

1 AN ACT relating to health care.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 314.041 is amended to read as follows:

- 4 (1) An applicant for a license to practice as a registered nurse shall file with the board a
5 written application for a license and submit evidence, verified by oath, that the
6 applicant:
- 7 (a) Has completed the basic curriculum for preparing registered nurses in an
8 approved school of nursing and has completed requirements for graduation
9 therefrom;
- 10 (b) Is able to understandably speak and write the English language and to read the
11 English language with comprehension; and
- 12 (c) Has passed the jurisprudence examination approved by the board as provided
13 by subsection (4) of this section.
- 14 (2) ~~[Except as authorized by subsection (7) of this section,]~~An applicant shall be
15 required to pass a licensure examination in any subjects as the board may
16 determine. Application for licensure by examination shall be received by the board
17 at the time determined by the board by administrative regulation.
- 18 (3) Upon request, an applicant who meets the requirements of subsection (1) of this
19 section shall be issued a provisional license that shall expire no later than six (6)
20 months from the date of issuance.
- 21 (4) The jurisprudence examination shall be prescribed by the board and be conducted
22 on the licensing requirements under this chapter and board regulations and
23 requirements applicable to the nursing profession in this Commonwealth. The board
24 shall promulgate an administrative regulation in accordance with KRS Chapter 13A
25 establishing the provisions to meet this requirement.
- 26 (5) An individual who holds a provisional license shall have the right to use the title
27 "registered nurse applicant" and the abbreviation "R.N.A." An R.N.A. shall only

1 work under the direct supervision of a registered nurse and shall not engage in
2 independent nursing practice.

3 (6) Upon the applicant's successful completion of all requirements for registered nurse
4 licensure, the board may issue to the applicant a license to practice nursing as a
5 registered nurse, if in the determination of the board the applicant is qualified to
6 practice as a registered nurse in this state.

7 (7) (a) The board ~~may~~shall issue a temporary work permit to practice nursing as a
8 registered nurse to any applicant who has been licensed as a registered nurse
9 under the laws of another state or territory, if the applicant is a currently
10 licensed registered nurse in good standing in each state or territory in which
11 the applicant has worked.

12 (b) The board ~~may~~shall issue a license to practice nursing as a registered nurse
13 to any applicant who has passed the jurisprudence examination prescribed by
14 the board or its equivalent and who has been licensed as a registered nurse
15 under the laws of another state or territory if the applicant is a currently
16 licensed registered nurse in good standing in each state or territory in which
17 the applicant has worked.

18 (c) The board ~~may~~shall accept the licensure examination of another state as
19 sufficient for licensure under this subsection.

20 (d) The board may require a registered nurse practicing as authorized by this
21 subsection to submit to a background check as required by KRS 314.103.

22 ~~[(e) This subsection shall not apply to an applicant who holds a multistate license~~
23 ~~in good standing in a state or territory that is a member of the Nurse Licensure~~
24 ~~Compact established in KRS 314.475.]~~

25 (8) The board may issue a license to practice nursing as a registered nurse to any
26 applicant who has passed the licensure examination and the jurisprudence
27 examination prescribed by the board or their equivalent and been licensed as a

1 registered nurse under the laws of a foreign country, if in the opinion of the board
2 the applicant is qualified to practice as a registered nurse in this state.

3 (9) The board shall promulgate administrative regulations pursuant to KRS Chapter
4 13A to establish temporary work permit requirements for a registered nurse who is
5 a graduate of a foreign nursing school and is pursuing licensure by endorsement
6 under subsection (10) of this section.

7 (10) The board ~~may~~shall immediately issue a license by endorsement to practice
8 nursing as a registered nurse to an applicant who:

9 (a) Is a graduate of a foreign nursing school;

10 (b) Provides:

11 1. Documentation that the applicant has taken and received a passing score
12 on the National Council Licensure Examination (NCLEX); and

13 2. One (1) of the following:

14 a. A satisfactory Credentials Evaluation Service Professional Report
15 issued by the Commission on Graduates of Foreign Nursing
16 Schools International, Inc. (CGFNS) or other international nurse
17 credentialing organization recognized by the board; or

18 b. A satisfactory VisaScreen ICHP Certificate Verification Letter
19 issued by CGFNS or other international nurse credentialing
20 organization recognized by the board; and

21 (c) Meets the other requirements of this section.

22 (11) The applicant for licensure to practice as a registered nurse shall pay a licensure
23 application fee, and licensure examination fees if applicable, as set forth in a
24 regulation by the board promulgated pursuant to the provisions of KRS Chapter
25 13A.

26 (12) Any person who holds a license to practice as a registered nurse in this state shall
27 have the right to use the title "registered nurse" and the abbreviation "R.N." No

1 other person shall assume the title or use the abbreviation or any other words,
2 letters, signs, or figures to indicate that the person using the same is a registered
3 nurse. No person shall practice as a registered nurse unless licensed under this
4 section.

5 (13) (a) On November 1, 2006, and thereafter, a registered nurse who is retired, upon
6 payment of a one-time fee, may apply for a special license in recognition of
7 the nurse's retired status. A retired nurse may not practice nursing but may use
8 the title "registered nurse" and the abbreviation "R.N."

9 (b) A retired registered nurse who wishes to return to the practice of nursing shall
10 apply for reinstatement.

11 (c) The board shall promulgate an administrative regulation pursuant to KRS
12 Chapter 13A to specify the fee required in paragraph (a) of this subsection and
13 reinstatement under paragraph (b) of this subsection.

14 (14) Any person heretofore licensed as a registered nurse under the licensing laws of this
15 state who has allowed the license to lapse by failure to renew may apply for
16 reinstatement of the license under the provisions of this chapter. A person whose
17 license has lapsed for one (1) year or more shall pass the jurisprudence examination
18 approved by the board as provided in subsection (4) of this section.

19 (15) A license to practice registered nursing may be limited by the board in accordance
20 with regulations promulgated by the board and as defined in this chapter.

21 (16) A person who has completed a prelicensure registered nurse program and holds a
22 current, active licensed practical nurse license from another jurisdiction may apply
23 for licensure by endorsement as a licensed practical nurse in this state.

