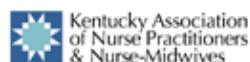


HB 354 Increases Access to Healthcare in Kentucky

Support Elimination of the CAPA-CS



HB 354 allows the APRN to discontinue the CAPA-CS after four years with KBN approval.

As the General Assembly approved in 2014 for the CAPA-NS, the bill removes the requirement for the Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS) for an APRN (Advanced Practice Registered Nurse) who has had a CAPA-CS for four years and whose license is in good standing, as reviewed by the Kentucky Board of Nursing (KBN).

HB 354 does not increase the number of APRN eligible prescribers.

APRNs have had the authority to prescribe controlled substances since 2006. Removing the requirement for the CAPA-CS after four years does not increase the number of APRN prescribers.

HB 354 does not expand the scope of practice of APRNs.

APRNs in Kentucky have been safely prescribing controlled substances within the statutory restrictions on schedules and refills for the past 14 years. NPs may only prescribe a 72-hour supply of Schedule II drugs such as morphine and oxycodone. This bill will not change prescribing restrictions currently in law.

KASPER data shows APRNs responsibly prescribe controlled substances.

The bill will NOT increase the problem with substance abuse. In fact, although the number of APRNs in Kentucky has increased, the average APRN prescribing of Schedule II opioids had decreased 34.0% from 2015 through 2020, the last year for which we have complete Kentucky All Schedule Prescription Electronic Reporting (KASPER) data. The average physician prescribing of Schedule II Opioids had decreased 18.6% in the same period, with a decrease of 38.0% for average dentists' opioid prescribing.

Opioid prescribing by APRNs during the COVID Emergency Period has not increased.

The KY Board of Nursing, as part of its Emergency Order to make nurses and services more available during the COVID pandemic, followed the federal recommendations and removed the CAPA-CS requirement for APRNs. Careful monitoring of the KASPER data before the Emergency Order and for the six quarters in which the CAPA-CS has been removed shows no significant differences in the average number of opioid prescriptions by APRNs without the CAPA-CS in place.

AVERAGE SCHEDULE II OPIOID PRESCRIPTIONS PER PROVIDER*

YEAR	DENTISTS	PHYSICIANS	APRNS
2018 ALL	26	51	25
2019 Q3	24	49	27
2019 Q4	21	56	24
2019 ALL	24	54	25
2020 Q1	26	61	30
KBN EO			
2020 Q2	21	55	27
2020 Q3	25	56	28
2020 Q4	22	52	26
2021 Q1	27	58	29
2021 Q2	28	60	30
2021 Q3	27	58	29

(HIGHLIGHTED NUMBERS ARE PRESCRIPTIONS BY
APRNs WITHOUT A CAPA-CS)

*Data in chart is taken from the KASPER reports for those time periods. The averages were calculated from the KASPER raw numbers of Schedule II Opioid prescriptions, divided by the number of providers in each professional category for the specific time period.

HB 354 increases treatment access for Kentuckians with opioid addiction.

There are more than 630 NPs who have received special training necessary to have a DEA Waiver to prescribe Medication Assisted Treatment (MAT) for opioid addiction. Currently, these NPs must have a CAPA-CS with a physician who also has Waiver. However, many NPs are not able to prescribe MAT because they cannot locate a physician with a Waiver who is willing to sign a CAPA-CS. Removing the CAPA-CS requirement makes more treatment available for Kentuckians with opioid addiction.

HB 354 ends access issues with provider/insurer alignment for care.

Some insurers will not credential the APRN if the physician who signs the CAPA-CS is not also credentialed with that same insurer. This severely limits patients' access to care.

Without a DEA number, APRNs cannot order medical supplies for their practices.

APRNs cannot obtain a US Drug Enforcement Administration (DEA) number without a CAPA-CS under current Kentucky law. A DEA number is needed to order certain medical supplies, like oxygen, flu shots, syringes and injectable medications such as Vitamin B12 and antibiotics. Removing the CAPA-CS requirement after four years will allow more APRNs to provide health care services to more patients across the Commonwealth by allowing them to open and have supplies for their practices.

KBN actively monitors APRN prescribing and takes action when violations are found.

The KY Board of Nursing (KBN) carefully monitors the actions of all nurses, including APRNs. KBN will review the APRN's license to assure that it is in good standing before the CAPA-CS requirement is removed. APRN prescribing will continue to be monitored by KBN, regardless of CAPA-CS status. Disciplinary actions taken by KBN are reported quarterly in their publication, *KBN Connection*, which is distributed to legislators.

HB 354 adds Kentucky to the growing list of states removing barriers to care.

Kentucky would join twenty-four (24) other states, DC and Guam in allowing APRNs to provide care to the full extent of their education and training.

HB 354 prioritizes solutions-based policy.

An Advisory Council made up of a practitioner appointed by the licensure boards of each health profession that prescribes or dispenses controlled substances would be housed in the Office of Inspector General of the Cabinet for Health & Family Services and would also include the Office of Drug Control Policy. The Council members will share trends and data and make recommendations to the boards to strengthen efforts to combat drug abuse, improve the data-collection system and share the KASPER data so that it is used for improved regulation and greater transparency.



February 2, 2022. For further information, please contact Kentucky Association of Nurse Practitioners & Nurse-Midwives.

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