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ALERT: APRN AUDIT JANUARY 25- FEBRUARY 29
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CAREER FAIR

FEB. 27, 4-8 p.m.
Chandler Hospital Pavilion A, Ground Floor

You’re invited to meet with managers, service directors, physicians and staff from UK HealthCare and Eastern State Hospital.

Representatives will answer employment and benefit questions.

Please park in the garage located at the corner of 110 Transcript Ave. and South Limestone. Parking will be validated at registration.

In case of inclement weather, the event will be held March 5, 4-8 p.m.

Learn more and register in advance at:
ukhealthcare.uky.edu/careerfair

Can’t attend the event?
Email graigory.casada@uky.edu to schedule an interview.
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**KBN Connection** circulation includes over 90,000 licensed nurses and nursing students in Kentucky.

**KBN Connection** is funded by advertisements. No licensure fees or state tax dollars fund this publication. **KBN Connection** is provided free of charge to its readers. KBN receives no funding from this publication.
MEET YOUR KENTUCKY BOARD OF NURSING
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Louisville
2019-2022

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Versailles
2017-2021

Gail Wise, RN
Mays Lick
2016-2020
I would like to take some time in this issue to provide you with some information about the structure and function of the Kentucky Board of Nursing. The KBN is not simply a governing board but the board is considered to be a “working board.” A “working board” can be defined based on the work that the board members are responsible for. The term is an informal term that means board members are not only responsible for the fiduciary and strategic activities of the board but also, they collaborate with the board staff to complete the strategic goals and mission of the board. This partnership is important because it requires consistent interactions and communication between board members and board staff.

Full board meetings occur every other month and committee meetings occur on the other months. During the committee meetings board staff provide the board members with information needed to discuss the issues at hand and make sound decisions. Board members rely on board staff to provide the information that is up-to-date and based on evidence. This discussion occurs at every board meeting. Good decisions cannot be made without key evidence. Each decision made by the board should be carefully reviewed and discussed to obtain the best outcomes and solutions.

As a board member who has a full-time job and additional responsibilities and does not live in or close to Louisville, it is imperative that I carefully read and review board document materials. Serving on a “working board” is a time commitment but it is rewarding. I have learned a great deal about nursing regulation, nursing practice, and legislative procedures while serving on the Kentucky Board of Nursing. I have been able to share this information with the students I serve at Murray State University.

I think it is important to reflect on the work that the Kentucky Board of Nursing (KBN) has completed over the past year. The board recently licensed over 84,000 nurses during the renewal period. The endeavor of credentialing and licensing nurses is extensive and requires a lot of time and effort of the board staff and KBN leadership team. The KBN has been recognized as having some of the most efficient licensure processes in place. In addition to licensure renewal, as board members, we worked together to review nursing practice, nursing education, and licensure issues. We have worked together with legislators and other licensure boards to ensure that we are making decisions that lead to safe nursing practice. We will continue to make sound decisions based on evidence and demonstrate efficient nursing regulation practices.

Dina Byers, PhD, APRN, AGCNS
President
Kentucky Board of Nursing
As we move into the colder weather, I have completed my first 6 months at the Board of Nursing. The license renewal period has ended and the Commonwealth continues to increase in licensees. The questions raised by licensees during the renewal cycle identify for us that licensees do not understand statutes and regulations. That leads me to discuss the responsibility of the licensee. While nurses understand the basic nursing education required for licensure, licensees don’t understand the continuing education that is required on an ongoing basis to apprise yourself of the current laws and regulations. Licensees fall short in knowing their professional responsibility ….the statutes and regulations change. When they change, the licensee is responsible for staying up to date with those changes.

So as a licensee, how do I keep track? The first level of communication is making certain that when you have an address change (the law requires a current mailing address to be on file) or email change, you communicate those to the licensing board. If you don’t update that information, you may not receive critical notifications. The KBN Connection, is now a combination of printed and email. Older issues are available on the website. In this technological age, email is necessary. Please ensure you have provided an email to the Board so that you may stay current with the information provided in the quarterly magazine.

The second level of communication is your professional nursing organization. While the Board’s role is to implement and interpret the regulations and statutes, often the professional organizations can help you translate the change into practical terms. They are also often good partners in spreading information that the Board considers critical. You may also contact the Practice and Education Consultants at the KBN for assistance in understanding information you may read or seek to know.