24 ➔Section 2. KRS 314.051 is amended to read as follows:

25 (1) An applicant for a license to practice as a licensed practical nurse shall file with the
26 board a written application for a license verified by oath, that the applicant:

27 (a) Has completed the required educational program in practical nursing at an

- 1 approved school of nursing and has completed requirements for graduation
2 therefrom;
- 3 (b) Is able to understandably speak and write the English language and to read the
4 English language with comprehension; and
- 5 (c) Has passed the jurisprudence examination approved by the board as provided
6 by subsection (4) of this section.
- 7 (2) The applicant for licensure to practice as a licensed practical nurse shall pay a
8 licensure application fee, and licensure examination fees if applicable, as set forth
9 in a regulation by the board.
- 10 (3) ~~[Except as authorized by subsection (8) of this section,]~~ An applicant shall be
11 required to pass a licensure examination in any subjects the board may determine.
12 Application for licensure by examination shall be received by the board at the time
13 determined by the board by administrative regulation.
- 14 (4) The jurisprudence examination shall be prescribed by the board and be conducted
15 on the licensing requirements under this chapter and board regulations and
16 requirements applicable to the nursing profession in this Commonwealth. The board
17 shall promulgate an administrative regulation in accordance with KRS Chapter 13A
18 establishing the provisions to meet this requirement.
- 19 (5) Upon request, an applicant who meets the requirements of subsection (1) of this
20 section shall be issued a provisional license that shall expire no later than six (6)
21 months from the date of issuance.
- 22 (6) An individual who holds a provisional license shall have the right to use the title
23 "licensed practical nurse applicant" and the abbreviation "L.P.N.A." An L.P.N.A.
24 shall only work under the direct supervision of a nurse and shall not engage in
25 independent nursing practice.
- 26 (7) Upon the applicant's successful completion of all requirements for licensed
27 practical nurse licensure, the board may issue to the applicant a license to practice

1 as a licensed practical nurse if, in the determination of the board, the applicant is
2 qualified to practice as a licensed practical nurse in this state.

3 (8) (a) The board ~~may~~shall issue a temporary work permit to practice nursing as a
4 licensed practical nurse to any applicant who has been licensed as a licensed
5 practical nurse under the laws of another state or territory, if the applicant is
6 currently a licensed practical nurse in good standing in each state or territory
7 in which the applicant has worked.

8 (b) The board ~~may~~shall issue a license to practice nursing as a licensed practical
9 nurse to any applicant who has passed the jurisprudence examination
10 prescribed by the board or its equivalent and who has been licensed as a
11 licensed practical nurse under the laws of another state or territory if the
12 applicant is currently a licensed practical nurse in good standing in each state
13 or territory in which the applicant has worked.

14 (c) The board ~~may~~shall accept the licensure examination of another state as
15 sufficient for licensure under this subsection.

16 (d) The board may require a licensed practical nurse practicing as authorized by
17 this subsection to submit to a background check as required by KRS 314.103.

18 ~~[(e) This subsection shall not apply to an applicant who holds a multistate license~~
19 ~~in good standing in a state or territory that is a member of the Nurse Licensure~~
20 ~~Compact established in KRS 314.475.]~~

21 (9) The board may issue a license to practice as a licensed practical nurse to any
22 applicant who has passed the licensure examination and the jurisprudence
23 examination prescribed by the board or their equivalent, and has been licensed or
24 registered as a licensed practical nurse or a person licensed to perform similar
25 services under a different title, under the laws of a foreign country if, in the opinion
26 of the board, the applicant meets the requirements for a licensed practical nurse in
27 this state.

- 1 (10) The board shall promulgate administrative regulations pursuant to KRS Chapter
2 13A to establish temporary work permit requirements for a licensed practical nurse
3 who is a graduate of a foreign nursing school and is pursuing licensure by
4 endorsement under subsection (11) of this section.
- 5 (11) The board ~~may~~~~shall~~ immediately issue a license by endorsement to practice
6 nursing as a licensed practical nurse to an applicant who:
- 7 (a) Is a graduate of a foreign nursing school;
- 8 (b) Provides:
- 9 1. Documentation that the applicant has taken and received a passing score
10 on the National Council Licensure Examination (NCLEX); and
- 11 2. One (1) of the following:
- 12 a. A satisfactory Credentials Evaluation Service Professional Report
13 issued by the Commission on Graduates of Foreign Nursing
14 Schools International, Inc. (CGFNS) or other international nurse
15 credentialing organization recognized by the board; or
- 16 b. A satisfactory VisaScreen ICHP Certificate Verification Letter
17 issued by CGFNS or other international nurse credentialing
18 organization recognized by the board; and
- 19 (c) Meets the other requirements of this section.
- 20 (12) Any person who holds a license to practice as a licensed practical nurse in this state
21 shall have the right to use the title "licensed practical nurse" and the abbreviation
22 "L.P.N." No other person shall assume the title or use the abbreviation or any other
23 words, letters, signs, or figures to indicate that the person using the same is a
24 licensed practical nurse. No person shall practice as a licensed practical nurse
25 unless licensed under this chapter.
- 26 (13) (a) Beginning November 1, 2005, for a licensed practical nurse who is retired,
27 upon payment of a one-time fee, the board may issue a special license to a

1 licensed practical nurse in recognition of the nurse's retired status. A retired
2 nurse may not practice nursing but may use the title "licensed practical nurse"
3 and the abbreviation "L.P.N."

4 (b) A retired licensed practical nurse who wishes to return to the practice of
5 nursing shall apply for reinstatement.

6 (c) The board shall promulgate an administrative regulation pursuant to KRS
7 Chapter 13A to specify the fee required in paragraph (a) of this subsection and
8 reinstatement under paragraph (b) of this subsection.

9 (14) Any person heretofore licensed as a practical nurse under the licensing laws of this
10 state who has allowed the license to lapse by failure to renew may apply for
11 reinstatement of the license under the provisions of this chapter. A person whose
12 license has lapsed for one (1) year or more shall pass the jurisprudence examination
13 approved by the board as provided in subsection (4) of this section.

14 (15) A license to practice practical nursing may be limited by the board in accordance
15 with regulations promulgated by the board and as defined in this chapter.

16 ➔Section 3. KRS 314.042 is amended to read as follows:

17 (1) An applicant for licensure to practice as an advanced practice registered nurse shall
18 file with the board a written application for licensure and submit evidence, verified
19 by oath, that the applicant:

20 (a) Has completed an education program that prepares the registered nurse for
21 one (1) of four (4) APRN roles that has been accredited by a national nursing
22 accrediting body recognized by the United States Department of Education;

23 (b) Is certified by a nationally established organization or agency recognized by
24 the board to certify registered nurses for advanced practice registered nursing;

25 (c) Is able to understandably speak and write the English language and to read the
26 English language with comprehension; and

27 (d) Has passed the jurisprudence examination approved by the board as provided

1 in subsection (5) of this section.

2 (2) Upon request, an applicant who meets the requirements of subsection (1)(a), (c),
3 and (d) of this section, but has not yet taken the national certification exam, may be
4 issued a provisional license that shall expire no later than six (6) months from the
5 date of issuance.

6 (3) An individual who holds a provisional license shall have the right to use the title
7 "advanced practice registered nurse applicant" and the abbreviation "APRNA." An
8 APRNA may function as an APRN, except for prescribing medications and shall
9 only practice under a mentorship with an advanced practice registered nurse or a
10 physician.

