

Agency Mission: To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas Board of Nursing
APRN Committee Agenda
September 15, 2020**

NOTE: The meeting will be held via Zoom. Link to access meeting to follow agenda.

Time: 2:00 p.m. – 3:00 p.m.

Committee Members:

Carol Bragdon, PhD, APRN, Chair
Patsy Zeller, MSN, APRN, NP-C, V. Chair
Jennifer Bendure, CRNA, DNP
Benjamin Cochran, DNP, APRN, NP-C
Bobbe Mansfield, DNP, FNP-BC
Jamie Harrington, DNP, APRN, CNM, FNP-BC
Dawn Gosnell, MSN, APRN, CNS, CCRN

Staff: Carol Moreland, MSN, RN – Executive Administrator
Jill Simons – Executive Assistant

- I. Call to Order
- II. Review of on-site packet
- III. Additions/Revisions to the agenda
- IV. Announcements
- V. Approval of minutes – June 16, 2020
- VI. Unfinished Business
 1. Prescription Monitoring Program (PMP) Committee Report – Bobbe Mansfield
 2. CNM-I Regulations
 3. HB 2412 Update – Amy Siple, KAPN President
 4. NCSBN 2012 Model Rules – Chapter 11
 5. Criteria for standard review for out of state programs
 6. Requirements for Accrediting Agencies and Criteria for APRN Certification
 7. Update for the Certification program of NBCRNA
- VII. New Business
 1. APRN Program approvals
 - a. North Park University – Adult NP
 - b. Otterbein University – Family NP
 - c. United States University – Family NP
- VIII. Agenda for December 2020 Committee meeting
- IX. Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30

calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

Please click the link below to join the webinar:

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Website link to access meeting materials: <https://ksbn.kansas.gov/board-packet/>

Alternate Meeting Viewing Via KSBN YouTube Live:

<https://www.youtube.com/user/ksnursing>

The Committee may discuss, vote to approve, vote to disapprove, vote to table, change the sequence of any agenda item, or vote to strike or not discuss any agenda item.

In the event electronic communications are lost or compromised during the meeting, the Kansas State Board of Nursing will attempt to restore communications for a maximum of (2) two hours. If unable to restore communications the meeting will be adjourned.

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HOUSE BILL No. 2412

By Committee on Federal and State Affairs

3-26

1 AN ACT concerning advanced practice registered nurses; board of
2 nursing; relating to the definition of practice; prescribing authority;
3 licensure requirements; rules and regulations; amending K.S.A. 65-
4 1130 and 65-4101, K.S.A. 2017 Supp. 65-1113, as amended by section
5 2 of chapter 42 of the 2018 Session Laws of Kansas, and K.S.A. 2018
6 Supp. 40-3401 and repealing the existing sections.

7
8 *Be it enacted by the Legislature of the State of Kansas:*

9 Section 1. K.S.A. 2017 Supp. 65-1113, as amended by section 2 of
10 chapter 42 of the 2018 Session Laws of Kansas, is hereby amended to read
11 as follows: 65-1113. When used in this act and the act of which this
12 section is amendatory:

13 (a) "Board" means the board of nursing.

14 (b) "Diagnosis" in the context of nursing practice, *for licensed*
15 *practical nurses and registered nurses*, means ~~that the~~ identification of and
16 discrimination between physical and psychosocial signs and symptoms
17 essential to effective execution and management of the ~~nursing regimen~~
18 ~~and shall be construed as distinct from a medical diagnosis~~ *nursing*
19 *regimen. Advanced practice registered nurses are educated and trained in*
20 *using diagnoses and may develop primary and differential diagnoses*
21 *within the advanced practice registered nurse scope of practice.*

22 (c) "Treatment" means the selection and performance of those
23 therapeutic measures essential to effective ~~execution~~ *implementation* and
24 management of the ~~nursing regimen, and any prescribed medical regimen~~
25 *patient's healthcare, determined by the nurse's level of education.*

