen activators, except when used to declot any central venous access device;

- (2) Accessing of a central venous access device used for hemodynamic monitoring;
- (3) Administration of medications or fluids via arterial lines or implanted arterial ports;
- (4) Accessing or programming an implanted infusion pump;
- (5) Administration of infusion therapy medications for the purpose of procedural sedation or anesthesia;
- (6) Administration of fluids or medications via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir;
- (7) Administration of medications or fluids via an arteriovenous fistula or graft, except for dialysis;
- (8) Repair of a central venous access device;
- (9) Performance of therapeutic phlebotomy;
- (10) Aspiration of an arterial line;
- (11) Initiation and removal of a peripherally inserted central, midclavicular, or midline catheter; or
- (12) Administration of immunoglobulins, antineoplastic agents, or investigational drugs. <https://apps.legislature.ky.gov/law/kar/201/020/490.pdf>

### **Q: Are there nursing tasks that cannot be delegated?**

**A:** As noted in 201 KAR 20:400 (Delegation of nursing tasks), when certain aspects of nursing care need to be delegated beyond the traditional role, nurses may delegate some nursing acts to unlicensed assistive personnel (UAP). Unlicensed personnel who provide assistance to nurses may contribute to the implementation of the plan of nursing care in situations where the delegation of the task does not jeopardize the client welfare. “Unlicensed person” means an individual, other than a nurse, the client, or the client’s family, legal guardian, or delegatee, who functions in an assistant or subordinate role to the nurse. Unlicensed personnel are trained to perform specific health care related job duties and include but are not limited to certified nursing assistants, medical assistants, home health aides, dialysis technicians, and medication technicians.

- Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation, and assuring documentation.
- The nurse, prior to delegation to an unlicensed person, shall have either instructed the unlicensed person in the delegated task or determined that the unlicensed person is competent to perform the nursing task.
- A nursing task shall be delegated directly or indirectly. An indirect delegation shall not alter the responsibility of the nurse for appropriately assigning and supervising an unlicensed person.

The delegation of a nursing task shall meet the following criteria:

- (1) The delegated nursing task shall be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate;
- (2) The delegated nursing task shall be a task that, in the opinion of the delegating nurse, may be competently and safely performed by the delegatee without compromising the client’s welfare;
- (3) The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention; and
- (4) The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

Tasks may be delegated only after a nursing assessment is made and in the nurse’s judgment, it is the decision that the task is appropriate to delegate. “Supervision” means the provision of guidance by a qualified nurse for the

accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed according to established standards of practice.

In accordance with KRS 314.021(2), nurses are held responsible and accountable for their decisions regarding the supervision and delegation of nursing acts to unlicensed personnel who provide nursing assistance based upon the nurse’s educational preparation and current clinical competence in nursing.

201 KAR 20:400 Delegation of nursing tasks  
<https://apps.legislature.ky.gov/law/kar/201/020/400.pdf>

AOS #15 Supervision and Delegation of Nursing Tasks to Unlicensed Personnel <https://kbn.ky.gov/General/Documents/aos15-delegation.pdf>

Decision Tree for Delegation to Unlicensed Assistive Personnel <https://kbn.ky.gov/General/Documents/decision-tree-for-delegation-to-uap.pdf>

### **Q: I was taught in nursing school that an LPN cannot be a supervisor of a RN, but I am a RN and my manager is a LPN. Is this allowed?**

**A:** An LPN does not have the educational preparation nor clinical competency of a RN and therefore is not prepared with the specialized knowledge, judgment, and nursing skills of the RN to supervise the clinical work nor validate the competency of an RN. However, a LPN may serve in an administrative supervisory role over a RN as long as that role does not require the supervision or direction of patient care by the RN and deals solely with employment conditions. Employment conditions may include, but are not limited to, time and attendance issues, disciplinary issues, and termination.