11 (4) (a) An APRNA shall take and pass the national certification exam recognized by
12 the board to the certify registered nurses for advanced practice registered
13 nursing within the six (6) month term of the provisional license to become a
14 fully licensed APRN.

15 (b) If the APRNA fails to take and pass the national certification exam on the first
16 attempt, the APRNA shall be given one (1) more opportunity to take and pass
17 the exam.

18 (c) If the APRNA does not pass the national certification exam on the second
19 attempt, the provisional license shall immediately be terminated.

20 (5) The jurisprudence examination shall be prescribed by the board and be conducted
21 on the licensing requirements under this chapter and administrative regulations
22 applicable to advance practice registered nursing promulgated in accordance with
23 KRS Chapter 13A.

24 (6) The board may issue a license to practice advanced practice registered nursing to an
25 applicant who holds a current active registered nurse license issued by the board or
26 holds the privilege to practice as a registered nurse in this state and meets the
27 qualifications of subsection (1) of this section. An advanced practice registered

1 nurse shall be:

2 (a) Designated by the board as a certified registered nurse anesthetist, certified
3 nurse midwife, certified nurse practitioner, or clinical nurse specialist; and

4 (b) Certified in at least one (1) population focus.

5 (7) The applicant for licensure or renewal thereof to practice as an advanced practice
6 registered nurse shall pay a fee to the board as set forth in regulation by the board.

7 (8) An advanced practice registered nurse shall maintain a current active registered
8 nurse license issued by the board or hold the privilege to practice as a registered
9 nurse in this state and maintain current certification by the appropriate national
10 organization or agency recognized by the board.

11 (9) Any person who holds a license to practice as an advanced practice registered nurse
12 in this state shall have the right to use the title "advanced practice registered nurse"
13 and the abbreviation "APRN." No other person shall assume the title or use the
14 abbreviation or any other words, letters, signs, or figures to indicate that the person
15 using the same is an advanced practice registered nurse. No person shall practice as
16 an advanced practice registered nurse unless licensed under this section.

17 (10) Any person heretofore licensed as an advanced practice registered nurse under the
18 provisions of this chapter who has allowed the license to lapse may be reinstated on
19 payment of the current fee and by meeting the provisions of this chapter and
20 regulations promulgated by the board pursuant to the provisions of KRS Chapter
21 13A.

22 (11) The board may authorize a person to practice as an advanced practice registered
23 nurse temporarily and pursuant to applicable regulations promulgated by the board
24 pursuant to the provisions of KRS Chapter 13A if the person is awaiting licensure
25 by endorsement.

26 (12) (a) Except as authorized by subsection (13) of this section, before an advanced
27 practice registered nurse engages in the prescribing or dispensing of

1 nonscheduled legend drugs as authorized by KRS 314.011(8), the advanced
2 practice registered nurse shall enter into a written "Collaborative Agreement
3 for the Advanced Practice Registered Nurse's Prescriptive Authority for
4 Nonscheduled Legend Drugs" (CAPA-NS) with a physician who has an
5 active and unrestricted license~~[licensed]~~ in Kentucky that defines the scope
6 of the prescriptive authority for nonscheduled legend drugs.

7 (b) The advanced practice registered nurse shall notify the Kentucky Board of
8 Nursing of the existence of the CAPA-NS and the name of the collaborating
9 physician and shall, upon request, furnish to the board or its staff a copy of the
10 completed CAPA-NS. The Kentucky Board of Nursing shall notify the
11 Kentucky Board of Medical Licensure that a CAPA-NS exists and furnish the
12 collaborating physician's name.

13 (c) The CAPA-NS shall be in writing and signed by both the advanced practice
14 registered nurse and the collaborating physician. A copy of the completed
15 collaborative agreement shall be available at each site where the advanced
16 practice registered nurse is providing patient care.

17 (d) The CAPA-NS shall describe the arrangement for collaboration and
18 communication between the advanced practice registered nurse and the
19 collaborating physician regarding the prescribing of nonscheduled legend
20 drugs by the advanced practice registered nurse.

21 (e) The advanced practice registered nurse who is prescribing nonscheduled
22 legend drugs and the collaborating physician shall be qualified in the same or
23 a similar specialty.

24 (f) The CAPA-NS is not intended to be a substitute for the exercise of
25 professional judgment by the advanced practice registered nurse or by the
26 collaborating physician.

27 (g) The CAPA-NS shall be reviewed and signed by both the advanced practice

1 registered nurse and the collaborating physician and may be rescinded by
2 either party upon written notice to the other party and the Kentucky Board of
3 Nursing.

4 (13) (a) Before an advanced practice registered nurse may discontinue or be exempt
5 from a CAPA-NS required under subsection (12) of this section, the advanced
6 practice registered nurse shall have completed four (4) years of prescribing as
7 a certified nurse practitioner, clinical nurse specialist, certified nurse midwife,
8 or as a certified registered nurse anesthetist. For nurse practitioners and
9 clinical nurse specialists, the four (4) years of prescribing shall be in a
10 population focus as defined in KRS 314.011.

11 (b) After four (4) years of prescribing with a CAPA-NS in collaboration with a
12 physician:

13 1. An advanced practice registered nurse whose license is in good standing
14 at that time with the Kentucky Board of Nursing and who will be
15 prescribing nonscheduled legend drugs without a CAPA-NS shall notify
16 that board that the four (4) year requirement has been met and that he or
17 she will be prescribing nonscheduled legend drugs without a CAPA-NS;

18 2. The advanced practice registered nurse will no longer be required to
19 maintain a CAPA-NS and shall not be compelled to maintain a CAPA-
20 NS as a condition to prescribe after the four (4) years have expired, but
21 an advanced practice registered nurse may choose to maintain a CAPA-
22 NS indefinitely after the four (4) years have expired; and

23 3. If the advanced practice registered nurse's license is not in good
24 standing, the CAPA-NS requirement shall not be removed until the
25 license is restored to good standing.

26 (c) An advanced practice registered nurse wishing to practice in Kentucky
27 through licensure by endorsement is exempt from the CAPA-NS requirement

1 if the advanced practice registered nurse:

- 2 1. Has met the prescribing requirements in a state that grants independent
3 prescribing to advanced practice registered nurses; and
4 2. Has been prescribing for at least four (4) years.

5 (d) An advanced practice registered nurse wishing to practice in Kentucky
6 through licensure by endorsement who had a collaborative prescribing
7 agreement with a physician with an active and unrestricted license in another
8 state for at least four (4) years shall be~~is~~ exempt from the CAPA-NS
9 requirement.