26 (d) *Practice of nursing.* (1) The practice of professional nursing as
27 performed by a registered professional nurse for compensation or
28 gratuitously, except as permitted by K.S.A. 65-1124, and amendments
29 thereto, means the process in which substantial specialized knowledge
30 derived from the biological, physical, and behavioral sciences is applied
31 to: the: Care, diagnosis, treatment, counsel and health teaching of persons
32 who are experiencing changes in the normal health processes or who
33 require assistance in the maintenance of health or the prevention or
34 management of illness, injury or infirmity; administration, supervision or
35 teaching of the process as defined in this section; and the execution of the
36 ~~medical treatment~~ *treatment* regimen as prescribed by a person licensed to practice

1 medicine and surgery ~~or~~; a person licensed to practice dentistry *or a*
2 *person licensed to practice advanced practice registered nursing.*

3 (2) The practice of nursing as a licensed practical nurse means the
4 performance for compensation or gratuitously, except as permitted by
5 K.S.A. 65-1124, and any amendments thereto, of tasks and responsibilities
6 defined in paragraph (1), which ~~tasks and responsibilities~~ are based on
7 acceptable educational preparation within the framework of supportive and
8 restorative care under the direction of a registered professional nurse, a
9 person licensed to practice medicine and surgery or a person licensed to
10 practice dentistry.

11 (3) *The practice of professional nursing as an advanced practice*
12 *registered nurse as defined in subsection (g) within the APRN role means,*
13 *in addition to the practice and responsibilities of professional nursing as*
14 *defined in paragraph (1): Conducting an advanced assessment; ordering*
15 *and interpreting diagnostic procedures; establishing primary and*
16 *differential diagnoses; prescribing, ordering, administering and furnishing*
17 *therapeutic measures as set forth by the board; delegating and assigning*
18 *therapeutic measures to assistive personnel; collaborating and consulting*
19 *with physicians and other healthcare providers; providing referrals to*
20 *healthcare providers, agencies and community resources; and other acts*
21 *that require education and training consistent with the professional*
22 *standards and commensurate with the APRN's education, certification,*
23 *demonstrated competencies and experience.*

24 (e) A "professional nurse" means a person who is licensed to practice
25 professional nursing as defined in subsection (d)(1).

26 (f) A "practical nurse" means a person who is licensed to practice
27 practical nursing as defined in subsection (d)(2).

28 (g) "Advanced practice registered nurse" or "APRN" means a
29 professional nurse who holds a license from the board to ~~function~~ *practice*
30 *advanced practice registered nursing as defined in subsection (d)(3) as a*
31 *professional nurse in an advanced role, and this advanced role shall may be*
32 *further defined by rules and regulations consistent with the Kansas nurse*
33 *practice act adopted by the board in accordance with K.S.A. 65-1130, and*
34 *amendments thereto.*

35 (h) "Continuing nursing education" means learning experiences
36 intended to build upon the educational and experiential bases of the
37 registered professional and licensed practical nurse for the enhancement of
38 practice, education, administration, research or theory development to the
39 end of improving the health of the public.

40 (i) "Collaboration" means the process in which two or more
41 healthcare professionals work together to meet the healthcare needs of a
42 patient, as warranted by the patient.

43 (j) "Consultation" means the process in which an advanced practice

1 *registered nurse who maintains primary management responsibility for a*
 2 *patient's care seeks advice or opinion of a physician or another member of*
 3 *the healthcare team.*

4 Sec. 2. K.S.A. 65-1130 is hereby amended to read as follows: 65-
 5 1130. (a) No professional nurse shall announce or represent to the public
 6 that such person is an advanced practice registered nurse unless such
 7 professional nurse has complied with requirements established by the
 8 board and holds a valid license as an advanced practice registered nurse in
 9 accordance with the provisions of this section.

10 (b) (1) The board shall establish standards and requirements for any
 11 professional nurse who desires to obtain licensure as an advanced practice
 12 registered nurse. Such standards and requirements shall include, but not be
 13 limited to, standards and requirements relating to the education of
 14 advanced practice registered nurses. The board may give such
 15 examinations and secure such assistance as it deems necessary to
 16 determine the qualifications of applicants.