It is NOT within the legal scope of licensed practical nursing practice for a licensed practical nurse to direct and supervise the practice of a registered nurse. AOS #27 Components of LPN Practice <https://kbn.ky.gov/General/Documents/aos27-comp-of-lpn-practice.pdf>

### **Q: I am a RN (or LPN), and I want to start my own business administering Botox and performing other cosmetic procedures. Is this within my scope of practice?**

**A:** It is NOT within the scope of practice for the LPN or RN to independently practice, order products, prescribe treatments, or perform medical aesthetic procedures such as Botox or derm fillers. The LPN and RN are able to implement interventions and administer medications and treatments as prescribed and supervised by a physician, PA, dentist, or APRN. The aforementioned practitioner is able to delegate tasks to the RN or LPN. Prior to administering any cosmetic procedures or treatments, there must be an established and documented patient-provider relationship. This includes an initial assessment; history and physical examination; and evaluation and development of a treatment plan by the practitioner. The LPN or RN may follow standing orders / protocol after the practitioner has established a treatment plan, but there must be an established patient-provider relationship prior to the LPN or RN implementing the orders. AOS #35 Cosmetic and Dermatological Procedures by Nurses <https://kbn.ky.gov/General/Documents/aos35-cosmetic-and-dermatological-procedures-by-nurses.pdf>

There is nothing in regulation that would prohibit a nurse from owning their own practice. A nurse may use established standing orders

Continued on page 20>>

or protocols that have been established by a physician or APRN. “Supervision” means the physician or APRN is physically on the premises where the patient is being cared for or readily available by telephone.

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals’ educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the Kentucky Nursing Laws, established standards of practice, and be evidence based.

**Q: What is the difference between a standing order and protocol? Can a nurse implement both? Where can I find guidance on patient care orders?**

**A:** Nurses may implement qualified licensed independent provider (LIP) issued protocols and standing/routine orders, including administration of medications, following nursing assessment. Protocols/orders are a set of predetermined criteria that define nursing actions in a given situation and should be written so that there is no doubt as to the requirements to implement the order(s). Protocols/orders should reflect interventions in response to side effects and adverse events related to implementation of the orders and should include parameters for the nurse to consult the physician/LIP.

Standing orders are prewritten orders which include specific instructions from the physician/LIP to administer a medication to a person in a clearly defined circumstance. Standing orders contain orders for the patient based on various stipulated clinical situations and require prior approval in policy by the medical staff. They usually name the condition and prescribe the action to be taken in caring for the patient. They must be well-defined clinical situations with evidence to support standardized treatments. **Standing orders may be initiated without an initial order by the nurse if the patient meets certain, specific criteria. Standing orders must be signed off or authenticated by the practitioner.**

AOS #14 defines protocols as a “step by step statement of a procedure routinely used in the care of individual patients to assure that the intended effect is reliably achieved.” They require the patient to meet clinical criteria. **Protocols differ from standing orders, as there must be an initial order from the physician/LIP to initiate the protocol. The initial order may be a verbal, telephone, or written order.**

AOS #14: Roles of Nurses in the Implementation of Patient Care Orders: Use of Protocols, Standing Orders, and Routine Orders <https://kbn.ky.gov/General/Documents/aos14-implementation-of-patient-care-orders.pdf>

**Q: What is telehealth nursing? Does it matter where I live and work to see patients virtually?**

**A:** “Telehealth” means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of health or medical data, and continuing education. KRS 314.155 <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=30935>

A nurse providing nursing services via telehealth to a person physically located in Kentucky shall be licensed by the board or hold a privilege to practice. 201 KAR 20:520 <https://apps.legislature.ky.gov/law/kar/201/020/520.pdf>

[ky.gov/law/kar/201/020/520.pdf](https://apps.legislature.ky.gov/law/kar/201/020/520.pdf)

Nurses holding a multistate license have a privilege to practice in other compact states. Thus, Kentucky licensed RNs and LPNs have the privilege to practice in other compact states. States participating in the Nurse Licensure Compact have determined that nursing practice occurs where the patient is located.

Each nurse must practice within his/her licensed scope of practice. Telehealth/telenursing may include any or all elements of the nursing process. Nurses utilizing telehealth to provide patient care must follow all requirements listed in KRS 314.155 and 201 KAR 20:520, as well as any relevant requirements in 907 KAR 3:170. <https://kbn.ky.gov/practice/Documents/aos42.pdf>

**Q: What does it mean to have a HIPAA violation?**

**A:** The term “confidential patient information” as used in this statement refers to individually identifiable health and personal information, and recognizes a patient’s expectation of and right to privacy in the maintenance of this information. Such information would include, but is not limited to: information related to the past, present or future physical or mental health of an individual and treatment; and any information that identifies the individual or in which there is a reasonable basis to believe that the information can be used to identify the individual. AOS #34 Roles of Nurses in Maintaining Confidentiality of Patient Information <https://kbn.ky.gov/General/Documents/aos34-confidentiality.pdf>