10 (14) (a) There is hereby established the "Collaborative Agreement for the Advanced
11 Practice Registered Nurse's Prescriptive Authority for Controlled Substances"
12 (CAPA-CS) Committee. The committee shall be composed of four (4)
13 members selected as follows:

- 14 1. Two (2) members shall be advanced practice registered nurses who
15 currently prescribe or have prescribed scheduled drugs, each appointed
16 by the Kentucky Board of Nursing from a list of names submitted for
17 each position by the Kentucky Association of Nurse Practitioners and
18 Nurse-Midwives; and
19 2. Two (2) members shall be physicians who have currently or had
20 previously a signed CAPA-CS with an advanced practice registered
21 nurse who prescribes scheduled drugs, each appointed by the Kentucky
22 Board of Medical Licensure from a list of names submitted for each
23 position by the Kentucky Medical Association.

24 (b) Within sixty (60) days of June 29, 2023, the committee shall develop a
25 standardized CAPA-CS form to be used in accordance with the provisions of
26 subsection (15) of this section. The standardized CAPA-CS form shall be used
27 by all advanced practice registered nurses and all physicians in Kentucky who

1 enter into a CAPA-CS.

2 (c) The committee may be reconvened at the request of the Kentucky Board of
3 Nursing or the Kentucky Board of Medical Licensure if it becomes necessary
4 to update the standardized CAPA-CS form.

5 (d) The Kentucky Board of Nursing and the Kentucky Board of Medical
6 Licensure shall each be responsible for and have exclusive authority over their
7 respective members appointed to the committee.

8 (e) The committee shall be attached to the Kentucky Board of Nursing for
9 administrative purposes. The Kentucky Board of Nursing shall be responsible
10 for the expenses of its members. The Kentucky Board of Medical Licensure
11 shall be responsible for the expenses of its members.

12 (f) The Kentucky Board of Nursing shall promulgate an administrative regulation
13 pursuant to KRS Chapter 13A within ninety (90) days of June 29, 2023, to
14 establish and implement the standardized CAPA-CS form developed by the
15 committee.

16 (15) (a) Except as provided in subsections (17) and (18) of this section, before an
17 advanced practice registered nurse engages in the prescribing of Schedules II
18 through V controlled substances as authorized by KRS 314.011(8), the
19 advanced practice registered nurse shall enter into a written "Collaborative
20 Agreement for the Advanced Practice Registered Nurse's Prescriptive
21 Authority for Controlled Substances" (CAPA-CS) on a standardized CAPA-
22 CS form with a physician who has an active and unrestricted
23 license~~licensed~~ in Kentucky that defines the scope of the prescriptive
24 authority for controlled substances.

25 (b) The advanced practice registered nurse shall notify the Kentucky Board of
26 Nursing of the existence of the CAPA-CS and the name of the collaborating
27 physician and shall, upon request, furnish to the board or its staff a copy of the

1 completed standardized CAPA-CS form. The Kentucky Board of Nursing
2 shall notify the Kentucky Board of Medical Licensure that a CAPA-CS exists
3 and furnish an executed copy of the Kentucky Board of Nursing notification
4 of a CAPA-CS completed by the advanced practice registered nurse to the
5 Kentucky Board of Medical Licensure.

6 (c) The CAPA-CS shall be in writing and signed by both the advanced practice
7 registered nurse and the collaborating physician. A copy of the completed
8 standardized CAPA-CS form shall be available at each site where the
9 advanced practice registered nurse is providing patient care.

10 (d) The CAPA-CS shall describe the arrangement for collaboration and
11 communication between the advanced practice registered nurse and the
12 collaborating physician regarding the prescribing of controlled substances by
13 the advanced practice registered nurse.

14 (e) The advanced practice registered nurse who is prescribing controlled
15 substances and the collaborating physician shall be qualified in the same or a
16 similar specialty.

17 (f) The CAPA-CS is not intended to be a substitute for the appropriate exercise
18 of professional judgment by the advanced practice registered nurse or by the
19 collaborating physician.

20 (g) The relevant statutes and regulations pertaining to the prescribing authority of
21 advanced practice registered nurses for controlled substances shall be
22 reviewed by the advanced practice registered nurse and the collaborating
23 physician at the outset of the CAPA-CS.

24 (h) Prior to prescribing controlled substances, the advanced practice registered
25 nurse shall obtain a Controlled Substance Registration Certificate through the
26 United States Drug Enforcement Administration.

27 (i) The CAPA-CS shall be reviewed and signed by both the advanced practice

1 registered nurse and the collaborating physician and may be rescinded by
2 either party upon thirty (30) days written notice to the other party. The
3 advanced practice registered nurse shall notify the Kentucky Board of Nursing
4 that the CAPA-CS has been rescinded. The Kentucky Board of Nursing shall
5 notify the Kentucky Board of Medical Licensure that the CAPA-CS has been
6 rescinded and shall furnish an executed copy of the Kentucky Board of
7 Nursing rescission of a CAPA-CS completed by the advanced practice
8 registered nurse or by the collaborating physician to the Kentucky Board of
9 Medical Licensure.

10 (j) The CAPA-CS shall state any limits on controlled substances which may be
11 prescribed by the advanced practice registered nurse, as agreed to by the
12 advanced practice registered nurse and the collaborating physician. The limits
13 so imposed may be more stringent than either the schedule limits on
14 controlled substances established in KRS 314.011(8) or the limits imposed in
15 regulations promulgated by the Kentucky Board of Nursing thereunder. The
16 CAPA-CS shall also include any requirements, as agreed to by both the
17 advanced practice registered nurse and the collaborating physician, for
18 communication between the advanced practice registered nurse and the
19 collaborating physician.

20 (k) Within thirty (30) days of obtaining a Controlled Substance Registration
21 Certificate from the United States Drug Enforcement Administration, and
22 prior to prescribing controlled substances, the advanced practice registered
23 nurse shall register with the electronic system for monitoring controlled
24 substances established by KRS 218A.202 and shall provide a copy of the
25 registration certificate to the board.

26 (l) After June 29, 2023, for advanced practice registered nurses who have not had
27 a CAPA-CS:

- 1 1. An advanced practice registered nurse wishing to have a CAPA-CS in
2 his or her first year of licensure must be employed by a health care
3 entity or provider. If the employing provider is an advanced practice
4 registered nurse, he or she must have completed four (4) years of
5 prescribing with a CAPA-CS and no longer be required to maintain a
6 CAPA-CS;
- 7 2. In the first year of the CAPA-CS, the advanced practice registered nurse
8 and the physician shall meet at least quarterly, either in person or via
9 video conferencing, to review the advanced practice registered nurse's
10 reverse KASPER report or that of the prescription drug monitoring
11 program (PDMP) currently in use in Kentucky pursuant to KRS
12 218A.202. The advanced practice registered nurse and the collaborating
13 physician may meet via telephonic communication when an in-person
14 meeting or videoconferencing session is not logistically or
15 technologically feasible. The review of specific prescriptions identified
16 in the reverse KASPER report or that of the PDMP currently in use in
17 Kentucky pursuant to KRS 218A.202 by the advanced practice
18 registered nurse and the collaborating physician may include
19 information from the patient's medical record that relates to the
20 condition or conditions being treated with controlled substances by the
21 advanced practice registered nurse to facilitate meaningful discussion. A
22 record of the meeting date, summary of discussions, and any
23 recommendations made shall be made in writing and a copy retained by
24 both parties to the agreement for a period of one (1) year past the
25 expiration of the CAPA-CS. The meeting records shall be subject to
26 audit by the Kentucky Board of Nursing for the advanced practice
27 registered nurse and by the Kentucky Board of Medical Licensure for