The last and most critical way is to READ the communication sent from the Board and from your professional organizations. The information transmitted doesn’t translate into practice change, if you don’t read it. Your understanding of safe and effective practice is fundamental in your career. You shouldn’t rely on an employer, credentialing company, or office manager to stay compliant. That rests completely on your shoulders. As a licensee it is your responsibility to maintain legal practice in any state that you have a license, or where you practice. As a professional, we have an obligation to make sure that we follow the rules, but you cannot follow what you do not know. However, ignorance of the law is no excuse when you fail to practice appropriately. As a licensed professional we encourage you to read and be familiar with the regulations and statutes, that’s the safest way to practice.

Jessica L. Estes, DNP,
APRN-NP
Executive Director
Kentucky Board of Nursing
NURSE RENEWAL APPLICATIONS
2019

KBN Connection to YOUR Email Box

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

Northern Kentucky University

is seeking an innovative nurse leader to serve as the Director of the School of Nursing. Qualified candidates are encouraged to apply at

https://jobs.nku.edu/postings/9235

Nurse Renewal Applications 2019

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mforinash@pcipublishing.com
The Kentucky Board of Nursing is excited to announce several employment opportunities currently available. Interested applicants can apply to advertised positions online at https://careers.ky.gov or send resumes and letters of interest for current and/or future employment opportunities to Jennifer Hart at Jennifer.Hart@ky.gov or call 502-429-7171.

Nursing Education Consultant (Non-Merit) Professional Support Branch

This full-time, non-merit Nursing Education Consultant position is responsible for oversight of nursing education programs throughout the state. Program of Nursing faculty or Program of Nursing administration experience is preferred.

Duties include but are not limited to the following:
• Monitor programs of nursing for compliance with regulatory and curriculum standards set forth by the Board of Nursing
• Study workforce and education trends and recommend regulatory changes
• Perform survey site visits and prepare/present survey visit reports, pass rate and other reports to the Board
• Oversee initial and continuing approval of pre-licensure Programs of Nursing
• Staff the Education Committee
• Prepares and presents educational leadership programs
• Serves as a resource to nursing program administrators
• Represent the Board of Nursing in various external venues
• Performs other duties as assigned

Minimum Requirements
EDUCATION: Graduate of a college or university with a master’s degree in nursing.

EXPERIENCE, TRAINING, OR SKILLS: Must have five years of experience in teaching or administration of schools of nursing, nursing practice and/or nursing supervision, nursing administration or continuing nursing education programs.

SUBSTITUTE EXPERIENCE FOR EDUCATION: Additional experience in any of the above areas will substitute for the required education on a year-for-year basis

SPECIAL REQUIREMENTS (AGE, LICENSURE, REGULATION, ETC.): Must be licensed in Kentucky as a registered nurse or possess a valid work permit issued by the Kentucky Board of Nursing. https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=44650 https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=48253 http://www.kbn.ky.gov/ Must maintain any required licensure(s), certification(s), or other credentials for the length of employment in this classification. Employing agency is responsible for ensuring employee possesses and maintains required licensure(s), certification(s) or other credentials.

WORKING CONDITIONS:
Work is typically performed in an office setting. Some travel is required.

Deputy Executive Director (Non-Merit)

This full-time, non-merit, executive management position will be the Deputy Executive Director for the Kentucky Board of Nursing. This position is responsible for maintaining strategic plans and providing general direction and oversight of operations for branches within the Kentucky Board of Nursing. This position requires an onsite presence and may include frequent travel.

The ideal candidate will have strong written and verbal communication skills, excellent organizational skills, self-initiative and exceptional attention to detail. A Master’s Degree in Nursing with experience in Nursing disciplinary matters or a Juris Doctorate degree with the ability to practice law in the State of Kentucky and experience in the healthcare industry is required. Experience managing or supervising staff and knowledge of personnel laws is preferred. Essential functions include but are not limited to the following:
• Reviews programs and management issues for the Board, makes recommendations, and reports to the Executive
• Administers, directs, and coordinates functions or activities of multiple branches and areas assigned. Provides direct support to branches as needed
• Assigns work to staff; monitors attendance, performance and productivity; conducts performance reviews; etc.
• Represents the agency on committees, councils, or task force meetings as assigned. Serves as liaison between the Board of Nursing and other organizations in the commonwealth and nationally
• Advises the Executive Director, Board, staff, and members of the public on matters related to statutes and regulations governing the Board of Nursing
• Editor in Chief for the KBN connection and Annual Reports.
• Performs other duties as assigned

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RETIREMENT ANNOUNCEMENT

It is with gratitude and mixed emotions that I announce my retirement from the Kentucky Board of Nursing. It has been a privilege to serve the Commonwealth of Kentucky in implementing the mission of the Board to protect the health and welfare of the citizens of the Commonwealth.