In accordance with KRS 314.091(1), “The board shall have power to reprimand, deny, limit, revoke, probate, or suspend any license or credential to practice nursing issued by the board or applied for in accordance with this chapter or the privilege to practice as a nurse recognized by the board in accordance with this chapter, or to otherwise discipline a licensee, credential holder, privilege holder, or applicant, or to deny admission to the licensure examination, or to require evidence of evaluation and therapy upon proof that the person:

- (n) Has violated the confidentiality of information or knowledge concerning any patient, except as authorized or required by law;”

KRS 314.091 <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=50612>

**KIM RICHMOND** is a Nursing Practice Consultant for the Kentucky Board of Nursing. She has been an RN for a decade and has focused her career on working in high-risk obstetrics as a labor and delivery nurse, clinical research nurse, and adjunct faculty. She spent six years teaching clinically and didactically and has enjoyed mentoring new nurses and nursing students. She has an MSN in Nursing Education, a DNP focusing on global health and health policy, and is currently enrolled in a postmaster’s FNP certificate program.





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# Summary of COVID-19 Emergency Measures and Regulation Updates

Jeffrey R. Prather, JD  
General Counsel

The following information is a summary of Board's COVID-19 emergency measures and recent or pending regulatory changes, as of October 4, 2021. The status of the statutory and regulatory provisions cited below may be reviewed on the Kentucky Legislative Research Commission website. <https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=38813> (statutes), <https://apps.legislature.ky.gov/law/kar/TITLE201.HTM> (regulations)

## ACTIVE EMERGENCY MEASURES

On September 7, 2021, the General Assembly extended until January 15, 2022 the Board of Nursing Emergency Memoranda dated March 5, 2021, August 26, 2020, April 17, 2020, and March 27, 2020, related to clinical education, APRN licensure, and temporary licensure. *See* House Joint Resolution 1, Section 4(19) (9/7/21).

**CAPA-CS & CAPA-NS Requirements / One Year Waiting Period for Newly Licensed APRNs to Prescribe Controlled Substances Suspended** – On March 31, 2020, CAPA-CS and CAPA-NS collaborative agreement requirements related to APRN prescribing of controlled and non-controlled substances were suspended for the duration of the COVID-19 state of emergency, unless and until otherwise rescinded by the Board or the General Assembly. This change to KRS 314.042(8, 10) and 201 KAR 20:057 §7 was necessary to ensure patient access to care, expansion of telehealth, and recognition of out-of-state APRN practice authority during the global pandemic. The Board also temporarily suspended the one-year waiting period during which newly licensed APRNs were previously required to refrain from

prescribing controlled substances. It is not known when the COVID-19 state of emergency will end. To avoid confusion and disruption that would be caused by an unexpected and abrupt end to emergency measures, the Board has indicated that there will be a 30-day grace period as to KBN enforcement of reinstated legal requirements.

It is anticipated that, when the moratorium on controlled substance prescribing during an APRN's first year of practice resumes effectiveness, the APRNs who have previously been issued DEA registration numbers, but who have not yet completed their first year of practice as an APRN, will no longer be authorized to prescribe controlled substances. These APRNs will be eligible to reapply for a DEA registration after the one-year requirement is reinstated, and if the APRNs have met the one-year requirement. However, this may result in an interruption of controlled substance prescribing authority and an additional application fee of \$888.00. *See*, [https://www.deadiversion.usdoj.gov/fed\\_regs/rules/2020/2020-16169.pdf#page=9](https://www.deadiversion.usdoj.gov/fed_regs/rules/2020/2020-16169.pdf#page=9). The DEA does not give refunds or pro-rate the registration fee. A newly licensed APRN should consider these factors before deciding to obtain a DEA registration at this time. Questions regarding the foregoing may be directed Board staff via the contact form at <https://secure.kentucky.gov/FormServices/Nursing/APRNCred>.

**Integrated Practicum Modified for Students in RN and LPN Prelicensure Education Programs** – During the state of emergency, the 120-hour integrated practicum is not confined to a concentrated period of seven consecutive weeks. In addition, the 50% simulation cap has been suspended, and the practicum may be up to 100% simulation. These changes to 201 KAR 20:320

became effective on March 27, 2020, and will last for the duration of the COVID-19 state of emergency, and for 30 days thereafter, unless rescinded by the Board or General Assembly. In other words, the requirements of the regulation will take effect for all semesters or quarters that begin after the end of the grace period. All academic periods that began prior to the end of the grace period may operate under the emergency provisions.