17 (2) *On and after July 1, 2020, for an applicant, an initial advanced*
 18 *practice registered nurse license shall have a current advanced practice*
 19 *registered nurse certification in such applicant's specific role granted by a*
 20 *national certifying organization recognized by the board whose*
 21 *certification standards are approved by the board as equal to or greater*
 22 *than the corresponding standards established by the board.*

23 (c) The board shall adopt rules and regulations *consistent with the*
 24 *Kansas nurse practice act* applicable to advanced practice registered
 25 nurses ~~which that~~:

26 (1) Establish roles and identify titles and abbreviations of advanced
 27 practice registered nurses ~~which that~~ are consistent with nursing practice
 28 specialties recognized by the nursing profession *including titles describing*
 29 *the four APRN roles of certified registered nurse anesthetist, clinical nurse*
 30 *specialist, certified nurse midwife and certified nurse practitioner.*

31 (2) Establish education and qualifications necessary for licensure for
 32 each role of advanced practice registered nurse established by the board ~~at~~
 33 ~~a level adequate to assure the competent performance by advanced~~
 34 ~~practice registered nurses of functions and procedures which advanced~~
 35 ~~practice registered nurses are authorized to perform. Advanced practice~~
 36 ~~registered nursing is based on knowledge and skills acquired in. Education~~
 37 *and qualifications for APRN licensure established by the board shall*
 38 *include completion of basic nursing education, licensure as a registered*
 39 *nurse and graduation from or completion of a master's or higher degree an*
 40 *accredited graduate or post-graduate level APRN program* in one of the
 41 advanced practice registered nurse roles approved by the board of nursing.

42 (3) Define the role of advanced practice registered nurses and
 43 establish limitations and restrictions on such role *consistent with the*

1 *Kansas nurse practice act.* The board shall adopt a definition of the role
 2 ~~under this paragraph which~~ *that* is consistent with the education and
 3 qualifications required to obtain a license as an advanced practice
 4 registered nurse, ~~which that~~ protects the public from persons performing
 5 functions and procedures as advanced practice registered nurses for which
 6 they lack adequate education and qualifications and ~~which that~~ authorizes
 7 advanced practice registered nurses to perform acts generally recognized
 8 by the profession of nursing as capable of being performed, in a manner
 9 consistent with the public health and safety, by persons with postbasic
 10 education in nursing. In defining such role the board shall consider:

11 (A) The education required for a licensure as an advanced practice
 12 registered nurse;

13 (B) the type of nursing practice and preparation in specialized
 14 advanced practice skills involved in each role of advanced practice
 15 registered nurse established by the board;

16 (C) the scope and limitations of advanced practice nursing prescribed
 17 by national advanced practice organizations. *Advanced practice nursing is*
 18 *built on the practice of health promotion, health maintenance, illness*
 19 *prevention, diagnosis, treatment and management of common health*
 20 *problems and acute and chronic conditions; and*

21 (D) acts recognized by the nursing profession as appropriate to be
 22 performed by persons with postbasic education in nursing.

23 (4) *Require an advanced practice registered nurse to wear*
 24 *identification that clearly identifies the nurse as such when providing*
 25 *direct patient care, unless wearing identification creates a safety or health*
 26 *risk to the nurse or patient.*

27 (d) (1) ~~An advanced practice registered nurse may prescribe drugs~~
 28 ~~pursuant to a written protocol as authorized by a responsible physician.~~
 29 ~~Each written protocol shall contain a precise and detailed medical plan of~~
 30 ~~care for each classification of disease or injury for which the advanced~~
 31 ~~practice registered nurse is authorized to prescribe and shall specify all~~
 32 ~~drugs which may be prescribed by the advanced practice registered nurse.~~
 33 ~~Any written, procure and administer prescription drugs and controlled~~
 34 ~~substances in schedules II through V pursuant to applicable federal and~~
 35 ~~state laws. An advanced practice registered nurse shall not prescribe any~~
 36 ~~drug that is intended to cause an abortion.~~

37 (2) ~~A prescription order shall include the name, address and telephone~~
 38 ~~number of the responsible physician. The advanced practice registered~~
 39 ~~nurse. An advanced practice registered nurse may not dispense drugs, but~~
 40 ~~may request, receive and sign for professional samples and may distribute~~
 41 ~~professional samples to patients pursuant to a written protocol as~~
 42 ~~authorized by a responsible physician.~~

