

# **KBN** CONNECTION

FALL 2019  
Edition 61



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Articles from guest authors may be submitted for publication in the KBN Connection. Priority will be given to subject matter dealing with Kentucky nurses and issues affecting nursing practice in the Commonwealth. Articles should not exceed 1,000 words in length unless approved by the Editor or the Editorial Committee. **Contact KBN Connection Editor for more detailed instructions.**

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KBN Connection circulation includes over 90,000 licensed nurses and nursing students in Kentucky.

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## STATISTICS CORNER

As of OCTOBER 7, 2019  
KBN records show:

**RN ACTIVE: 73,898**

**LPN ACTIVE: 14,257**

**ADVANCED PRACTICE  
REGISTERED NURSES: 9,160**

**DIALYSIS TECHNICIANS  
ACTIVE: 677**

**SANE ACTIVE: 307**

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## president's message

Welcome to the newest edition of the KBN Connection. On August 8<sup>th</sup>, I was elected as the Kentucky Board of Nursing President. I have served on the board since June 2013 and have had the opportunity to learn many things about nursing regulation. Nursing regulation is not about a select group of people making decisions about nursing practice without involving others. Decisions made by the Kentucky Board of Nursing are made with careful investigation and involvement from key stakeholders. One example of this process is the issue of unlicensed personnel administering insulin in the school setting. This was one of the first challenges that I had the opportunity of working through as a new board member. During this decision-making process, there were long discussions that centered around the scope of practice of the RN and patient safety. Ultimately, the board worked with key stakeholders to meet the needs of the students and their families while ensuring safe nursing practice.

As a board member, I have learned that the mission of the board is different compared to the mission of other nursing organizations. The mission of the board of nursing is to protect the public. The mission of protection is important to our key stakeholders and the people of Kentucky and beyond. As a board, we will work diligently to enforce the state laws governing the safe practice of nursing. I look forward to working with the board staff and board members as we focus on protecting public health and welfare. We welcome you to join our meetings and to contact us if you have any questions or concerns about nursing practice, nursing education, consumer protection, or legislation related to nursing.

A handwritten signature in black ink that reads "Dina Byers".

Dina Byers, PhD, APRN, AGCNS  
President  
Kentucky Board of Nursing

# executive director's message



It is hard to believe that I have been the Executive Director for over 4 months. The preparation of my second Executive Director's message is already here. It's been a fantastic few months. It was a much needed professional change for me, and I am enjoying the learning process.

I had the opportunity, along with Audria Denker, Board Member, to attend the National Council of State Boards of Nursing (NCSBN) Annual Meeting and serve as a delegate. It was an opportunity to spend time with national and international colleagues from the regulatory bodies for nursing. We discussed everything from reciprocity in licensing to THC and CBD oil. There were few aspects of professional practice that were not spoken about. Speakers challenged the current ways we regulate and areas of regulation to be considered differently. They also questioned whether we are sharing our knowledge with others. Nurses have been regulated over 100 years as regulators, thus we are experts in the field and we should publish beyond the nursing regulatory literature and communicate more with licensees.

I've heard it said many times that "if you aren't changing, you are dying." That statement applies to nurses, dialysis techs, and certified professional midwives. Change is a necessity for moving forward, it's hard and often messy, but has to be done. Spending time on the national and international front, reminds me that it's a crucial part of our evolution as professionals. Change impacts us all.

We have hired new staff – be on the lookout for spotlights on their roles, we have finished the process of creating an APRN investigator position (started before I arrived). The Board appointed the Certified Professional Midwives Advisory Council to develop the regulations to implement licensure of Certified Professional Midwives. These are significant changes for KBN.

We are finalizing the hiring of a Practice Consultant, Nursing Investigator/Case Manager in Compliance, and 2 Program Coordinators for the Credentials Branch and Administrative Services. Progress has been slow but steady. When positions are posted, please check the KBN Website or the state employment website and consider making a career change and interview with us.

In the next few months, I will be reaching out to various professional organizations to determine the "hot topics" for those members they represent, as each group has a unique set of issues, and I want to make sure that every voice is heard.