## ADMINISTRATIVE REGULATION UPDATES

Pending regulations and amendments, along with the Regulatory Impact Analysis, may be found on the KBN webpage, in the Document Library (<https://kbn.ky.gov/General/Pages/Document-Library.aspx>). To find the regulations, use the search word "pending."

**201 KAR 20:057** – Scope and standards of practice of advanced practice nurses. The proposed amendment to this regulation was approved at the June 2021 Board meeting. On July 14, 2021 it was filed with the Legislative Research Commission (LRC) for consideration of the Administrative Regulation Review Subcommittee (ARRS). The amendments propose to remove references to KRS 314.196, which was repealed on June 29, 2021. They further provide for a 30-day grace period for securing a CAPA-NS agreement when the APRNs previous CAPA-NS agreement ends unexpectedly, for reasons outside the APRN's control. The amendments bring the regulation into conformity with KRS 314.042(10) (k) and KRS 218A.202(2) regarding an APRN's duty to secure a KASPER master account registration upon the acquisition of DEA registration. The amendments also require that the KASPER master account registration be submitted via

the KBN's APRN Update Portal. Board staff expects that the amendments will be heard by the ARRS in October.

**201 KAR 20:215** – Continuing competency requirements. The Board approved the proposed amendment to this regulation at the June 2021 Board meeting. On July 14, 2021, the amendment was filed with the LRC for consideration by the ARRS. The amendment proposes to clarify the separate pharmacology training requirements that apply to three categories of APRN licensees:

1. holders of a DEA X registration, which permits the prescribing of medication assisted therapies to opioid use disorder patients;
2. holders of a CAPA-CS agreement, but not a DEA X registration; and
3. those who hold neither a DEA X registration, nor a CAPA-CS agreement.

The amendments also add two new CE requirements: suicide prevention (2 hours); and implicit bias (1.5 hours) and incorporate a preexisting domestic violence CE requirement into the regulation. The regulation requires submission of CE records via CE Broker, a free online CE management portal, and allows requests for such records to be sent to nurses via email, shortening the period for a response to a request for records and notice of noncompliance to 10 business days. The amendments incorporate a new and a modified form to claim hours that satisfy a portion of the continuing competency requirements for work as a preceptor and for satisfactory work evaluations. The period for written comments ended on September 30, 2021, and the Board has received written comments regarding the CE requirements, which the Board will review during its October meeting in conjunction with 201 KAR 20:320 (see below). Statements of consideration regarding those concerns, and any proposed responsive amendments, are due to be filed with LRC for review by the ARRS on November 15, 2021.

**201 KAR 20:320** – Standards of curriculum of prelicensure registered

nurse and practical nurse programs. The Board approved the proposed amendment to this regulation at the June 2021 Board meeting. On July 14, 2021, it was filed with the LRC for consideration by the ARRS. These amendments propose to clarify how and when external examinations may be used by a program of nursing, and they identify domestic violence, suicide prevention, and implicit bias as required curriculum for all Kentucky based programs of prelicensure RN

and LPN education. The period for written comments ended on September 30, 2021, and the Board has received several written comments regarding the proposed amendments, which the Board will review during its October meeting. Statements of consideration regarding those concerns, and any proposed responsive amendments, are due to be filed with LRC for review by the ARRS on November 15, 2021.

Continued on page 24>>



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**201 KAR 20:471, 201 KAR 20:472, 201 KAR 20:474, 201 KAR 20:476, and 201 KAR 20:478** – Dialysis technician credentialing requirements and training program standards. On November 5, 2020, the Dialysis Technician Council began reviewing 201 KAR 20:470 with the goal of repealing it and replacing it with four new regulations:

- 201 KAR 20:472 (Initial approval for dialysis technician training programs);
- 201 KAR 20:474 (Continuing approval and periodic evaluation of dialysis technician training programs);
- 201 KAR 20:476 (Dialysis technician credentialing requirements for initial, renewal, and reinstatement); and
- 201 KAR 20:478 (Dialysis technician scope of practice, discipline, and miscellaneous requirements).