- 1 the physician. The sole purpose of the audit shall be to document that
2 the collaboration meetings have taken place as required by this section
3 and that other provisions of this section have been met; and
- 4 3. In the ensuing three (3) years of the CAPA-CS, the advanced practice
5 registered nurse and the physician shall meet at least biannually in
6 person or via video conferencing to review the advanced practice
7 registered nurse's reverse KASPER report or that of the PDMP currently
8 in use in Kentucky pursuant to KRS 218A.202. The advanced practice
9 registered nurse and the collaborating physician may meet via
10 telephonic communication when an in-person meeting or
11 videoconferencing session is not logistically or technologically feasible.
12 The review of specific prescriptions identified in the reverse KASPER
13 report or that of the PDMP currently in use in Kentucky pursuant to
14 KRS 218A.202 by the advanced practice registered nurse and the
15 collaborating physician may include information from the patient's
16 medical record that relates to the condition or conditions being treated
17 with controlled substances by the advanced practice registered nurse to
18 facilitate meaningful discussion. A record of the meeting date, summary
19 of discussions, and any recommendations made shall be noted in writing
20 and a copy retained by both parties to the agreement for a period of one
21 (1) year past the expiration of the CAPA-CS. The meeting records shall
22 be subject to audit by the Kentucky Board of Nursing for the advanced
23 practice registered nurse and by the Kentucky Board of Medical
24 Licensure for the physician. The sole purpose of the audit shall be to
25 document that the collaboration meetings have taken place as required
26 by this section and that other provisions of this section have been met.
- 27 (16) Nothing in this chapter shall be construed as requiring an advanced practice

1 registered nurse designated by the board as a certified registered nurse anesthetist to
2 enter into a collaborative agreement with a physician, pursuant to this chapter or
3 any other provision of law, in order to deliver anesthesia care.

4 (17) (a) Except as provided in subsection (18) of this section, an advanced practice
5 registered nurse who wishes to continue to prescribe controlled substances
6 may be exempt from a CAPA-CS required under subsection (15) of this
7 section if the advanced practice registered nurse has:

- 8 1. Completed four (4) years of prescribing authority for controlled
9 substances with a CAPA-CS;
- 10 2. Maintained a United States Drug Enforcement Administration
11 registration; and
- 12 3. Maintained a master account with KASPER or the PDMP currently in
13 use in Kentucky pursuant to KRS 218A.202.

14 (b) On or after June 29, 2023:

- 15 1. An advanced practice registered nurse who has had four (4) years of
16 prescribing authority with a CAPA-CS and who wishes to prescribe
17 controlled substances without a CAPA-CS shall submit, via the APRN
18 update portal, a request for review from the Kentucky Board of Nursing
19 that the advanced practice registered nurse's license is in good standing;
- 20 2. An advanced practice registered nurse who has fewer than four (4) years
21 of prescribing authority with a CAPA-CS and who wishes to prescribe
22 controlled substances without a CAPA-CS shall complete the required
23 number of years under the then-current CAPA-CS to reach four (4)
24 years and shall submit, via the APRN update portal, a request for review
25 from the Kentucky Board of Nursing that the advanced practice
26 registered nurse's license is in good standing. However, if the then-
27 current CAPA-CS expires or is rescinded prior to the end of the four (4)

- 1 year term, a new CAPA-CS shall be required and subject to the
2 provisions of this section;
- 3 3. The advanced practice registered nurse shall not prescribe controlled
4 substances without a CAPA-CS until the board has completed its review
5 and has notified the advanced practice registered nurse in writing that
6 the advanced practice registered nurse is exempt from the CAPA-CS
7 requirement; and
- 8 4. The review request shall include the payment of a fee set by the board
9 through the promulgation of an administrative regulation.
- 10 (c) Upon receipt of a request pursuant to this subsection, the Kentucky Board of
11 Nursing shall perform a review to determine whether the license of the
12 advanced practice registered nurse is in good standing based upon an
13 evaluation of the criteria specified in this subsection and in the administrative
14 regulation promulgated by the board pursuant to this subsection, including but
15 not limited to verification:
- 16 1. That a current United States Drug Enforcement Administration
17 registration certificate for the advanced practice registered nurse is on
18 file with the board;
- 19 2. That a current CAPA-CS notification for the advanced practice
20 registered nurse is on file with the board;
- 21 3. That the advanced practice registered nurse has an active master account
22 with the electronic system for monitoring controlled substances pursuant
23 to KRS 218A.202;
- 24 4. Through a criminal background check of the absence of any unreported
25 misdemeanor or felony convictions in Kentucky; and
- 26 5. Through a check of the coordinated licensure information system
27 specified in KRS 314.475 of the absence of any unreported disciplinary

1 actions in another state.

2 (d) Based on the findings of these actions, the Kentucky Board of Nursing shall
3 determine if the advanced practice registered nurse's license is in good
4 standing for the purpose of removing the requirement for the advanced
5 practice registered nurse to have a CAPA-CS in order to prescribe controlled
6 substances.

7 (e) If the advanced practice registered nurse's license is found to be in good
8 standing, the advanced practice registered nurse shall be notified by the board
9 in writing that a CAPA-CS is no longer required. The advanced practice
10 registered nurse shall not be required to maintain a CAPA-CS as a condition
11 to prescribe controlled substances unless the board later imposes such a
12 requirement as part of an action instituted under KRS 314.091(1). An
13 advanced practice registered nurse may choose to maintain a CAPA-CS
14 indefinitely after the determination of good standing has been made. An
15 advanced practice registered nurse who chooses to prescribe without a CAPA-
16 CS shall be held to the same standard of care as all other providers with
17 prescriptive authority.

18 (f) If the advanced practice registered nurse's license is found not to be in good
19 standing, the CAPA-CS requirement shall not be removed until the license is
20 restored to good standing, as directed by the board.

21 (g) The Kentucky Board of Nursing shall conduct random audits of the
22 prescribing practices of advanced practice registered nurses, including those
23 who are no longer required to have a CAPA-CS in order to prescribe, through
24 a review of data obtained from the KASPER report or that of the PDMP
25 currently in use in Kentucky pursuant to KRS 218A.202 and shall take
26 disciplinary action under KRS 314.091(1) if a violation has occurred.

