2026-24

RESOLUTION

Subject: Ensuring Minimum Clinical Training Hours for Autonomous Prescribing and Practice

Submitted by: Greater Louisville Medical Society

Referred to: Reference Committee

WHEREAS, the Commonwealth of Kentucky currently grants autonomous prescribing authority to Advanced Practice Registered Nurses (APRNs) after a four-year "passive timer" (KRS 314.042), which fails to account for actual clinical hours, case complexity, or standardized competency; and

WHEREAS, the original legislative intent of the four-year collaborative period was publicly defended as "somewhat mimicking the concept of a medical residency period," yet the current statutory language permits part-time employment and unverified hours to satisfy the requirement; and

WHEREAS, there is a profound training disparity between physicians, who complete between 12,000 and 16,000 hours of residency and fellowship, and non-physician practitioners who may complete as few as 500 clinical hours before entry into practice; and

WHEREAS, peer states including Florida, Arkansas, and Delaware have already transitioned from passive timers to mandatory clinical hour requirements ranging from 3,000 to over 6,000 hours, establishing a national regulatory trend toward competency-based independence; now, therefore, be it

RESOLVED, that KMA advocates for legislation to amend KRS 314.042 to require that an advanced practice registered nurse (APRN) must complete a minimum of four (4) calendar years and a minimum of 5,000 verified clinical hours of physician-collaborated practice before becoming eligible to prescribe without a collaborative agreement, establishing these dual requirements as the mandatory minimum floor for autonomous prescriptive authority; and be it further

RESOLVED, that KMA advocates that any legislation establishing these clinical hour requirements must include explicit statutory protections for participating physicians, ensuring that a collaborative agreement does not create a principal-agent relationship, and that a physician’s legal liability is strictly limited to administrative compliance with hour verification rather than vicarious liability or negligent supervision claims stemming from the independent prescribing decisions of the non-physician practitioner; and be it further

RESOLVED, that KMA advocates for legislative and regulatory measures that require enhanced transparency, geographic tracking, and mandatory auditing of prescribing patterns, particularly concerning Schedule II controlled substances, utilizing the Kentucky All Schedule Prescription Electronic

Reporting (KASPER) system to objectively assess prescriber safety and patterns before and after any transition to independent prescriptive authority.