The regulation repealing 201 KAR 20:470 is 201 KAR 20:471. These regulations were filed with the LRC for consideration on May 18, 2021, and there were numerous revisions. The KBN has communicated with stakeholders regarding the amendments. A special Board meeting was convened on September 24 to consider their written comments, and to hear their statements. Statements of consideration regarding those concerns, and the proposed responsive amendments, are due to be filed with the ARRS on October 15, 2021.

**201 KAR 20:506** – Nurse Licensure Compact. The changes pertain to The Interstate Commission of Nurse Licensure Compact Administrators, Final Rules as of January 1, 2021. This regulation was reviewed by the Administrative Regulations Review Subcommittee on June 8, 2021, and the amendment to material incorporated by

reference in this regulation went into effect on July 21, 2021.

**JEFFREY R. PRATHER** is General Counsel of the Kentucky Board of Nursing. Previously, he served as a Staff Attorney Supervisor at the KBN. Previously, he worked as a staff attorney prosecuting criminal cases throughout Kentucky and as an appellate attorney with the Kentucky Office of the Attorney General. Mr. Prather holds a Juris Doctorate degree from the University of Louisville Law School and a Bachelor of Arts Degree from the University of Louisville. Mr. Prather has concentrated his practice in the areas of criminal law, guardianship, appellate law, and administrative law.

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# Summary of Board Actions

## Board Meeting – August 19, 2021

### SWEARING IN OF NEW BOARD MEMBER

Missy Bentley, RN, was sworn in by Executive Legal Secretary and Notary, Kelsea Williams, as a Registered Nurse member. Ms. Bentley fills the vacancy created by Robyn Wilcher's term expiration.

### STAFF RECOGNITIONS

Ann Tino, RN, Investigation Branch Manager, was recognized for 20 years of service at KBN by Mandi Walker.

### PRESIDENT'S REPORT

Dr. Wilson presented the President's Report.

### FINANCIAL OFFICER'S REPORT

- IT WAS MOVED AND SECONDED TO ACCEPT THE FINANCIAL OFFICER'S REPORT (JUNE FINANCIAL SUMMARY), WHICH WAS APPROVED BY ACCLAMATION.

### EXECUTIVE DIRECTOR'S REPORT

Kelly Jenkins, Executive Director, presented the Executive Director's report and included information on the following: Building; Operations [Website, ORBS, Individual staff meetings, Workflow, Mid-year interim reviews]; Telecommuting; Social Media; Out of State Registry; Personnel; Training; NLC/NCSBN; Upcoming Meetings; Legal Update.

- IT WAS MOVED AND SECONDED TO ACCEPT THE INTERIM EXECUTIVE DIRECTOR'S REPORT, WHICH WAS APPROVED BY ACCLAMATION.

### NOMINATIONS FOR COUNCIL MEMBERSHIP

#### Advanced Practice Registered Nurse Council

This item was tabled until the October Board Meeting, as KBN had not received nominees from KNA.

### BOARD RETREAT PLANNING COMMITTEE

- IT WAS MOVED AND SECONDED TO ACCEPT THE RETREAT

PLANNING COMMITTEE'S RECOMMENDATION TO MOVE THE OCTOBER BOARD RETREAT AND BOARD MEETING TO OCTOBER 27 AND 28, 2021.

### RECOMMENDATION TO MOVE THE NOVEMBER COMMITTEE MEETING DATES TO AVOID CONFLICTING WITH DEI TRAINING

- IT WAS MOVED AND SECONDED TO ACCEPT THE RECOMMENDATION TO MOVE THE NOVEMBER COMMITTEE MEETING DATES TO MONDAY, NOVEMBER 8, 2021 TO AVOID CONFLICTING WITH DEI TRAINING.

### GENERAL COUNSEL'S REPORT

#### Approval of Amendments to 201 KAR 20:220

Jeff Prather, General Counsel, reported that the Material Incorporated by Reference related to 201 KAR 20:220 has been updated to include applications.

#### Administrative Regulation Status Report (ARRS Report)

- IT WAS MOVED AND SECONDED TO ACCEPT THE ADMINISTRATIVE REGULATION STATUS REPORT, WHICH WAS APPROVED BY ACCLAMATION.