27 (18) (a) An advanced practice registered nurse wishing to practice in Kentucky

1 through licensure by endorsement is exempt from the CAPA-CS requirement
2 if the advanced practice registered nurse:

- 3 1. Has met the prescribing requirements for controlled substances in a state
4 that grants such prescribing authority to advanced practice registered
5 nurses;
- 6 2. Has had authority to prescribe controlled substances for at least four (4)
7 years; and
- 8 3. Has a license in good standing as described in subsection (17) of this
9 section and in the administrative regulation promulgated by the board
10 pursuant to subsection (17) of this section.

11 (b) An advanced practice registered nurse wishing to practice in Kentucky
12 through licensure by endorsement who has had the authority to prescribe
13 controlled substances for less than four (4) years and wishes to continue to
14 prescribe controlled substances shall enter into a CAPA-CS with a physician
15 who has an active and unrestricted license~~licensed~~ in Kentucky and
16 comply with the provisions of this section until the cumulative four (4) year
17 requirement is met, after which the advanced practice registered nurse who
18 wishes to prescribe controlled substances without a CAPA-CS shall follow the
19 process identified in subsection (17) of this section and in the administrative
20 regulation promulgated by the board pursuant to subsection (17) of this
21 section.

22 (19) An advanced practice registered nurse shall not prescribe controlled substances
23 without a CAPA-CS until the board has completed its review and has notified the
24 advanced practice registered nurse in writing that the advanced practice registered
25 nurse is exempt from the CAPA-CS requirement.

26 ➔Section 4. KRS 314.109 is amended to read as follows:

27 Any person under the jurisdiction of the board shall, within thirty (30)~~ninety (90)~~ days

1 of entry of an order or judgment, notify the board in writing of any misdemeanor or
2 felony criminal conviction, except traffic-related misdemeanors other than operating a
3 motor vehicle under the influence of drugs or alcohol, in this or any other jurisdiction.
4 The person shall submit a certified or attested copy of the order and a letter of
5 explanation.

6 ➔Section 5. KRS 209.032 is amended to read as follows:

7 (1) As used in this section:

8 (a) "Employee" means a person who:

- 9 1. Is hired directly or through a contract by a vulnerable adult services
10 provider who has duties that involve or may involve one-on-one contact
11 with a patient, resident, or client; or
- 12 2. Is a volunteer who has duties that are equivalent to the duties of an
13 employee providing direct services and the duties involve, or may
14 involve, one-on-one contact with a patient, resident, or client;

15 (b) "Validated substantiated finding of adult abuse, neglect, or exploitation"
16 means that the cabinet has:

- 17 1. Entered a final order concluding by a preponderance of the evidence that
18 an individual has committed adult abuse, neglect, or exploitation against
19 a different adult for whom the individual was providing care or services
20 as an employee or otherwise with the expectation of compensation;
- 21 2. The individual has been afforded an opportunity for an administrative
22 hearing under procedures compliant with KRS Chapter 13B, and an
23 appeal to the Circuit Court of the county where the abuse, neglect, or
24 exploitation is alleged to have occurred or, if the individual consents, to
25 the Franklin Circuit Court; and
- 26 3. That any appeal, including the time allowed for filing an appeal, has
27 concluded or expired; and

- 1 (c) "Vulnerable adult service provider" means:
- 2 1. Adult day health care program centers as defined in KRS 216B.0441;
- 3 2. Adult day training facilities;
- 4 3. Assisted-living communities as defined in KRS 194A.700;
- 5 4. Boarding homes as defined in KRS 216B.300;
- 6 5. Group homes for individuals with an intellectual disability and
- 7 developmentally disabled (ID/DD);
- 8 6. Home health agencies as defined in KRS 216.935;
- 9 7. Hospice programs or residential hospice facilities licensed under KRS
- 10 Chapter 216B;
- 11 8. Long-term-care hospitals as defined in 42 U.S.C. sec.
- 12 1395ww(d)(1)(B)(iv);
- 13 9. Long-term-care facilities as defined in KRS 216.510;
- 14 10. Personal services agencies as defined in KRS 216.710;
- 15 11. Providers of home and community-based services authorized under KRS
- 16 Chapter 205, including home and community based waiver services and
- 17 supports for community living services; and
- 18 12. State-owned and operated psychiatric hospitals.
- 19 (2) A vulnerable adult services provider shall query the cabinet as to whether a
- 20 validated substantiated finding of adult abuse, neglect, or exploitation has been
- 21 entered against an individual who is a bona fide prospective employee of the
- 22 provider. The provider may periodically submit similar queries as to its current
- 23 employees and volunteers. The cabinet shall, except as provided under subsection
- 24 (5) of this section and any administrative regulations promulgated thereunder, reply
- 25 to either type of query only that it has or has not entered such a finding against the
- 26 named individual.
- 27 (3) An individual may query the cabinet as to whether the cabinet's records indicate

1 that a validated substantiated finding of adult abuse, neglect, or exploitation has
2 been entered against him or her. The cabinet shall reply only that it has or has not
3 entered such a finding against the named individual, although this limitation shall
4 not be construed to prevent the individual who is the subject of the investigation
5 from obtaining cabinet records under other law, including the Kentucky Open
6 Records Act. An individual making a query under this subsection may direct that
7 the results of the query be provided to an alternative recipient seeking to utilize the
8 care or services of the querying individual.

9 (4) Every cabinet investigation of adult abuse, neglect, or exploitation committed by an
10 employee or a person otherwise acting with the expectation of compensation shall
11 be conducted in a manner affording the individual being investigated the level of
12 due process required to qualify any substantiated finding as a validated
13 substantiated finding of adult abuse, neglect, or exploitation.

14 (5) The cabinet shall promulgate administrative regulations in accordance with KRS
15 Chapter 13A to implement the provisions of this section. Included in these
16 administrative regulations shall be:

17 (a) An error resolution process allowing an individual whose name is erroneously
18 reported to have been the subject of a validated substantiated finding of adult
19 abuse, neglect, or exploitation to request the correction of the cabinet's
20 records;

21 (b) A designation of the process by which queries may be submitted in
22 accordance with this section, which shall require that the queries be made
23 using a secure methodology and only by providers and persons authorized to
24 submit a query under this section; and

25 (c) Notwithstanding any provision of law to the contrary including but not limited
26 to subsection (2) of this section, a process of notification by which the cabinet
27 shall notify a vulnerable adult service provider who queries the cabinet

1 pursuant to this section that the queried individual has appealed a
2 substantiated finding of adult abuse, neglect, or exploitation and that the
3 appeal is pending.

4 (6) If the cabinet does not respond to a query under subsection (2) of this section within
5 twenty-four (24) hours and a vulnerable adult services provider hires or utilizes an
6 employee provisionally, the provider shall not be subject to liability solely on the
7 basis of hiring or utilizing the employee before having received the cabinet's
8 response.