I had the opportunity to serve as the initial APRN Education & Practice Consultant while also fulfilling the duties of the Practice Consultant during a vacancy. Shortly after my appointment in 2017 to the Deputy Executive Director, I was asked by the Board to serve as Acting Executive Director following the retirement of Paula Schenk. I value and appreciate the trust and confidence the Board placed in me for 15 months with that appointment as they searched for a permanent executive director. It has also been a pleasure working with the Board and the dedicated and conscientious Board staff.

The Kentucky Board of Nursing is held in high esteem across the state as well as in national circles for its progressive approach to nursing regulation. The Board selected a well-qualified and experienced individual when Dr. Estes was appointed as Executive Director. Under her leadership, the Board and staff will be well prepared for the next decade of regulation of nurses, dialysis technicians, and soon, the certified professional midwives.

Pamela C. Hagen, MSN, RN  
Deputy Executive Director
How Can I Become a Member of the Kentucky Board of Nursing?

The question about how to become a member of the Kentucky Board of Nursing is occasionally asked by nurses in Kentucky. The answer can be found in the Kentucky Revised Statutes (KRS), Chapter 314.121, https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=48256 the nursing laws. The laws have evolved and been amended over the years since the formation of the Kentucky Board of Nursing and the policy about how nurses may participate on the Board of Nursing is found there.

The Kentucky Board of Nursing is comprised of 16 members: 10 RNs, 3 LPNs, 1 designated APRN seat, and 2 Citizens at Large.

Essentially nurses who are members of their professional associations are the individuals who are selected to be nominees to the Governor for appointment, when open seats are communicated to the members.

The Kentucky Nurses Association (KNA), the Kentucky Licensed Practical Nurses Organization (KLPNO), the Kentucky Organization of Nurse Leaders (KONL), the Kentucky Association of Health Care Facilities (KAHCF), the LeadingAge (fka the Kentucky Association of Homes and Services for the Aging) all nominate nurses for membership on the Board. Names and background information (resumes or curriculum vitae) are submitted to the Governor for consideration for appointment. Appointments are for four years at a time and positions are staggered for continuity. As mentioned in the President’s message, the Board of Nursing is a “working board” and committees consisting of the Board members conduct the work of the Board between every other monthly Board meeting, held in the even months.

Open positions for 2020 are:
- KNA Nominee – APRN
- KNA Nominee – RN Educator
- KNA Nominee – RN in Practice
- KLPNO Nominee – LPN

Two nominees at a minimum for each position are to be submitted to the Governor by March 1 of every year and appointments typically are made by June 30 of each year.

If you have an interest in the Board of Nursing, join and get involved in your professional association and seek to have your name placed in nomination to the Governor for appointment.

There’s a good reason people choose Passport Health Plan. We can show you nearly 34,000 more.

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Pamela C. Hagan, MSN, RN
Deputy Executive Director
If you are a nurse seeking a strong team environment focused on quality patient care, look no further than Jennie Stuart Health. With our main hospital in Hopkinsville, multiple family clinics and more than 100 staff physicians offering more than 30 specialty care services, Jennie Stuart Health is the region’s most comprehensive health care provider.

In addition to an outstanding workplace, our nurses enjoy competitive salaries, outstanding benefits, and life in a beautiful community surrounded by lush countryside and popular lakes. If you love national and collegiate sporting events, world-class music and fine dining, Hopkinsville is only a short drive to Nashville, Tennessee.

For more than 100 years, Jennie Stuart Health has been guided by our mission to provide excellence in service, and to promote, preserve and accommodate the growing health care needs of our community. We invite you to join us in making a difference.

To explore career opportunities at Jennie Stuart Health, please contact us at 270-887-0100 or visit www.JennieStuartHealth.org/Careers
In recent years, several news articles have publicized the leaking of high profiled celebrity’s protected healthcare information. Such celebrities include Maria Shriver, Michael Jackson, George Clooney and most recently Jussie Smollett. In each case, employees who worked in the various healthcare settings accessed information they had no legitimate right to access. In almost all cases, the result of this breach was termination of employment and legal action against both the healthcare entity and the individuals who accessed the information (Moneypenny, 2019).

HIPAA provides federal protections for patient health information and gives patients an array of rights with respect to that information (HIPAA, 1996). Unauthorized access of medical records is a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and is considered a HIPAA breach.

According to the Privacy Rule of HIPAA, a covered entity is defined as a healthcare provider, healthcare plan, or healthcare clearinghouse. The covered entity is permitted to use or disclose protected health information to the individual (patient) or to use in treatment, payment, or healthcare operations. Therefore, unless there is a legitimate reason for accessing a patient’s medical record (patient request for records, assigned to care for the patient, healthcare provider), unauthorized access is considered a HIPAA breach (45 C.F.R. § 164.402, 2013; 45 C.F.R. § 160.103, 2013). In other words reviewing the medical record of a patient that has not been assigned to you is unauthorized access and a breach.