43 (3) In order to prescribe controlled substances, the advanced practice

1 registered nurse shall: ~~(1)~~

2 (A) Register with the federal drug enforcement administration; and

3 ~~(2)~~

4 ~~(B) notify the board of the name and address of the responsible~~
5 ~~physician or physicians. In no case shall the scope of authority of the~~
6 ~~advanced practice registered nurse exceed the normal and customary~~
7 ~~practice of the responsible physician federal drug enforcement~~
8 ~~administration registration as prescribed by the rules and regulations of~~
9 ~~the board. An advanced practice registered nurse shall comply with the~~
10 ~~federal drug enforcement administration requirements related to~~
11 ~~controlled substances.~~

12 (4) An advanced practice registered nurse certified in the role of
13 registered nurse anesthetist while functioning as a registered nurse
14 anesthetist under K.S.A. 65-1151 through 65-1164, and amendments
15 thereto, shall be subject to the provisions of K.S.A. 65-1151 through 65-
16 1164, and amendments thereto, with respect to drugs and anesthetic agents
17 and shall not be subject to the provisions of this subsection. ~~For the~~
18 ~~purposes of this subsection, "responsible physician" means a person~~
19 ~~licensed to practice medicine and surgery in Kansas who has accepted~~
20 ~~responsibility for the protocol and the actions of the advanced practice~~
21 ~~registered nurse when prescribing drugs.~~

22 (5) *An advanced practice registered nurse shall maintain malpractice*
23 *insurance coverage in effect as a condition of rendering professional*
24 *service as an advanced practice registered nurse in this state and shall*
25 *provide proof of insurance at the time of licensure and renewal of license.*
26 *The requirements of this paragraph shall not apply to an advanced*
27 *practice registered nurse who: Practices solely in employment for which*
28 *the advanced practice registered nurse is covered under the federal tort*
29 *claims act or Kansas tort claims act; practices solely as a charitable*
30 *healthcare provider under K.S.A. 75-6102, and amendments thereto; or is*
31 *servicing on active duty in the military service of the United States.*

32 (e) As used in this section, "drug" means those articles and substances
33 defined as drugs in K.S.A. 65-1626 and 65-4101, and amendments thereto.

34 (f) A person registered to practice as an advanced registered nurse
35 practitioner in the state of Kansas immediately prior to the effective date of
36 this act shall be deemed to be licensed to practice as an advanced practice
37 registered nurse under this act and such person shall not be required to file
38 an original application for licensure under this act. Any application for
39 registration filed ~~which~~ *that* has not been granted prior to the effective date
40 of this act shall be processed as an application for licensure under this act.

41 (g) An advanced practice registered nurse certified in the role of
42 certified nurse-midwife and engaging in the independent practice of
43 midwifery under the independent practice of midwifery act with respect to

1 prescribing drugs shall be subject to the provisions of the independent
2 practice of midwifery act and shall not be subject to the provisions of this
3 section.

4 *(h) (1) The board shall adopt rules and regulations establishing a*
5 *program of transition to full practice as an advanced practice registered*
6 *nurse. Any advanced practice registered nurse who has less than 4,000*
7 *hours of licensed active practice as an advanced practice registered nurse*
8 *under a collaborative relationship with a physician in accordance with*
9 *this subsection shall be required to undergo such transition program. Any*
10 *hours completed under a written protocol with a responsible physician*
11 *prior to the amendments made to this section by this act shall not count*
12 *towards the 4,000-hour requirement.*

13 *(2) A transition period advanced practice registered nurse shall not*
14 *prescribe, procure or administer prescription drugs, except as provided in*
15 *this paragraph. As part of the transition to full practice as an advanced*
16 *practice registered nurse, an advanced practice registered nurse shall*
17 *complete 4,000 hours in accordance with paragraph (1) within a period of*
18 *three years while maintaining a collaborative relationship with a*
19 *physician or a full practice advanced practice registered nurse for the*
20 *prescription, procurement and administration of prescription drugs by the*
21 *transition period advanced practice registered nurse.*

22 *(3) A transition period advanced practice registered nurse may*
23 *engage in the practice of nursing as an advanced practice registered nurse*
24 *and may prescribe, procure and administer prescription drugs as part of*
25 *the collaborative relationship described in paragraph (2).*

26 *(4) The board shall specify the manner and form in which a*
27 *transition period advanced practice registered nurse may identify and*
28 *represent such credentials, professionally and to the public.*