9 (7) This section shall only apply to instances of abuse, neglect, or exploitation
10 substantiated on or after July 15, 2014, which shall be compiled into a central
11 registry for the purpose of queries submitted under this section.

12 (8) A state licensing board may query the cabinet for any validated substantiated
13 finding of adult abuse, neglect, or exploitation existing for an individual who is
14 under the state licensing board's jurisdiction. The cabinet shall provide
15 information to the licensing board in accordance with KRS 61.878(5).

16 ➔SECTION 6. A NEW SECTION OF KRS 158.830 TO 158.838 IS CREATED
17 TO READ AS FOLLOWS:

18 (1) As used in this section:

19 (a) "Administer" means to apply glucagon;

20 (b) "Authorized entity" means a public, private, or parochial school that has a
21 trained individual on the premises or is officially associated with the entity
22 who is trained as required under subsection (4) of this section to receive a
23 prescription for and administer undesignated glucagon;

24 (c) "Diabetes medical management plan" means a written, individualized
25 health care plan designed to acknowledge and prepare for the health care
26 needs of a student diagnosed with diabetes that is prepared by the student's
27 treating practitioner or practitioner team;

- 1 (d) "Pharmacist" has the same meaning as in KRS 315.010;
- 2 (e) "Trained individual" means an individual who has successfully completed
- 3 an approved education training program under KRS 158.838; and
- 4 (f) "Undesignated glucagon" means glucagon prescribed in the name of an
- 5 authorized entity or trained individual.
- 6 (2) A health care practitioner, acting within the health care practitioner's scope of
- 7 practice, may prescribe undesignated glucagon in the name of an authorized
- 8 entity or trained individual for use in accordance with this section.
- 9 (3) A pharmacist may dispense undesignated glucagon for a prescription issued in
- 10 the name of an authorized entity or trained individual for use in accordance with
- 11 this section.
- 12 (4) A trained individual who has successfully completed the training requirements
- 13 under KRS 158.838 may:
- 14 (a) Receive a prescription for undesignated glucagon from a health care
- 15 practitioner or pharmacist; and
- 16 (b) Administer undesignated glucagon in an emergency situation when a
- 17 school nurse or other licensed health care practitioner is not immediately
- 18 available and the trained individual believes in good faith that a student is
- 19 experiencing severe hypoglycemia or other conditions noted in that
- 20 student's diabetes medical management plan, regardless of whether that
- 21 student has a prescription for glucagon.
- 22 (5) An authorized entity that acquires and stocks a supply of undesignated glucagon
- 23 with a valid prescription shall:
- 24 (a) Store the undesignated glucagon in accordance with the manufacturer's
- 25 instructions and any additional requirements established by the Kentucky
- 26 Department for Public Health; and
- 27 (b) Designate a trained individual to be responsible for the storage,

1 maintenance, and general oversight of the undesignated glucagon acquired
2 by the authorized entity.

3 (6) Any authorized entity or trained individual that acquires and stocks a supply of
4 undesignated glucagon in accordance with this section shall notify an agent of
5 the local emergency medical services and the local emergency communications or
6 dispatch center of the existence, location, and type of glucagon acquired.

7 (7) Any authorized entity or trained individual that administers or provides
8 undesignated glucagon to a student who is believed to be experiencing severe
9 hypoglycemia or other conditions noted in that student's diabetes medical
10 management plan shall contact the student's parent, guardian, or emergency
11 contact, and local emergency medical services as soon as possible.

12 (8) The requirements of subsection (7) of this section shall not apply to any
13 individual who administers or provides undesignated glucagon if that individual
14 is acting as a Good Samaritan under KRS 313.035 and 411.148.

15 (9) Any authorized entity or trained individual that, in good faith and without
16 compensation, renders emergency care or treatment by the use of undesignated
17 glucagon under Sections 6, 7, and 8 of this Act shall be immune from civil
18 liability for any personal injury resulting from the care or treatment, or resulting
19 from any act or failure to act in providing or arranging further medical
20 treatment, if the person acts as an ordinary, reasonably prudent person would
21 have acted under the same or similar circumstances.

22 (10) The immunity under subsection (9) of this section applies to:

23 (a) A health care practitioner who prescribes or authorizes the emergency use
24 of undesignated glucagon;

25 (b) A pharmacist who fills a prescription for undesignated glucagon;

26 (c) A trained individual who administers or provides undesignated glucagon;

27 (d) An authorized entity that acquires and stocks undesignated glucagon, or

1 provides undesignated glucagon to a trained individual; and
2 (e) An individual trainer or training entity providing the required training to a
3 trained individual.

4 (11) The immunity under subsection (9) of this section shall not apply if the personal
5 injury results from the gross negligence or willful or wonton misconduct of the
6 person rendering the care or treatment.

7 ➔Section 7. KRS 158.832 is amended to read as follows:

8 As used in KRS 158.830 to 158.838:

9 (1) "Anaphylaxis" means an allergic reaction resulting from sensitization following
10 prior contact with an antigen which can be a life-threatening emergency.
11 Anaphylaxis may be triggered by, among other agents, foods, drugs, injections,
12 insect stings, and physical activity;

13 (2) "Bronchodilator rescue inhaler" means medication used to relieve asthma
14 symptoms or respiratory distress along with devices and device components needed
15 to appropriately administer the medication, including but not limited to disposable
16 spacers;

17 (3) "Medications" means all medicines individually prescribed by a health care
18 practitioner for the student that pertain to his or her documented medical condition
19 including a life-threatening allergy, asthma, ~~for are used to treat }risk of~~
20 anaphylaxis, risk of respiratory distress, diabetes, hypoglycemia, adrenal crisis, or
21 other documented medical condition, including ~~but not limited to injectable~~
22 ~~epinephrine, {devices or }bronchodilator rescue inhalers,~~ nebulizers, glucagon,
23 Solu-Cortef, or other medication;

24 (4) "Health care practitioner" means a physician or other health care provider who has
25 prescriptive authority;

26 (5) "Self-administration" means the student's use of his or her prescribed ~~{asthma or~~
27 ~~anaphylaxis }medications,~~ pursuant to prescription or written direction from the

1 health care practitioner; and

2 (6) "Seizure action plan" means a written, individualized health plan designed to
3 acknowledge and prepare for the health care needs of a student diagnosed with a
4 seizure disorder that is prepared by the student's treating physician.