A breach in HIPAA is a reportable offense. The Board of Nursing may take action upon a licensee for such a breach. In addition, the covered entities and specified individuals who “knowingly” obtain or disclose individually identifiable health information may face a fine of up to $50,000 or more and/or imprisonment up to 1-5 years. (42 U.S.C. § 1320d-6, 2009; Bradbury, 2005, KRS 314.091). In order to avoid HIPPA violations, De Simone (2019) recommends that nurses:

• Remain respectful of patient privacy by not looking for or disclosing private information
• Review and know their hospital’s HIPAA policy and the consequences of a violation
• Avoid careless mistakes when discussing patients or accessing patient records
• Be familiar with the social media policy of their state board of nursing.

References:
KRS 314.091 Reprimand, denial, limitation, probation, revocation, or suspension of licenses, privileges, or credentials --


CERTIFIED PROFESSIONAL MIDWIVES IN KENTUCKY

Nathan Goldman
General Counsel

During the 2019 Regular Session, the General Assembly passed legislation that recognized Certified Professional Midwives and placed the responsibility for their regulation with the Board of Nursing. Certified Professional Midwives or CPMs provide “care to a person during a low-risk pregnancy, childbirth, and the postpartum period, and the care of a normal newborn immediately following birth”. KRS 314.400(2). CPMs attend home births. They are educated in midwifery and pass an examination given by the North American Registry of Midwives. The law passed in 2019 requires the Board to promulgate administrative regulations on licensing requirements, educational requirements, disciplinary actions, medical tests and formulary, and when a CPM needs to consult, collaborate, or transfer care to another provider. The legislation created two groups to advise the Board initially on the development of these regulations: a Licensed Certified Professional Midwives Advisory Council and a Transfer Guidelines Work Group. Both groups met numerous times since their inception. The Transfer Guidelines Work Group was charged with developing a regulation on transfer of care from a CPM to a hospital. It will thereafter cease functioning. The Advisory Council is a permanent council under the Board.

Both groups completed their work and recommended administrative regulations to the Board at its December meeting. The Board approved the recommendations and the proposed regulations were filed with the Legislative Research Commission. They will be published in the January Administrative Register. Public comments will be received through the end of February. Questions should be directed to Nathan Goldman, General Counsel, at ngoldman@ky.gov.
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THE 10 COMMANDMENTS FOR APRN LICENSURE
Statutory Requirements for APRN Licensure in Kentucky

It is a licensee’s responsibility to KNOW the laws and FOLLOW the laws. An excuse of “I didn’t know”, does not exonerate a licensee from compliance with the laws, or from experiencing sanctions or disciplinary action on your license. Neither does delegating one’s professional obligations to others limit culpability. The following issues are common missteps by APRNs who have found themselves sanctioned by the Board when being investigated or audited.

1. **CURRENT MAILING ADDRESS:** The APRN SHALL maintain a current mailing address with the KBN. The licensee shall immediately notify the board in writing of a change of mailing address. It is advisable NOT to use your employment address as your current mailing address. [KRS 314.107] https://kbn.ky.gov/apply/Pages/addchg.aspx

2. **CURRENT PRACTICE ADDRESS:** An APRN with a CAPA-NS or a CAPA-CS SHALL report a current practice address to the board. A change to the practice address shall be reported to the board within thirty (30) days. [201 KAR 20:057 §(6), (7)] https://kbn.ky.gov/apply/Documents/KBNnotificationofpracticeaddresschangesforCAPACS.pdf

3. **CURRENT NATIONAL CERTIFICATION:** The APRN SHALL maintain current national certification to maintain current APRN licensure in the state of KY. [KRS 314.042 (4), 201 KAR 20:056 §(7), (11)] The APRN SHALL provide the KBN evidence of current national certification on or BEFORE the national certification renewal deadline. [201 KAR 20:056 (7)]. Submit official documentation from the certifying agency with the licensee’s name, certification number, expiration date, and population foci for either initial certification of renewal.

   The APRN’S LICENSE WILL BE VOIDED if current national certification is not provided to the KBN on or BEFORE the national certification expiration date. [201 KAR 20:056 (7)]. There is no guarantee that certification information will be updated if the information arrives less than 14 days before expiration.

4. **THE APRN SHALL NOT PRACTICE NOR 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)] The APRN who does not recertify and continues to practice as an APRN shall be subject to the disciplinary procedures established in KRS 314.091.

