WHAT IS THE HHS OIG EXCLUSION LIST AND HOW COULD IT AFFECT YOUR PRACTICE?

Page 16

WHAT COULD HAPPEN: THE CONSEQUENCES OF "PRACTICE DRIFT"... IS IT WORTH THE RISK?

Page 18

Official Publication of the Kentucky Board of Nursing
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As of December 10, 2016 KBN records show:

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Active</td>
<td>67,822</td>
</tr>
<tr>
<td>LPN Active</td>
<td>13,930</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td>5,875</td>
</tr>
<tr>
<td>Dialysis Technicians</td>
<td>6,875</td>
</tr>
<tr>
<td>SANE Active</td>
<td>227</td>
</tr>
</tbody>
</table>

**KBN MISSION**

The Kentucky Board of Nursing protects the well-being of the public by development and enforcement of state laws governing the safe practice of nursing, nursing education, and credentialing.

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**Statistics Corner**

As of December 10, 2016 KBN records show:

- RN Active: 67,822
- LPN Active: 13,930
- Advanced Practice Registered Nurses: 5,875
- Dialysis Technicians Active: 6,875
- SANE Active: 227

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For more information email gdcasa2@email.uky.edu.
As I was preparing to write this edition’s article, I thought I would revisit a topic that seems to come up from time to time. This is especially true when speaking to groups of nurses about current legislation and trends. The topic is the role of the Kentucky Board of Nursing versus Professional Nursing Organizations.

As stated many times in this magazine, the mission of the KBN is to protect the health and welfare of the citizens of the Commonwealth. This is achieved by enacting and enforcing regulations that ensure the safe practice of nursing. Another very large role of the KBN is to license new nurses and relicense nurses on an annual basis. The KBN does not represent nurses, except as part of the public that is being protected. The representation of nurses is accomplished by nursing professional organizations, such as the Kentucky Nurses Association (KNA), Kentucky Licensed Practical Nurses Organization (KLPNO), Kentucky Coalition of Nurse Practitioners and Nurse Midwives, and the Kentucky Association of Nurse Anesthetists. The KBN does not have direct jurisdiction over nursing students, instead they are protected as part of the public and since the KBN does regulate pre-licensure schools of nursing, protection is achieved in this manner.

By the time this edition of the KBN Connection is published, the new year’s legislative session will have begun. This is one of those times when it is important that nurses make contact with their legislators so that your wishes and needs can be represented through your legislators and also this is accomplished through membership in your professional organization. I have been asked in the past, “why did the KBN allow this or that to occur?” The simple answer is that the KBN cannot lobby or speak on behalf of certain groups to achieve individual goals. The KBN does meet with legislators and promote items that aid in the fulfilling of the mission of the Board. The KBN has a legislative plan for the upcoming session. One of the items that will be promoted will be the Enhanced Nurse Licensure Compact. The Enhanced Compact will allow nurses more mobility, if they so choose, which is becoming increasingly important with the continued development of telehealth and other distance applications of health care.

In conclusion, the Kentucky Board of Nursing’s prime mission is to protect the public through development and enforcement of laws and regulations. The nursing professional organizations prime focus is to represent and advocate on behalf of the profession of nursing and its members.

Jimmy Isenberg, PhD, RN
President, Kentucky Board of Nursing
As you receive this issue of the *KBN Connection*, the holidays will have passed and we will have begun the New Year! As this is the first *KBN Connection* issue of 2017, I’d like to take this opportunity to highlight the Nursing Incentive Scholarship Fund (NISF), a program implemented by the Board which assists those who wish to begin a nursing career or take their nursing career in new directions and to new heights.

In 1990, the NISF was created by the Kentucky General Assembly for the express purpose of addressing the nursing workforce needs throughout the Commonwealth. KRS 314.025 establishes the preference categories of financially needy nurses, registered nurses pursuing graduate nursing education and licensed practical nurses. NISF scholarship awards are made possible by virtue of $5 of each nurse licensure renewal fee being earmarked for the NISF. Over the last twenty-six years, the Board has granted over three thousand new and continuation awards totaling over $6,000,000. Since 1990, more than 1600 recipients have successfully completed their nursing education program and fulfilled their work obligations in the Commonwealth.