### CREDENTIALS REVIEW PANEL

- IT WAS MOVED AND SECONDED TO ACCEPT THE REPORTS OF THE JUNE 17, 2021 AND JULY 22, 2021 CREDENTIALS REVIEW PANEL MEETINGS, WHICH WERE APPROVED BY ACCLAMATION.

### EDUCATION COMMITTEE

- **NISF Scholarships Report**
  - IT WAS MOVED AND SECONDED TO ACCEPT THE NISF SCHOLARSHIPS REPORT, WHICH WAS APPROVED BY ACCLAMATION.

- **Education Committee Report**

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2020-2021 ANNUAL REPORT FOR THE EDUCATION COMMITTEE, WHICH WAS APPROVED BY ACCLAMATION.

### PRACTICE COMMITTEE

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2020-2021 ANNUAL REPORT FOR THE PRACTICE COMMITTEE, WHICH WAS APPROVED BY ACCLAMATION.

### CONSUMER PROTECTION COMMITTEE

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2020-2021 ANNUAL REPORT FOR THE CONSUMER PROTECTION COMMITTEE, WHICH WAS APPROVED BY ACCLAMATION.

### ADVANCED PRACTICE REGISTERED NURSE COUNCIL

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2020-2021 ANNUAL REPORT FOR THE ADVANCED PRACTICE REGISTERED NURSE COUNCIL, WHICH WAS APPROVED BY ACCLAMATION.

### DIALYSIS TECHNICIAN ADVISORY COUNCIL

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2020-2021 ANNUAL REPORT FOR THE DIALYSIS TECHNICIAN ADVISORY COUNCIL, WHICH WAS APPROVED BY ACCLAMATION.

### GOVERNANCE COMMITTEE

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2020-2021 ANNUAL REPORT FOR THE GOVERNANCE COMMITTEE, WHICH WAS APPROVED BY ACCLAMATION.



- **Board Retreat Planning Committee**

- Audria Denker provided an update and presented the minutes from the July 8, 29 and August 17 meetings of the Board Retreat Planning Committee for information only.

#### **CERTIFIED PROFESSIONAL MIDWIVES ADVISORY COUNCIL**

- IT WAS MOVED AND SECONDED TO ACCEPT THE 2020-2021 ANNUAL REPORT FOR THE CERTIFIED PROFESSIONAL MIDWIVES ADVISORY COUNCIL, WHICH WAS APPROVED BY ACCLAMATION.

#### **STRATEGIC PLAN**

The strategic plan was presented for informational purposes as it expires in 2021.

#### **2020-2021 KBN ANNUAL REPORT**

An update on the 2020-2021 KBN Annual Report was provided for information only.

#### **ACTION ON LICENSES**

- IT WAS MOVED AND SECONDED THAT FOUR ORDERS DISCUSSED IN CLOSED SESSION BE ADOPTED, WHICH WERE APPROVED BY ACCLAMATION.
- IT WAS MOVED AND SECONDED THAT ONE ORDER DISCUSSED IN CLOSED SESSION WITH EXCEPTIONS FILED BY THE RESPONDENT'S ATTORNEY AND KBN PETITIONER BE ADOPTED, WHICH WAS APPROVED BY ACCLAMATION.

#### **PERSONNEL ACTIONS**

- IT WAS MOVED AND SECONDED THAT THE BOARD ACCEPT THE STAFF CHANGES THAT WERE DISCUSSED IN CLOSED SESSION, WHICH WERE ACCEPTED BY ACCLAMATION.
- The following was presented for information only: Pursuant to PM 2021-14 and the Governor's press conference held on August 5, 2021; all Executive Branch active, permanent, full-time and part-time employees may receive one (1) additional day of annual leave for those who receive, or have already received, a COVID-19 vaccination (or first dose in a series) on or since December 1, 2020. The incentive award is currently capped at one (1) annual day of leave.

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# Summary of Board Actions

## Special Board Meeting - September 24, 2021

### SWEARING IN OF NEW BOARD MEMBER

Anne Veno, RN, was sworn in by General Counsel, Jeffrey R. Prather, as a Registered Nurse member. Ms. Veno fills the vacancy created by Kristi Hilbert's term expiration.