5 ➔Section 8. KRS 158.834 is amended to read as follows:

6 (1) The board of each local public school district and the governing body of each
7 private and parochial school or school district shall permit the self-administration of
8 medications by a student who has a documented medical condition including a
9 life-threatening allergy, asthma, risk of anaphylaxis, risk of respiratory distress,
10 diabetes, hypoglycemia, adrenal crisis, or other medical condition~~[with asthma or~~
11 ~~by a student who is at risk of having anaphylaxis]~~ if the student's parent or
12 guardian:

13 (a) Provides written authorization for self-administration to the school; and

14 (b) Provides a written statement from the student's health care practitioner that the
15 student has a documented medical condition~~[asthma or is at risk of having~~
16 ~~anaphylaxis]~~ and has been instructed in self-administration of the student's
17 prescribed medications to treat the documented medical condition~~[asthma or~~
18 ~~anaphylaxis]~~. The statement shall also contain the following information:

- 19 1. The name and purpose of the medications;
20 2. The prescribed dosage;
21 3. The time or times the medications are to be regularly administered and
22 under what additional special circumstances the medications are to be
23 administered; and
24 4. The length of time for which the medications are prescribed.

25 (2) The statements required in subsection (1) of this section shall be kept on file in the
26 office of the school nurse or school administrator.

27 (3) The school district or the governing body of each private and parochial school or

1 school district shall inform the parent or guardian of the student that the school and
2 its employees and agents shall incur no liability as a result of any injury sustained
3 by the student from the self-administration of his or her medications to treat his or
4 her documented medical condition~~[asthma or anaphylaxis]~~. The parent or guardian
5 of the student shall sign a statement acknowledging that the school shall incur no
6 liability and the parent or guardian shall indemnify and hold harmless the school
7 and its employees against any claims relating to the self-administration of
8 medications used to treat his or her documented medical condition~~[asthma or~~
9 ~~anaphylaxis]~~. Nothing in this subsection shall be construed to relieve liability of the
10 school or its employees for negligence.

- 11 (4) The permission for self-administration of medications shall be effective for the
12 school year in which it is granted and shall be renewed each following school year
13 upon fulfilling the requirements of subsections (1) to (3) of this section.

14 ➔Section 9. KRS 158.836 is amended to read as follows:

- 15 (1) Upon fulfilling the requirements of KRS 158.834, a student with a documented
16 medical condition including a life-threatening allergy, asthma, risk of
17 anaphylaxis, risk of respiratory distress, diabetes, hypoglycemia, adrenal crisis, or
18 other documented medical condition~~[asthma or a student who is at risk of having~~
19 ~~anaphylaxis]~~ may possess and use medications to treat the documented medical
20 condition~~[asthma or anaphylaxis]~~ when at school, at a school-sponsored activity,
21 under the supervision of school personnel, or before and after normal school
22 activities while on school properties including school-sponsored child care or after-
23 school programs.
- 24 (2) A student who has a documented medical condition~~[life-threatening allergy]~~ shall
25 have:
- 26 (a) ~~[An injectable]Epinephrine[device],~~ a bronchodilator rescue inhaler,
27 nebulizer, glucagon, Solu-Cortef, or other medication as prescribed by a

1 health care practitioner and provided by his or her parent or guardian in his
2 or her possession or in the possession of the school nurse, school
3 administrator, or his or her designee in all school environments that the
4 student may be in, including the classroom, the cafeteria, the school bus, and
5 on field trips; and

6 (b) A written individual health care plan in place for the prevention and proactive
7 management for the student in all school environments that the student may
8 be in, including the classroom, the cafeteria, the school bus, and on field trips.
9 The individual health care plan required under this paragraph may be
10 incorporated in the student's individualized education program required under
11 Pub. L. No. 94-142 or the student's 504 plan required under Pub. L. No. 93-
12 112.

13 (3) (a) Each school is encouraged to keep ~~an injectable epinephrine device~~ in a
14 minimum of two (2) locations in the school, including but not limited to the
15 school office and the school cafeteria, so that epinephrine may be
16 administered to any student believed to be having a life-threatening allergic or
17 anaphylactic reaction. Schools electing to keep ~~injectable epinephrine~~
18 ~~devices~~ shall maintain if [them] in a secure, accessible, but unlocked
19 location. The provisions of this paragraph shall apply to the extent that the
20 ~~injectable epinephrine is [devices are]~~ donated to a school or a school has
21 sufficient funding to purchase the ~~injectable epinephrine devices~~.

22 (b) Each school is encouraged to keep a bronchodilator rescue inhaler or
23 nebulizer in a minimum of two (2) locations in the school, including but not
24 limited to the school office and athletic office, so that bronchodilator rescue
25 inhalers or nebulizers may be administered to any student believed to be
26 having asthma symptoms or respiratory distress. Schools electing to keep
27 bronchodilator rescue inhalers or nebulizers shall maintain them in a secure,

1 accessible, but unlocked location. The provisions of this paragraph shall apply
2 to the extent that the bronchodilator rescue inhalers or nebulizers are donated
3 to a school or a school has sufficient funding to purchase the bronchodilator
4 rescue inhalers or nebulizers.

5 (c) Each school is encouraged to stock undesignated glucagon as permitted
6 under Section 6 of this Act, in a minimum of two (2) locations in the school,
7 including but not limited to the school office and athletic office, so that
8 undesignated glucagon may be administered to any student believed to be
9 having low blood sugar symptoms or hypoglycemia. Schools electing to
10 stock undesignated glucagon shall maintain it in a secure, accessible, but
11 unlocked location and in accordance with Section 6 of this Act. The
12 provisions of this paragraph shall apply to the extent that the undesignated
13 glucagon is donated to a school or a school has sufficient funding to
14 purchase and stock undesignated glucagon.

15 (d) Each school electing to keep ~~injectable~~ epinephrine ~~devices~~ or
16 bronchodilator rescue inhalers, nebulizers, or undesignated glucagon, shall
17 implement policies and procedures for managing a student's life-threatening
18 allergic reaction, anaphylactic reaction, ~~for~~ asthma ~~},~~ or hypoglycemia,
19 developed and approved by the local school board.

20 (e)~~(d)~~ The Kentucky Department for Public Health shall develop clinical
21 protocols in the school health section of the Core Clinical Service Guide
22 manual that is maintained in the county or district public health department to
23 address ~~injectable~~ epinephrine ~~devices~~, ~~and~~ bronchodilator rescue
24 inhalers~~},~~ nebulizers, and glucagon kept by schools under this subsection
25 and to advise on clinical administration of the ~~injectable~~ epinephrine~~},~~
26 ~~devices~~, ~~and~~ bronchodilator rescue inhalers, nebulizers, and glucagon. The
27 protocols shall be developed in collaboration with local health departments or

- 1 local clinical providers and local schools and local school districts.
- 2 (4) Any school employee authorized under KRS 156.502 to administer medication
- 3 shall not be liable for any civil damages for ordinary negligence in acts or
- 4 omissions resulting from the administration or the assistance in the administration
- 5 of epinephrine, ~~for~~ a bronchodilator rescue inhaler, nebulizer, glucagon, Solu-
- 6 Cortef, or other prescribed medication to any student believed in good faith to be
- 7 having a life-threatening allergic or anaphylactic reaction, ~~for~~ asthma symptoms or
- 8 respiratory distress, hypoglycemia, or adrenal crisis.