In FY 2017, the Board will disburse almost $500,000 for 174 new and continuation NISF scholarship awards to qualified applicants who are pursuing nursing education in a prelicensure program or furthering their nursing education up to and including doctoral preparation. This program serves as a wonderful resource for those considering nursing as a career or for nurses who wish to further their nursing education. For more information about the NISF and requirements for application to the program, please go to the Board’s website at [http://kbn.ky.gov/nisf/Pages/default.aspx](http://kbn.ky.gov/nisf/Pages/default.aspx).

In other news, the National Council of State Boards of Nursing (NCSBN) Board of Directors (BOD) voted to provide NCSBN courses “Understanding Substance Use Disorder in Nursing” and “Nurse Manager Guidelines for Substance Use Disorder” free of charge for all nurses and nursing students. NCSBN President, Katherine Thomas, MN, RN, FAAN, Executive Director, Texas Board of Nursing commented that “The chronic and complex disease of substance use disorder (SUD) is an issue of importance to U.S. boards of nursing because of the potential harm to patient welfare. Cognizant of the opioid crisis and substance use disorder’s societal impact, NCSBN is responding to the American Public Health Association’s call to action to implement evidence-based provider training programs in substance use disorder.” Please go to [www.ncsbn.org](http://www.ncsbn.org) for additional free resource materials on this topic and others. You may register for the substance use disorder courses, or other courses offered by NCSBN, at [www.learningext.com](http://www.learningext.com).

Since the last issue of the *KBN Connection*, KBN welcomed Jason Oney, Resource Management Analyst III, Information Management Section, to the agency. In addition, we bid a bittersweet farewell to Toni Humphrey, Complaint Program Coordinator, Investigation Branch. After 22 years of dedicated and faithful service to KBN and the Commonwealth, Toni retired to pursue full time “grand-parenting” and sea shell gathering on the beach. Toni, on behalf of the Board and your fellow staff members, thank you for your service and, in the words of the Irish blessing (paraphrased for brevity), …May the road rise up to meet you, May the wind always be at your back, May the sun shine warm upon your face,…!

Wishing all of you peace, prosperity and good health in 2017.

Paula Schenk, MPH, RN
Executive Director
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1. The APRN must maintain a current mailing address with the KBN. [KRS 314:107]

2. The APRN must maintain current national certification to maintain current APRN licensure in the state of KY. [201 KAR 20:056 (7) (11)]

3. The APRN must provide the KBN evidence of current national certification on or BEFORE the national certification renewal deadline. [201 KAR 20:056 (7)]

4. The APRN’s license will be voided if current national certification is not provided to the KBN on or BEFORE the previous national certification expiration date. [201 KAR 20:056 (7)]

5. The APRN may not practice or use the title APRN if the APRN license is voided. The APRN will be required to reinstate the license, meet all requirements and pay all fees before the license is reinstated. Prior to reinstatement, the Board must receive proof of current certification and a Kentucky criminal background check. [201 KAR 20:056 (7)]

6. If the APRN did not work in the APRN role while the APRN license was voided, and no other complaints are filed, reinstatement may occur prior to the Board’s receipt of a federal background check. [See 201 KAR 20:056 (7)]. If the APRN worked in the APRN role while the APRN license was voided, or if any other complaint is filed with the KBN, the reinstatement of the APRN license will be delayed while the Board determines whether disciplinary action is appropriate. [See 201 KAR 20:225]

7. The APRN must be licensed, then provide the KBN evidence of the existence of a valid CAPA-NS before initiating prescribing nonscheduled legend drugs and shall maintain a CAPA-NS for at least the first four years of APRN practice when prescribing non-scheduled legend medications. [KRS 314.042 (8)]

8. The APRN must have been licensed for one (1) year and provide the KBN evidence of holding DEA registration BEFORE prescribing controlled substances. [KRS 314.042 (10)(h)]

9. The APRN must provide the KBN evidence of the existence of a current CAPA-CS BEFORE prescribing controlled substances. [(KRS 314.042 (10)]

10. APRN licensure is a privilege and not a right and it is YOUR responsibility as the licensee to ensure that YOU are compliant with the law….not your employer, office manager, or other’s responsibility.

