



# HB 286 increases health care access for Kentuckians

## **HB 286 allows the APRN to discontinue the CAPA-CS after four years**

The bill removes the Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS) requirement after four years for an APRN whose license is in good standing, just as the General Assembly approved in 2014 for the CAPA-CS removal.

## **HB 286 does not expand the number of 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 286 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 13 years. NPs may only prescribe a 72-hour supply of Schedule II drugs such as fentanyl, morphine, and oxycodone. This will not change.

## **KASPER data shows APRNs responsibly prescribe controlled substances**

HB 286 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 has decreased 33.9% from 2015 through 2018, the last year for which we have complete data. In contrast, the average dentist prescribing Schedule II opioids has decreased 25.8% and the average physician prescribing of Schedule II opioids has decreased 21.2%.

## **HB 286 increases treatment access for Kentuckians with opioid addiction**

Currently, 408 NPs have received special training to prescribe Medication Assisted Treatment (MAT) for opioid addiction. Currently, these NPs must have a CAPA-CS with a physician who has also completed the training. However, many NPs are not able to prescribe MAT because they cannot locate a physician with the training who is willing to sign a CAPA-CS.

## **HB 286 ends 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 DEA number without a CAPA-CS under current Kentucky law. A US Drug Enforcement Administration (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 access to more patients across the Commonwealth.

## **KBN actively monitors APRN prescribing and takes action when indicated**

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. Disciplinary actions taken by KBN are reported quarterly in their publication, *KBN Connection*, which is distributed to legislators.

## **HB 286 adds Kentucky to the growing list of states removing barriers to care**

Kentucky would join twenty-two (22) other states, DC and Guam in allowing APRNs to provide care to the full extent of their education and training.