   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]

5. **CURRENT VALID CAPA-NS:** The APRN SHALL provide to 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. The actual agreement is between the licensee and the collaborating physician. Send only the notification form as listed below. [KRS 314.042 (8)] Your prescribing authority status will be listed on the Online Validation section of the website. https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx


   Changes in CAPA-NS are to be reported to the KBN on the Rescission of a Collaborative Agreement for the Prescriptive Authority for Non-Scheduled Legend Drugs (CAPA-NS) form. https://kbn.ky.gov/aprn/Documents/Rescission%20of%20a%20CAPA-NS%20form.pdf

   After four (4) years of prescribing with a CAPA-NS, the APRN may discontinue the CAPA-NS. Notify the KBN using the RESCISSION of a Collaborative Agreement for the Prescriptive Authority for Non-Scheduled Legend Drugs (CAPA -NS). https://kbn.ky.gov/aprn/Documents/Rescission%20of%20a%20CAPA-NS%20form.pdf

6. **DEA REGISTRATION:** The APRN SHALL provide the KBN evidence of holding DEA registration BEFORE prescribing controlled substances. [KRS 314.042 (10)(h)]. Submit a copy of your DEA registration to the Board. Evidence of any change to a DEA (including issuance of a DEA-X) shall be provided to the KBN.

7. **CURRENT CAPA-CS:** The APRN SHALL provide the KBN notification of the existence of a current CAPA-CS BEFORE prescribing controlled substances. [KRS 314.042 (10)]. Your prescribing authority status will be listed on the Online Validation section of the website.


   Changes in CAPA-CS are to be reported to the KBN on the Rescission of a Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances (CAPA-CS) form. https://kbn.ky.gov/practice/Documents/Rescission%20of%20a%20CAPA-CS%20Form.pdf

8. **KASPER REGISTRATION- MASTER ACCOUNT:** The APRN holding a DEA SHALL be required to initiate and maintain KASPER Registration with a Master Account. When initially prescribing controlled substances the APRN shall query the KASPER database for the past 12 months no less than every 90 days, and document the query number in the patient’s record.

   During the course of treatment, the APRN shall query KASPER no less than once every three (3) months for the twelve (12) month period immediately preceding the request for available

Pamela C. Hagan, MSN, RN
Deputy Executive Director
data on the patient before issuing a new prescription or a refill for a controlled substance.

The APRN SHALL maintain all KASPER report identification numbers and the date of issuance of each KASPER report in the patient’s record.

The APRN provide a copy of the KASPER registration certificate to the Kentucky Board of Nursing.

9. **COMPLIANCE WITH REVERSE KASPER REVIEW:** No less frequently than every six (6) months, an APRN who has prescribed controlled substances SHALL review a reverse KASPER report for the preceding six (6) months to determine whether the information contained in KASPER is correct. [201 KAR 20:057§9 (13)]. If it is incorrect, follow the procedure in the cited regulation and self-report to KBN regarding any controlled substance prescriptions written in error.

10. **EMAIL ON FILE:** It is highly suggested to ensure a current email address is on file with the Board, while not presently required, is prudent in order for the licensee to receive timely and time sensitive information from the Board regarding your professional responsibilities.

11. **BONUS COMMANDMENT:**

Once registered for KASPER, provide the KBN with a copy of your KASPER VERIFICATION CERTIFICATE to ensure it is on file. This document will be required in future amendments to 201 KAR 20:057.

The new **APRN UPDATE PORTAL** will be available on the KBN Website for upload of the required APRN Documents.

APRN licensure and prescriptive authority 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, practice manager, or any other person’s responsibility.
OPIOID STEWARDSHIP:
The Right Thing to Do

Wendy Fletcher, DNP, APRN, FNP-BC, FAANP

Millions of Americans have their lives affected by pain every day. As a result, many have prescriptions for systemic opioids. Prescribers write them despite the limited benefits of long-term use of chronic opioid therapy improving chronic pain. Although there is a high prevalence of opioid use disorder and growing evidence that as many as 25% of all chronic opioid users are misusing their medications, these prescriptions—too soon, too much, and too often—continue to be written. The reasons for this problem may be multi-factorial, but the solutions begin with you!

Advanced Practice Registered Nurses (APRNs) in Kentucky are in a unique position to positively affect the quality of life for pain patients and their families. This requires prescribers and their teams being fully committed to effective patient education, utilizing non-pharmacologic interventions, and being conscientious every day, every prescription, about opioid stewardship.

Opioid stewardship means providing patients with the safest care through the most judicious use of opioid; ensuring the lowest effective dose, for the shortest possible duration, reserved for the most appropriate indication, only in cases unresponsive to other treatment(s).