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**REVISED ANNOUNCEMENT FOR APRNS REGARDING DEA RENEWAL APPLICATIONS**

https://www.deadiversion.usdoj.gov/drugreg/index.html

Starting January 2017, DEA will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

At this time, DEA will otherwise retain its current policy and procedures with respect to renewal and reinstatement of registration. This policy is as follows:

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.

- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

DEA Form 224a – Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner

New Applications Online: https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/renewal/AppLogin.jsp

DEA Form 224 – Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner
The Kentucky Board of Nursing is conducting a survey to determine how we are doing in fulfilling our mission of public protection and providing service to our licensees and other constituents in order to continually improve our performance. A survey has been created with this purpose in mind. A random sample of constituents will be selected to receive this survey during the first week in March 2017. Our goal is to collect ten thousand responses to the survey. We need your help to accomplish this goal. Your participation and opinion is critical to the Board in the evaluation of its work. The answers provided in this survey will assist the Board in identifying the areas in which it excels as well as those in which improvement is needed. This survey should take no more than five minutes to complete. Those selected to participate in the survey will be asked to click on the embedded link that will take them to survey site. All survey responses are confidential and will be deposited into the Qualtrics platform in which the survey was developed. All information is anonymous. Should you have questions about this information, please contact either Nathan Goldman at Nathan.Goldman@ky.gov or 502-429-3309 or Paula Schenk at PaulaS.Schenk@ky.gov or 502-429-3306 at the Board office.

In advance, thank you for taking the time to assist the Board in this endeavor.
When the administration of epidurals for laboring patients became common practice several years ago, registered nurses were not allowed to manage the administration of the medications given for the purpose of anesthesia, except to discontinue the medication. However in the past few years, the question has arisen as to whether registered nurses could change the epidural infusion bag or infusion syringe for the obstetrical patient.

It is fairly common practice that registered nurses change the epidural infusion bag of pre-mixed medication on medical-surgical units and in intensive care units, so why the difference in obstetrical practice? The difference has been that medical-surgical patients receive an epidural generally for analgesia and for OB patients, epidurals are generally administered for anesthesia purposes. This dichotomy in practice created the opportunity for this obstetric registered nurse to explore the current accepted standard of practice.

The Kentucky Board of Nursing issued Advisory Opinion Statement #10 Roles of Nurses In the Care of Prenatal and Intrapartum Patients (2012) which limited the functions for registered nurses in managing epidural medications. Additionally, another KBN Advisory Opinion Statement #4, Roles Of Nurses in the Administration of Medication Per Intraspinal Routes (2015) included similar limitations.

The Association of Women’s Health, Obstetric, and Neonatal Nurses, (AWHONN) the professional nursing association for the specialty of obstetric nursing, previously had issued a position statement on this subject which was updated in 2014. AWHONN’s position statement Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia and Anesthesia by Catheter Techniques (2014) included a statement:

• “Pause the infusion to replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to orders provided by the anesthesia care provider and re-start the infusion.”

The Kentucky Board of Nursing references national nursing standards of practice in KRS314.011(8) in the definition of registered nursing practice, stating that “(c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses’ Association Scope and Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses.” Additionally, the Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish
to engage in safe nursing practice. While AWHONN provides evidence-based practice, as licensed nurses we must first follow the laws and regulations, and consider the guidance for safe practice through the advisory opinions provided by the Kentucky Board of Nursing.

In November 2015, a request for an advisory opinion was made to the Kentucky Board of Nursing Practice Committee. In the materials provided for justification of a change in practice, I requested that the advisory opinion be updated to include the information in the AWHONN position statement.

Following Board acceptance of the Practice Committee’s recommendation, effective April 2016, registered nurses may now change the epidural bags or infusion syringes utilizing the Kentucky Board of Nursing Advisory Opinion Statement as guideline for safe practice.

I would like to thank the Board of Nursing and the Practice Committee for allowing me the opportunity to present the new information which led to the revision to the KBN Advisory Opinion Statement #4 Roles of Nurses in the Care of Prenatal and Intrapartum Patients to state:

“Following stabilization of vital signs after either initial insertion, initial injection, bolus injection, re-bolus injection, or initiation of continuous infusion by a licensed, credentialed anesthesia care provider, the educationally prepared, clinically competent non-anesthetist registered nurse, in communication with the obstetric and anesthesia care providers may:

• Monitor the status of the mother and fetus;
• Replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to standing orders provided by the anesthesia provider; and
• Stop the continuous infusion if there is a safety concern or the woman has given birth.”