### NEW BUSINESS

Mr. Prather explained that the Board had approved the following Kentucky Administrative Regulations (KAR) regarding Dialysis Technicians:

#### Consideration of proposed regulations related to Dialysis Technicians

1. 201 KAR 20:471 – Repeal of 201 KAR 020:470
2. 201 KAR 20:472 – Initial approval for dialysis technician training programs
3. 201 KAR 20:474 – Continuing approval

and periodic evaluation of dialysis technician training programs

4. 201 KAR 20:476 –Dialysis technician credentialing requirements for initial credentialing
5. 201 KAR 20:478 –Dialysis technician scope of practice, discipline, and miscellaneous requirements

The regulations were filed with Legislative Research Commission for consideration and stakeholders provided written comments. The comments related primarily to two regulations: 201 KAR 20:472 and 201 KAR 20:474. Board staff also provided a responsive written statement regarding why the regulations were drafted the way they were.

The following stakeholders addressed the

Board regarding concerns with the regulations:

Maribeth Jones – DaVita Kidney Care  
Rob Crick – Fresenius Kidney Care  
Marsha Evans – American Renal Associates  
Karen Hanson – Dialysis Clinic, Inc.; Mr. Prather noted that DCI did not file written comments.

Myra Goldman, Professional Support Branch Manager, provided the KBN staff response to the stakeholder concerns.

Following discussion and presentation of background materials, Board recommendations were moved and seconded, and were approved by acclamation, as follows:

#### 201 KAR 20:472

- IN SECTION 4(2) ADD THE SAME

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LANGUAGE REGARDING THE WAIVER OF EDUCATIONAL REQUIREMENTS FOR PROGRAM ADMINISTRATORS TO ALSO APPLY TO ASSISTANT PROGRAM ADMINISTRATORS

- ADD THE SAME LANGUAGE FROM SECTION 1 REGARDING GRANTING PROGRAM ADMINISTRATORS A 5-YEAR GRACE PERIOD FOR OBTAINING A BSN TO ALSO APPLY TO ASSISTANT PROGRAM ADMINISTRATORS
- IN SECTION 5(4) ADD THE SAME EDUCATIONAL WAIVER STATEMENT TO ALSO APPLY TO BACHELOR'S DEGREES FOR DIDACTIC FACULTY
- IN SECTION 6(d) AMEND THE 160-HOUR INTERNSHIP REQUIREMENT TO ONLY APPLY

TO PERSONS WHO HAVE 2 UNSUCCESSFUL ATTEMPTS ON THE FINAL EXAM. PRIOR TO THE 3RD EXAM ATTEMPT, COMPLETION OF A 160-HOUR INTERNSHIP IS REQUIRED.

Upon a motion and second, the Board approved the recommended changes. No one voted in opposition or abstained from voting.

Upon a motion and second, the Board approved the following recommendation:

- TO DEFER THE GATHERING OF DATA RELATED TO EXAM ATTEMPTS AND SUBSEQUENT REPORTING OF THAT DATA TO A SUBCOMMITTEE.

#### CONSIDERATION OF PROPOSED REGULATIONS

201 KAR 20:320 (Standards for curriculum of prelicensure registered nurse and practical nurse programs), and 201 KAR 20:215 (Continuing Competency Requirements):

Mr. Prather, General Counsel, explained that no action was needed on proposed regulations 201 KAR 20:320 and 201 KAR 20:215 at this time. The comment period ends on September 30, 2021, and Board staff will request a filing extension based on the comments received. The Board will address the received comments at the October Board Meeting.

#### BOARD RETREAT UPDATE

Audria Denker provided an update regarding the Board Retreat.



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## What the Pandemic Taught Us About the Changing Role of Nurses

By Dr. Susan Stone, CNM, DNSc,  
FAAN, FACNM

President, Frontier Nursing University

Even before the start of the COVID-19 Pandemic, it was well-known that the U.S. was facing a health care provider shortage. This trend was verified in a June 2020 report by the Association of American Medical Colleges<sup>1</sup>, which estimated the U.S. faces a potential physician shortage of 37,800 to 124,000 by 2034.

Partly because of this growing need, nurses are increasingly serving as primary caregivers in hospitals and clinics across the country. There are more than 3.8 million registered nurses in the United States and nurses comprise the largest component of the nation's healthcare workforce<sup>2</sup>.