A handwritten signature in black ink that reads "Jessica L. Estes". The signature is written in a cursive, flowing style.

Jessica L. Estes, DNP,  
APRN-NP  
Executive Director  
Kentucky Board of Nursing

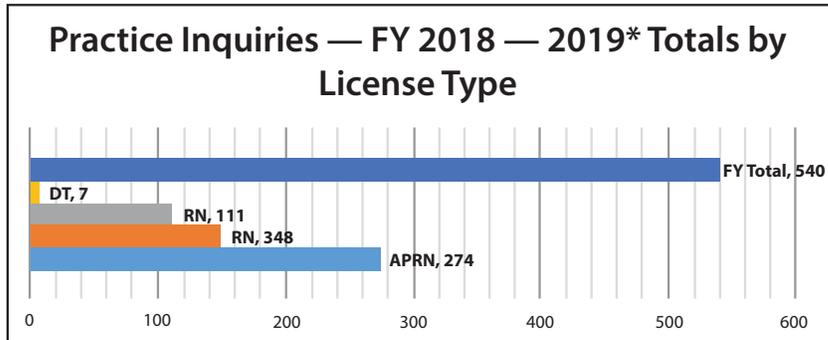
**REMEMBER:** The next two issues (Winter and Spring) will be disseminated via your email address and through shipments to large workplaces. Please ensure you receive the KBN Connection by providing a current email address to the Board. This can be done through the website: <https://kbn.ky.gov/apply/Pages/license.aspx>

# PRACTICE INQUIRIES

Fiscal Year 2018 – 2019

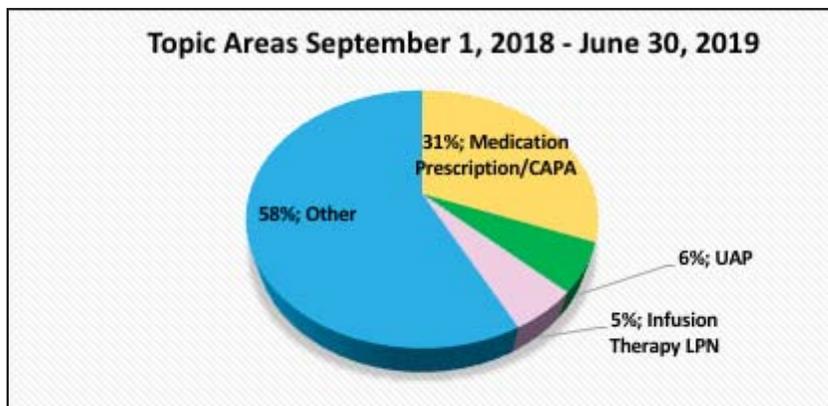
## September 1, 2018 – June 30, 2019

KBN staff began recording data based on practice inquiries on September 1, 2018\*. A look at the data collected in the chart below illustrates the number of inquiries received by license type for the entire time period.



## Topic Areas

As the data was reviewed the most prevalent topics presented in questions received relate to the role of the APRN in prescribing and dispensing of medication including CAPA. This topic accounts for one hundred and sixty-seven (167) of the total of five hundred and forty (540) inquiries, thirty-one percent (31%). The chart below illustrates the percentage of inquiries regarding the three (3) most common topics and all other topics.



**Berea College's Nursing Department announces a Clinical Laboratory and Simulation Manager position to begin in August 2019.**



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<https://www.berea.edu/human-resources/faculty-positions/>



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The Winter (2019-2020) and Spring Issues (2020) of the **KBN** Connection will be delivered to you via your email address on file with the Board. Please ensure you have provided us with a current email address. You may update your email address on the KBN website:

<https://kbn.ky.gov/apply/Pages/license.aspx>

Please ensure you keep a current email address on file, especially if you use your work email and change jobs!

Also, bulk shipments of the **KBN** Connection will be mailed directly to larger employment sites.

We hope you will use information as we evolve to a digital delivery and have discussions at work about the information you see in the **KBN** Connection.