The standard of care for prescribing controlled substances is already a high bar for APRNs licensed in KY, with multiple statutes and regulations defining prescribing practices. “Best practice” in today’s world means knowing and following the law before prescribing any controlled substance. The standard of care includes assessing every patient (prior to prescribing) for opioid- and other substance-use disorders, reviewing prescribing information (KASPER), considering current best evidence and following the most up-to-date guidelines for treatment of the patient’s condition. These steps will help you ensure patient safety and provide you with evidence-based expectations for quality outcomes.

If you are working in a hospital-affiliated role, opioid stewardship may not be new to you. The Joint Commission made opioid stewardship a care standard for 2019. If you are working in an outpatient clinic or a non-accredited facility, now is the time to take action to develop your own opioid stewardship program. Here is a suggestion for how to start.

Run a reverse KASPER report and then pull 10 charts from your opioid patient cohort. As you review these charts, ask yourself these 10 questions and document your answers:

1) For previously opioid-naïve patients, were all non-pharmacologic and non-opioid pharmacologic interventions exhausted before an opioid was written for their condition? This might include PT/OT/Interventional Pain Management, massage, acupuncture, OMT, weight loss, NSAIDs, acetaminophen, topical pain cream, ice, heat, etc.

2) For patients presenting for care who were already on an opioid, was the reason for treatment validated (labs, imaging, outside records) and was there evidence that the prescription was actually improving the patient’s function and/or quality of life? There is no requirement to continue or even accept this aspect of the patient’s care just because they present to your office with it on their med list. If you do accept it, set clear boundaries from day one and then stick to them as to how you will manage the patient on an opioid, including a weaning or tapering plan.

3) Does every patient on a controlled substance (CS) have a signed, and current (within 1 calendar year) controlled substance agreement that includes risks, benefits, overdose safety, proper handling, storage, pregnancy warning for female patients, and proper disposal information? Incorporating these items in the CS agreement streamlines time and ensures the patient has the information they need in hand before they leave your office.

4) Does every patient have a current and appropriate urine drug screen on file, including 2 random screens with pill counts within the last year? KY prescribing laws require the random urine drug screens. Review the regulations often to ensure your compliance, and have a plan for how to manage patients who refuse to cooperate with this requirement.

5) Does every patient on an opioid (or other controlled substance) have a current, reviewed, signed and dated KASPER report on file? Did you include the KASPER report number in your documentation? Make sure your KASPER account is being utilized on a regular basis to check reports, even if done by your delegate. Assure that a minimum of every 6 months, you are running a reverse KASPER and reviewing for any errors. Report any errors found immediately to the pharmacy or to KASPER.

6) Has every patient been assessed (in person) within the last 90 days? Patients receiving opioids are higher risk patients and should have regular on-going assessments before prescriptions are given.

7) Does each patient have a functional pain rating assessment at each CS prescription-related visit? Do not use a 0-10 scale without also making it meaningful for the patient. For example, how does a rating of 2 differ from a 6 in terms of what it keeps the patient from doing day-to-day? If the patient is on a chronic opioid prescription, yet their pain never improves, is there really a reason to continue it?

8) Is every patient on a safe level of morphine milligram equivalents (MME) per day? The Center for Disease Control recommends avoiding doses at or above 50 MME per day when at all possible to reduce the risk of overdose and death. Because the risk of adverse events is so much higher in these patients, they require monitoring more frequently and tapering to the lowest possible effective dose necessary to control their pain. Patients above 50 MME should be educated about respiratory suppression risks, and given a prescription for Naloxone to treat accidental overdose. Include a close family member or significant other in this education when possible.

9) Has every patient been educated about avoiding concomitant use of benzodiazepines, alcohol, and other sedative drugs while taking an opioid? Patients receiving concomitant sedative prescriptions are at the highest risk for death due to overdose, and this should be avoided if at all possible. Careful coordination and frequent follow-up with the patient and his/her pharmacist and other prescribers is warranted in these situations.

10) If you shared these audited patient charts (patient data protected, of course) with your collaborator and five of your (same-specialty) peers, would they all agree that the treatment plans for these patients were appropriate? If ever you are called before the Board of Nursing, or involved in a court case, expert witnesses
and a jury of your peers would be asked to render an opinion on whether you met the scope of APRN practice and the standard of care. It seems to make sense to ask and know that answer, long before you are ever in that situation.

- Let this guide for opioid stewardship be a starting point for your efforts to reduce the number of prescriptions, doses, and patients on controlled substances, particularly opioids. Depending upon your documentation methods, clinical workflows, patient demographics, clinical workplace, and prescribing experience, you may need to review even more data, consult more often, or refer these patients to other members of the health care team on a more regular basis to get them the help they really need.
- Opioid Stewardship is patient-centered care. Regardless of how your past prescriber report may look, it is never too late to start doing the right thing for your patients—even when that means saying NO to opioids.