Necessity is not the only reason more patients are turning to nurses for primary care. Nurse-midwives and nurse practitioners have a core focus on promoting optimal health, not only caring for the sick but also providing guidance to assist in long-term health. This model of care forms a partnership between nurse and patient with a focus on promoting ongoing health in addition to treating illness. The focus on health maintenance is a core characteristic of the practice of nurse-midwives and nurse practitioners. A study on the prevention of chronic disease by Ritsema TS, Bingenheimer JB, Scholting P, et al.<sup>3</sup> concluded that "across all conditions, NPs provide health education to patients more frequently than physicians." Midwifery care as defined by the American College of Nurse-Midwives includes health promotion,

disease prevention, wellness education and counseling, and full-scope primary care services including maternity care. Midwifery care has been shown to decrease cesarean section rates, decrease interventions and decrease preterm birth<sup>4</sup>.

Midwifery and nurse practitioner care do not replace physician care. Health care services are complex and one type of provider cannot provide all services needed. It takes a team of different types of providers to provide the full complement of services needed. One study demonstrated that patients receiving care from primary care physicians received only 55% of recommended chronic and preventive services. The gap is attributed to physicians being overworked. The study further estimated that 50-70% of preventative services and 25%-47% of chronic care services could be done by nurse practitioners or physician assistants. By working together, we can assure that patients receive all of the recommended and preventive and chronic care services<sup>5</sup>.

Nurses' expertise and versatility were brought into focus during the height of the pandemic. As hospitals and clinics overflowed, the healthcare system was stretched to its limit. Nurses were called on to assume additional responsibilities and leadership roles, such as organizing drive-through testing and vaccination sites or directing clinics. Some traveled, leaving their families for weeks or months at a time to care for patients in locations both rural and urban where additional care was

most needed.

While provider shortages have been amplified during the pandemic, this shortage was a known issue before the pandemic and will persist after. Most at risk due to the provider shortage are those in underserved populations and rural communities. The previously mentioned report by the Association of American Medical Colleges concluded that "If underserved populations were to experience the same health care use patterns as populations with fewer barriers to access, current demand could rise by an additional 74,100 to 145,500 physicians. This analysis underscores the systematic differences in annual use of health care services by insured and uninsured individuals, individuals in urban and rural locations, and individuals of differing races and ethnicities."

Frontier Nursing University is proud to be a leader in the changes needed to address healthcare provider shortages. Frontier's mission is "to provide accessible nurse-midwifery and nurse practitioner education to prepare competent, entrepreneurial, ethical, and compassionate leaders in primary care to serve all individuals with an emphasis on women and families in diverse, rural, and underserved populations." Our students are graduate-level students seeking advanced nurse practitioner and nurse-midwifery degrees. For many, taking two years off work to pursue an advanced degree is not an option. They must be able to continue to work where they live while pursuing advanced degrees at the same time.

FNU was founded in 1939 in rural Hyden, Kentucky, and our impact, though significant, was limited in scope due to our remote location. In 1989 we introduced a distance learning model that allowed students nationwide to attend FNU from their home communities, requiring only a few trips to campus. Today, 70% of FNU's more than 2,500 students live in health professional shortage areas (HPSA) as defined by the Health Resources and Services Administration (HRSA), demonstrating the potential impact of FNU graduates within these underserved communities.

Many of our 8,000 alumni have been serving on the front lines of the pandemic. Some have worked as travel nurses in pandemic hot zones, while others delivered the first vaccine doses by boat to remote villages in Alaska. Some developed procedures to help patients avoid crowded lobbies. Others accomplished the remarkable feat of opening their own clinics during the height of the pandemic. Meanwhile, FNU's distance learning model allowed the majority of our students to continue their progress without interruption.

The pandemic has brought to light much of what we already knew. It has further demonstrated the need for change in our healthcare system and proved that nurse-midwives and nurse practitioners must play increased roles in the health and well-being of our communities. The pandemic reminded us that primary care services provided by advanced practice nurses and nurse-midwives are safe and effective. It is now more clear than ever that nurse-midwives, nurse practitioners, and physicians must work together to attain optimum health outcomes for our country.

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Since the publication of the last edition of the KBN Connection, the Board has taken the following actions related to disciplinary matters as authorized by KRS 314. A report that contains a more extensive list of disciplinary actions is available on the KBN website <https://kbn.ky.gov/General/Documents/discipline.pdf>. Licensure status of licensees against whom temporary action has been taken may have changed since data collection and publication. Please visit the Online Validation section of the Board's website <https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx> to confirm current licensure status of individual nurses. (As of 9/15/2021)

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