You may also read the **KBN** Connection from our website:

<https://kbn.ky.gov/online-forms/Pages/connection.aspx>

# APRN PRESCRIPTIVE AUTHORITY AND SCHEDULE II

by **Nathan Goldman**  
General Counsel

There seems to be some confusion about a bill that was passed in 2017 that amended the controlled substance statutes in Kentucky. By way of background, KRS 314.011(8) (a) limits APRN prescriptive authority for Schedule II drugs to no more than 72 hours with no refills, except for “hydrocodone combination products as defined in KRS 218A.010” which may be written for a 30 day supply with no refills.<sup>1</sup>

In 2017, the General Assembly amended KRS 218A.205 and required licensing boards such as the Board of Nursing to establish by administrative regulation the following: “In accord with the CDC Guidelines for Prescribing Opioids for Chronic Pain published in 2016, a prohibition on a practitioner issuing a prescription for a Schedule II controlled substance for more than a three (3) day supply of a Schedule II controlled substance if the prescription is intended to treat pain as an acute medical condition, with the following exceptions...” The law goes on to list eight exceptions. The

statute also states: “Nothing in this paragraph shall authorize a state licensing board to promulgate regulations which expand any practitioner’s prescriptive authority beyond that which existed prior to the effective date of this Act.”

The Board of Nursing amended administrative regulation 201 KAR 20:057 by adding Section 9(14) and (15) to implement the law as passed in 2017. Since hydrocodone combination products are the only Schedule II medications that an APRN can write for more than three days, the regulation refers to hydrocodone combination products.

**The law in 2017 did not give APRNs the authority to write for Schedule II medications other than hydrocodone combination products.** It did not change the APRN’s prescriptive authority as it existed before the bill was passed. What it did do is to limit the existing authority concerning hydrocodone combination products. If you are prescribing hydrocodone combination

products to treat pain as an acute medical condition, you are limited to a 72 hour supply with no refills unless you document that one of the eight exceptions applies. Then, you may write for up to 30 days with no refills.

You should also be aware that “hydrocodone combination products” has a specific meaning in the statutes. See, KRS 218A.010(20) It does not include hydrocodone by itself.

As always, if you have any questions, feel free to call either Nathan Goldman, General Counsel, at 502-429-3309 or email at [ngoldman@ky.gov](mailto:ngoldman@ky.gov) or Myra Goldman, APRN Practice and Education Consultant, at 502-429-3315 or email at [MyraK.Goldman@ky.gov](mailto:MyraK.Goldman@ky.gov).

<sup>1</sup> Psychostimulants may be prescribed for thirty days by a Psychiatric-Mental Health APRN



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# APRNs ... IMPORTANT KASPER INFORMATION

## Please Read! 2nd NOTICE

Over 6000 prescribers have failed to update their KASPER registration ... could one of those be you? KASPER must be accessed via a new CHFS security portal called the Kentucky Online Gateway (KOG).

To comply with the statutory requirement, [KRS 218.202 (2) and 201 KAR 20:057(9)(13)], APRNs who are prescribing controlled substances must register and maintain KASPER registration in order to query prior to writing controlled substance prescriptions. You must transition from your existing KASPER account to a KOG account by December 1, 2019 or your account will be deactivated. You will then have to contact KASPER to reactivate.

Population foci have been expanded and you will be able to use the Provider Report Card to compare your prescribing to other colleagues in your same population.

### To complete the process:

- 1. You must have a KOG account to access KASPER.**  
You may already have a KOG account if you have accessed Cabinet services such as Vital Statistics, Benefind or the Electronic Death Registry System. Go to <https://kog.chfs.ky.gov> to establish a KOG “Citizen or Business Partner” account.
  - Remember your KOG user name (email address) and password. This is how you must access KASPER.
- 2. Log into your KOG account.**
- 3. If the KASPER icon is listed, click launch. If KASPER is not listed click on All Apps and search by the letter “K” for Kentucky All Schedule Prescription Electronic Reporting, then click enroll.**
- 4. Enter the KASPER user name and password that you had prior to April 30, 2019. If you do not remember this information, contact the KASPER Help Desk at (502) 564-2703. You will only need this information one time to link (onboard) KASPER to your KOG account.**
- 5. Avoid common errors!**
  - Do not click the link to “begin the account request process”.
  - Do not use, or allow to be used, anyone else’s KOG account to onboard your account using your KASPER user name and password.