Wendy Fletcher, DNP, APRN, FNP-BC, FAANP is employed at St. Claire HealthCare in Morehead, KY where she serves as clinical director of advanced practice, medical director of Family Medicine Morehead-North, and co-chairs the controlled substance committee. She is President of the KY Association of Nurse Practitioners and Nurse Midwives, and a Co-Founder and Principal of The CherâWen Group, LLC, a collaboration and consulting firm offering professional services to KY Advanced Practice Nurses.
The KBN website at www.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  502-429-3332  
- APRN Renewal  502-429-3329  
- Military Renewal  502-429-3331  
- SANE Renewal  502-429-3330

Licensure Types

- RN/LPN Examination Applications  502-429-3334  
  (New Grads, NCLEX, ATT, Provisional License)
- RN/LPN Endorsement Applications  502-429-3332  
  (prior licensure in another state)
- RN/LPN Reinstatement Applications  502-429-3330  
  (Lapsed KY RN/LPN License)
- APRN Applications  502-429-3329  
  (Collaborative Agreements, DEA Registration)

Sexual Assault Nurse Examiner (SANE)  502-429-3330  
Credential Applications

- Foreign Educated Nurse Licensure  502-429-3332  
- Military Nurse Licensure  502-429-3331

Nurse Aides

- KY Nurse Aide Registry  502-429-3347  
  (all CNA and SRNA questions)  502-429-3348  
  502-429-3349

Other Licensing Questions

- APRN/RN/LPN Name and Address Change  502-429-7170
- NLC Compact License Questions  502-429-7170
- Transcript Requests  502-429-3332
- Reporting a Deceased Nurse  502-429-3332
- Retiring a RN/LPN License  502-429-3330

**VERIFICATION OF LICENSURE TO ANOTHER STATE BOARD**

- RN/LPN  502-429-7170  
  (visit www.nursys.com to request verification)
- APRN License Verifications  502-429-3329

**CONSUMER PROTECTION/COMPLAINTS**

- Complaint Against a Nurse  502-429-3314  
  (or submit online at www.kbn.ky.gov)  502-429-3325
- Reporting Criminal Convictions  502-429-3314
- Investigations  502-429-3314 or 502-429-3325
- Kentucky Alternative Recovery Effort for Nurses (KARE)  502-429-3313 or 502-429-7190
- KARE Program


**NURSING EDUCATION**

- Prelicensure Programs of Nursing  502-429-7179
- APRN Programs of Nursing  502-429-3315

**NURSING PRACTICE**

- RN/LPN Practice  502-429-3320
- APRN Practice  502-429-3315

**CE**

- Continuing Education  502-429-7196
- Competency/CE Audit

**SCHOLARSHIP**

- Nursing Incentive Scholarship Fund  502-429-7179
- (Application Period is January 1 - June 1)

**DIALYSIS TECHNICIANS**

- Credential/Education/Renewal/Other  502-429-3330
- DT Practice  502-429-3320
- Reporting Criminal Convictions  502-429-3314

**GENERAL**

- Main KBN Office Phone  502-429-3300
- Main KBN Office Fax  502-429-3311
- KBN Executive Office  502-429-3310
- Payment Receipt Request  502-429-7189
- Open Records Request  502-429-7174
- KBN Connection Magazine  502-429-3343
- Website Technical Difficulties  502-429-3343
- Human Resources  502-429-7171
- General Counsel  502-429-3309
- Licensure/Credentials Fax  502-429-3336
THE COLLEGE OF NURSING OFFERS:
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Board Meeting – October 17, 2019

SWEARING IN OF NEW BOARD MEMBERS
Adam Ogle, MSN, RN, CEN (reappointed), was sworn into the Kentucky Board of Nursing by Nathan Goldman, General Counsel.

PRESIDENT’S REPORT
No Report

FINANCIAL REPORT
The Financial Report was presented. The Board reviewed and accepted the report as written.

EXECUTIVE DIRECTOR’S REPORT
The written report of the Executive Director was presented and included information on Administrative News; Agency Information; KASPER Modernization; Certified Professional Midwives; SB 132; HB 440; Legal Updates; Investigation Branch Report; Sex Offender Registry (SOR) Report; Compliance Branch Report; Meetings and Activities; Kentucky Board of Nursing Licensure Report; Kentucky Board of Nursing Presentations Report. The Board accepted the Executive Director’s report as written.