The goal of seeking the change in the KBN advisory opinion statement was to utilize evidence-based practice to support the registered nurse to provide safe and effective care.


As many of you are aware, the current Nurse Licensure Compact was enacted in Kentucky in 2006 and was implemented in 2007. In May 2015, the National Council of State Boards of Nursing adopted the Enhanced Nurse Licensure Compact (ENLC) which contains improvements to the current Nurse Licensure Compact. Some of the benefits of the ENLC are:

- Enabling nurses to practice in-person or provide telenursing services to patients located across the country without having to obtain additional licenses.
- Allowing nurses to quickly cross state borders and provide vital services in the event of a disaster.
- Facilitating telenursing and online nursing education.
- Making practicing across state borders affordable and convenient.
- Removing a burdensome expense for organizations that employ nurses and may share the cost of multiple licenses.

While the Board’s efforts to pass the ENLC legislation in the 2016 Kentucky General Assembly were unsuccessful, the Board will be working to pass the ENLC in the 2017 General Assembly. The ENLC, if passed, will become effective only when the Enhanced NLC is passed in a total of twenty-six (26) states or by no later than December 31, 2018. Some of the significant enhancements to the NLC are as follows:

- Biometric based (fingerprint) criminal background checks for eligibility as a party state;
- The applicant/licensee must hold an active, unencumbered license;
- The applicant/licensee must not have been convicted of a felony;
- The applicant/licensee must not have been convicted of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
- The applicant/licensee must not be currently enrolled in an alternative program;
- The applicant/licensee is subject to self-disclosure requirements regarding current participation in an alternative program, and
- The applicant/licensee must have a valid United States Social Security number.

Passage of this significant legislation will have an impact upon the nursing profession and its regulation for many years to come. The Enhanced NLC contains requirements, which are reflective of high licensure standards for public protection, for issuance of a multi-state license by those jurisdictions who become party to the new NLC. For those applicants or licensees who do not meet these requirements, they may still be eligible for a single state license according to current regulatory requirements in KY.

To learn more about the ENLC, please go to www.nursecompact.com. Should you have specific questions about the Enhanced NLC and the Board’s legislative package moving forward in the 2017 session of the General Assembly, please feel free to contact Nathan Goldman (Nathan.Goldman@ky.gov), General Counsel.
Let's chat about...
Why You Should Consider A Doctor of Nursing Practice Degree

WHO SHOULD GET A DNP?
Why not you? You care about the families that you serve, you want to improve healthcare, and you need a meaningful career. You are poised to be a part of the future of nursing practice in the United States and DNP graduates will be leading the way in clinical settings.

WHAT ARE THE MAJOR COMPONENTS OF DNP EDUCATION?
- Organizational and system leadership
- Informatics and technology
- Advanced clinical skills
- Ethics and policy
- Translation of evidence into practice
- Interprofessional practice

WHEN SHOULD I CONSIDER A DNP?
The time is now. As healthcare continues to evolve, the DNP is anticipated to become the entry level to advanced nursing practice, meaning that all advanced practice roles like nurse-midwives and nurse practitioners will be required to have a DNP to obtain initial certification and licensure to practice. It is projected that this will be the case within the next 510 years. You can be on the leading edge of this development. This will give you a professional edge in all practice settings.

WHY SHOULD I CONSIDER A DNP?
The DNP is about equipping clinicians to be able to more effectively do what advance practice nurses have been doing for years—changing systems and communities so that the client care is optimized. But instead of relying on trial and error, the DNP prepares you to quickly and efficiently improve the way healthcare is delivered to each individual client and to all clients collectively. In other words, affecting effective action.

HOW DO I GET STARTED ON A DNP?
Explore the DNP options in different university settings and determine a good match for you. Some questions that you can ask yourself as you compare possible programs:
- Do I need to work while in school? If so, are there full and part time options?
- Would I have to relocate or travel to the campus? Would this be problematic for me?
- Would I prefer distance classes?
- Does the mission of the university align with my nursing philosophy?
- Does the program have a proven record of success?

Our US healthcare system needs leaders like you. The most valuable product of DNP education is the graduate—a leader, an innovator, a change agent. This could be you!