### Attention “delegate” registered nurses, medical assistants and other office staff!

- You cannot onboard your existing KASPER account to KOG until the prescriber (Master Account Holder) completes the process above and invites you to be a delegate who can request KASPER reports on their behalf.
- A Master Account Holder can issue a delegate invitation by clicking the “Welcome” button at the top right of the KOG account home page, or from within KASPER by clicking on the “Manage Delegates” link on the Account Maintenance page.

For detailed instructions on all of these processes, please review the KOG-KASPER user guide: <https://chfs.ky.gov/agencies/os/oig/dai/deppb/Documents/KASPERKOGIntegrationUserGuide.pdf>. You may also contact the Help Desk at (502) 565-2703 or [eKASPERHelp@ky.gov](mailto:eKASPERHelp@ky.gov).

# ATTENTION!

## APRN Audit Happening Soon

APRNs are required to provide specific information to the KBN to ensure compliance with the Nursing Laws. The KBN will be conducting an audit by the end of the year on the information on file for each APRN.

You will be asked to verify/provide current information as relevant:

- Evidence of current certification
- Evidence of current CAPA-NS (Notification form)
- Evidence of current CAPA-NS Discontinuation (Notification form)
- Evidence of current collaborating physician
- Evidence of current CAPA-NS Rescission with past MDs (Notification form)
- Evidence of all DEA registrations
- Evidence of DEAx (as relevant)
- Evidence of current CAPA-CS (Notification form)
- Evidence of current CAPA-CS Rescission with past MDs (Notification form)
- Evidence of KASPER Account Registration

You will be sent an email with instructions on how to ensure your information is correct.

Check your information on the KBN website at Online Validation:

<https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx>

We do not post on the website collaborating physician names.

# Kentucky Sends Nurses to Help in Hurricane Dorian Recovery

## Nurse Strike Team to Provide Variety of Health Services to Affected Areas

September 4, 2019

**FRANKFORT, Ky.** — A nurse “strike team” from Kentucky is on its way to help Hurricane Dorian victims in hurricane-affected areas in North Carolina. Today’s deployment was coordinated by the Department for Public Health (DPH), within the Cabinet for Health and Family Services (CHFS), along with local, state and federal officials.

Kentucky’s nurse strike team consists of registered nurses and administrative staff members. They will be working in local shelters in Hurricane Dorian impacted areas in North Carolina. The team will be in there for about two weeks.

“The deployment of this team of public health nurses is a great reflection of how we continue to move the needle forward to a new level of service in the Department for Public Health,” said CHFS Secretary Adam Meier. “It validates all of the preparation and training this group has gone through. I commend them and thank them for their compassionate service.”

The strike team will augment staff to provide medical support to people who are displaced from their homes and are currently residing in general or medical needs shelters. The individuals housed in the medical needs support shelters have medical needs and are in relatively stable condition, but have a chronic disease

or condition such as diabetes or require oxygen or dialysis. Nurses will be conducting medical history and physical exams, providing patient assessments, assisting with medicine administration, and providing general nursing care and comfort for these individuals.

“Kentucky stands willing and able to provide assistance to those areas affected by the storm,” concluded Meier. “We have been actively preparing to deploy our personnel and assets to address critical health issues in medical needs shelters.”

Assistance requests are coordinated and authorized through the Emergency Management Assistance Compact (EMAC), which is a mutual aid agreement between states and territories in the United States. It enables states to share resources during natural and man-made disasters. Under EMAC agreements, the requesting state reimburses all associated costs incurred by the provider state. Kentucky Emergency Management (KYEM) is the managing authority for deployment of all Kentucky teams and assets.