CREDENTIALS REVIEW PANEL
The reports of the Credentials Review Panel meetings held August 8, 2019 and September 12, 2019 were presented. The Board reviewed and accepted the reports as written.

EDUCATION COMMITTEE
The report of the Education Committee meeting held September 12, 2019 was presented. The Board accepted the report as written and the following actions were taken:
• APPROVED THE 2019-2020 EDUCATION COMMITTEE SCOPE AND FUNCTIONS.
• APPROVED THE 2019-2020 EDUCATION COMMITTEE OBJECTIVES.

Kentucky State University, Frankfort, Kentucky, ADN Program; Quarterly Progress Report

• ACCEPTED THE KENTUCKY STATE UNIVERSITY ADN PROGRAM QUARTERLY PROGRESS REPORT, AS AMENDED, WITH THE NEXT SUBMISSION DUE ON DECEMBER 1, 2019. WITHIN THE REPORT, THE PROGRAM IS TO INCLUDE CURRICULUM VITAE OF NEWLY-HIRED FACULTY

Bluegrass C&TC, Lexington, Kentucky, Leestown Campus, PN Program; Quarterly Progress Report

• ACCEPTED THE BLUEGRASS C&TC PN PROGRAM, LEESTOWN CAMPUS, QUARTERLY PROGRESS REPORT WITH THE NEXT SUBMISSION DUE ON OCTOBER 18, 2019.

American National University, Pikeville, KY; ADN Program; Quarterly Progress Report

• GRANTED THE AMERICAN NATIONAL UNIVERSITY ADN PROGRAM QUARTERLY PROGRESS REPORT WITH NEXT SUBMISSION DUE ON OCTOBER 18, 2019. THE PROGRAM IS TO SUBMIT CLINICAL EVALUATION TOOLS FOR EACH NURSING COURSE WITH A CLINICAL COMPONENT OFFERED DURING THE TIMEFRAME OF AUGUST 1, 2019 – DECEMBER 31, 2019, BY THE DEADLINE OF SEPTEMBER 30, 2019. IF CLINICAL EVALUATION TOOLS DO NOT MEET REGULATORY REQUIREMENTS, THE PROGRAM IS TO PLACE CLINICAL LEARNING EXPERIENCES “ON HOLD” UNTIL CLINICAL EVALUATION TOOLS ARE SUBMITTED THAT MEET REGULATORY REQUIREMENTS. THE PROGRAM IS TO SUBMIT CLINICAL EVALUATION TOOLS FOR EACH NURSING COURSE WITH A CLINICAL COMPONENT OFFERED DURING THE TIMEFRAME OF JANUARY 1, 2020 – JULY 31, 2020, BY THE DEADLINE OF OCTOBER 18, 2019, FOR REVIEW AT THE NOVEMBER 2019 EDUCATION COMMITTEE.

University of the Cumberlands; Williamsburg, KY; ADN Program; Proposal to Establish an ADN Program

• ACCEPTED THE UNIVERSITY OF THE CUMBERLANDS PROPOSAL SUBMITTED JULY 16, 2019, TO ESTABLISH AN ADN PROGRAM.
• GRANTED DEVELOPMENTAL APPROVAL STATUS TO UNIVERSITY OF THE CUMBERLANDS PROPOSED ADN PROGRAM.

Henderson Community College; Henderson, KY; Correspondence to Expand the Clerical Support Duties Beyond the Nursing Program.

• ACCEPTED THE WRITTEN JUSTIFICATION SUBMITTED AUGUST 12, 2019, FROM HENDERSON COMMUNITY COLLEGE, OF THE NEED TO EXPAND CLERICAL SUPPORT DUTIES BEYOND THE NURSING PROGRAM.

Sullivan University; Louisville, KY; PN Program; Curricular Update

• ACCEPTED THE SULLIVAN UNIVERSITY PN PROGRAM CURRICULAR UPDATE.

Campbellsville University; Campbellsville Campus and Harrodsburg Campus; PN Program; Request to Extend Development Approval Status

• ACCEPTED THE CAMPBELLSVILLE UNIVERSITY PN PROGRAM, CAMPBELLSVILLE AND HARRODSBURG CAMPUSES, REQUEST TO EXTEND DEVELOPMENT APPROVAL STATUS THROUGH SPRING 2020.

Campbellsville University; Campbellsville Campus and Harrodsburg Campus; PN Program; Updated Mission Statement, Philosophy, Student Learning Outcomes, Curriculum and Admission Criteria

• ACCEPTED THE CAMPBELLSVILLE UNIVERSITY PN PROGRAM, CAMPBELLSVILLE AND HARRODSBURG CAMPUSES, UPDATED MISSION STATEMENT,