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Cydne Markmann, MN, ARNP
PM-DNP Class 20
“I want to complete my DNP because I want nursing to be involved in the evolution of healthcare. If nursing is going to be actively involved, nurses need to have the same credentials and expertise as our other healthcare colleagues. The DNP has expanded my expertise in research, the business of healthcare, and the need for quality population outcomes. I’m gaining the skills to be a better nurse practitioner and to lead other nurse practitioners in our changing healthcare environment.”

Article Written By: Tonya B Nicholson
DNP, CNM, WHNP-BC, CNE, FACNM
Associate Dean of Midwifery and Women’s Health Frontier Nursing University
Several Kentucky hospitals are the first to have obtained certification as Sexual Assault Nurse Examiner (SANE)-ready facilities. This means these facilities have successfully demonstrated readiness to provide round-the-clock response for sexual assault victims.

Kentucky lawmakers passed the Sexual Assault Forensic Evidence (SAFE) Act during the 2016 General Assembly. Following its passage, Governor Matt Bevin proposed an additional $4.5 million for the state crime lab to help it meet new testing deadlines set by the bill.

Intended to address the backlog of untested sexual assault evidence kits, the SAFE Act also seeks to improve the quality of medical
care that sexual assault victims receive by allowing hospitals to seek a SANE-ready designation if they have a SANE nurse on call 24 hours a day, seven days a week. A sexual assault nurse examiner (SANE) is a registered nurse with specialized training in the forensic examination of sexual assault victims and is credentialed by the Board of Nursing. The SANE-ready certifications were issued to all of the St. Elizabeth Hospitals in Northern Kentucky, Fleming County Hospital, Meadowview Regional Medical Center and St. Joseph Hospital London by the Office of Inspector General (OIG) in the Cabinet for Health and Family Services (CHFS) following passage of the SAFE Act.

“St. Elizabeth Hospitals, Fleming County Hospital, St. Joseph Hospital London and Meadowview Regional Medical have taken an important step in becoming SANE-ready,” said CHFS Sec. Vickie Yates Brown Glisson. “This designation demonstrates a commitment to providing a higher standard of care for sexual assault victims by ensuring they will be examined and treated by someone with skills and expertise necessary when dealing with this type of crime. This is a certainly step forward for victims’ rights in Kentucky.”

“Making sure sexual assault victims receive quality, compassionate care in the immediate hours following an assault can help them begin the long journey toward healing,” said Eileen Recktenwald, Executive Director of the Kentucky Association of Sexual Assault Programs (KASAP).” KASAP commends these hospitals for recognizing the importance of SANE readiness and seeking the certification, and we hope others follow suit. CHFS will be charged with annually certifying SANE-ready hospitals, posting a list of certified facilities on its website and providing the list to the Kentucky Board of Emergency Medical Services. The state Board of EMS, in turn, shares that list with the local EMS providers.
The Office of the Inspector General (OIG) of the U.S. Department of Health & Human Services (HHS) maintains a list of healthcare providers who are excluded from participating in Medicare, Medicaid, and all other Federal health care programs. This list is known as the “List of Excluded Individuals/Entities (LEIE)” and it is a BIG DEAL for the healthcare providers who unfortunately find themselves on this list. Inclusion on the list seriously prohibits a provider’s ability to treat patients, as well as their ability to obtain employment opportunities.

For what actions or events will a healthcare provider find themselves on the OIG Exclusion List?

**Permissive Exclusions**: The OIG has discretionary authority to exclude individuals and entities for the following reasons:
- Misdemeanor convictions related to fraud or the obstruction of an investigation or audit;
- Misdemeanor convictions related to the unlawful manufacture, distribution, prescription, or dispensing of controlled substances;
- The suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence or financial integrity;
- A provider’s exclusion or suspension under Federal or State health care programs;
- The submission of false or fraudulent claims to a Federal health care program by the provider;
- A provider’s default on health education loans or scholarship obligations; or
- A provider’s role in controlling a sanctioned entity as a manager, officer or owner.

**Mandatory Exclusions**: The OIG is required by law to exclude individuals and entities for the following reasons:
- Conviction of Medicare or Medicaid fraud;
- Patient abuse or neglect;
- Felony convictions for other health care-related fraud, theft, or other financial misconduct; or