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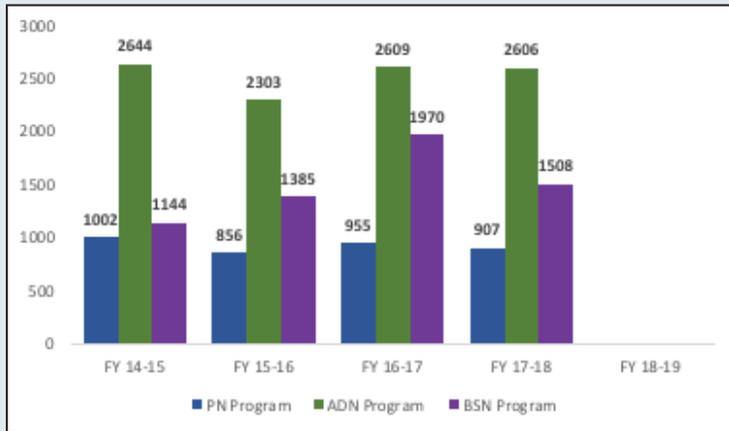
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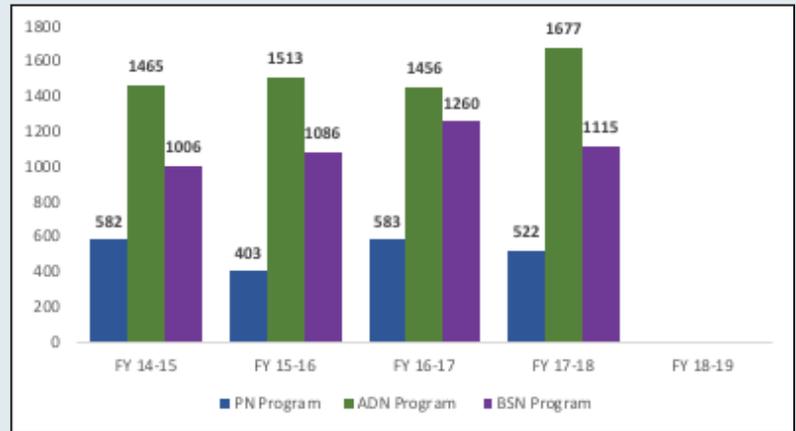
### Nursing Education

As of June 30, 2019, there were a total of 19 Baccalaureate Nursing (BSN) programs, 38 Associate Degree (ADN) programs, and 31 Practical Nursing (PN) programs approved by the KBN.

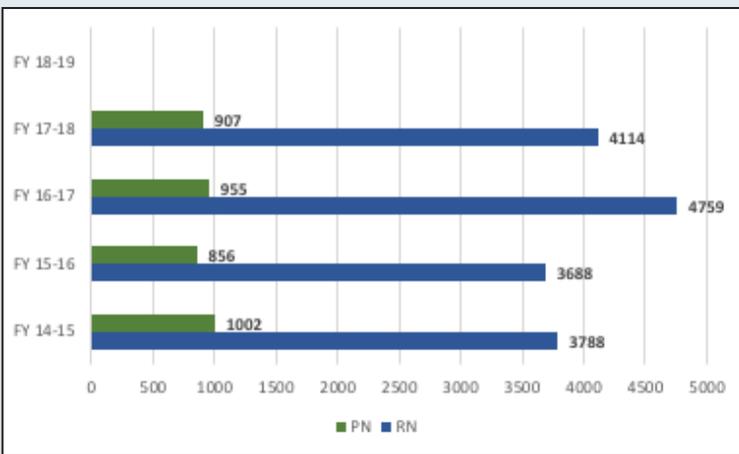
#### Programs of Nursing Admissions: FY 14-15 to 18-19



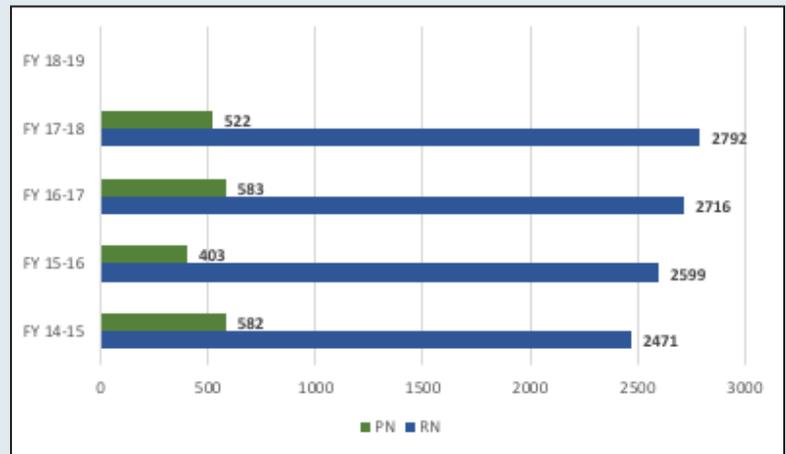
#### Program of Nursing Graduates: FY 13-14 to 18-19



#### Registered Nurse and Practical Nurse Admissions: FY 14-15 to 18-19

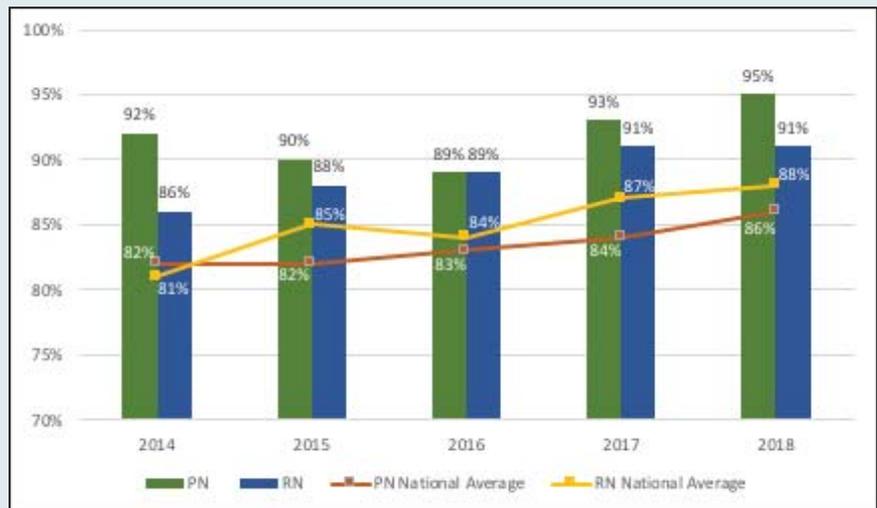


#### Registered Nurse & Practical Nurse Graduates: FY 14-15 to 18-19



## NCLEX Pass Rates

For 2018, the national pass rate average for first-time testers for the NCLEX-RN was 88 percent and Kentucky's NCLEX-RN 2018 average was 91 percent. The 2018 NCLEX-PN national pass rate average for first-time testers was 86 percent and Kentucky's 2018 NCLEX-PN pass rate average was 95 percent.



## ATTENTION LICENSEES

The **WINTER** and **SPRING** issues of the KBN Connection will arrive to your Email box. Please ensure a current Email address is on file with **KBN**.

<https://kbn.ky.gov/apply/Pages/license.aspx>

Look for additional copies of the **KBN** Connection at your workplace, so that you may read and discuss the information with your colleagues.

## NEW HHS GUIDE

### HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics (September 2019)

This HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics provides advice to clinicians who are contemplating or initiating a reduction in opioid dosage or discontinuation of long-term opioid therapy for chronic pain. In each case the clinician should review the risks and benefits of the current therapy with the patient, and decide if tapering is appropriate based on individual circumstances.

[https://www.hhs.gov/opioids/sites/default/files/2019-10/8-Page%20version\\_\\_HHS%20Guidance%20for%20Dosage%20Reduction%20or%20Discontinuation%20of%20Opioids.pdf](https://www.hhs.gov/opioids/sites/default/files/2019-10/8-Page%20version__HHS%20Guidance%20for%20Dosage%20Reduction%20or%20Discontinuation%20of%20Opioids.pdf)



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