29 *(5) A transition period advanced practice registered nurse shall*
30 *complete any documentation required by the board to demonstrate*
31 *completion of the transition program prior to becoming a full practice*
32 *advanced practice registered nurse. Upon successful completion of the*
33 *transition program, the board shall authorize the advanced practice*
34 *registered nurse to engage in the practice of advanced practice registered*
35 *nursing without the limitations imposed by this subsection and as*
36 *otherwise authorized by law.*

37 *(6) The board shall adopt rules and regulations as necessary to*
38 *implement and administer this subsection.*

39 *(7) As used in this subsection:*

40 *(A) "Full practice" means the full extent of practice authorized under*
41 *the Kansas nurse practice act, and rules and regulations adopted*
42 *thereunder, without a written protocol with a responsible physician or a*
43 *collaborative relationship with a physician.*

1 (B) "Physician" means a person licensed by the state board of
2 healing arts to practice medicine and surgery.

3 Sec. 3. K.S.A. 65-4101 is hereby amended to read as follows: 65-
4 4101. As used in this act: (a) "Administer" means the direct application of
5 a controlled substance, whether by injection, inhalation, ingestion or any
6 other means, to the body of a patient or research subject by:

7 (1) A practitioner or pursuant to the lawful direction of a practitioner;
8 or

9 (2) the patient or research subject at the direction and in the presence
10 of the practitioner.

11 (b) "Agent" means an authorized person who acts on behalf of or at
12 the direction of a manufacturer, distributor or dispenser. It does not include
13 a common carrier, public warehouseman or employee of the carrier or
14 warehouseman.

15 (c) "Application service provider" means an entity that sells
16 electronic prescription or pharmacy prescription applications as a hosted
17 service where the entity controls access to the application and maintains
18 the software and records on its server.

19 (d) "Board" means the state board of pharmacy.

20 (e) "Bureau" means the bureau of narcotics and dangerous drugs,
21 United States department of justice, or its successor agency.

22 (f) "Controlled substance" means any drug, substance or immediate
23 precursor included in any of the schedules designated in K.S.A. 65-4105,
24 65-4107, 65-4109, 65-4111 and 65-4113, and amendments thereto.

25 (g) (1) "Controlled substance analog" means a substance that is
26 intended for human consumption, and at least one of the following:

27 (A) The chemical structure of the substance is substantially similar to
28 the chemical structure of a controlled substance listed in or added to the
29 schedules designated in K.S.A. 65-4105 or 65-4107, and amendments
30 thereto;

31 (B) the substance has a stimulant, depressant or hallucinogenic effect
32 on the central nervous system substantially similar to the stimulant,
33 depressant or hallucinogenic effect on the central nervous system of a
34 controlled substance included in the schedules designated in K.S.A. 65-
35 4105 or 65-4107, and amendments thereto; or

36 (C) with respect to a particular individual, such individual represents
37 or intends the substance to have a stimulant, depressant or hallucinogenic
38 effect on the central nervous system substantially similar to the stimulant,
39 depressant or hallucinogenic effect on the central nervous system of a
40 controlled substance included in the schedules designated in K.S.A. 65-
41 4105 or 65-4107, and amendments thereto.

42 (2) "Controlled substance analog" does not include:

43 (A) A controlled substance;

- 1 (B) a substance for which there is an approved new drug application;
2 or
- 3 (C) a substance with respect to which an exemption is in effect for
4 investigational use by a particular person under section 505 of the federal
5 food, drug and cosmetic act, 21 U.S.C. § 355, to the extent conduct with
6 respect to the substance is permitted by the exemption.
- 7 (h) "Counterfeit substance" means a controlled substance ~~which that,~~
8 or the container or labeling of which, without authorization bears the
9 trademark, trade name or other identifying mark, imprint, number or
10 device or any likeness thereof of a manufacturer, distributor or dispenser
11 other than the person who in fact manufactured, distributed or dispensed
12 the substance.
- 13 (i) "Cultivate" means the planting or promotion of growth of five or
14 more plants ~~which that~~ contain or can produce controlled substances.
- 15 (j) "DEA" means the U.S. department of justice, drug enforcement
16 administration.
- 17 (k) "Deliver" or "delivery" means the actual, constructive or
18 attempted transfer from one person to another of a controlled substance,
19 whether or not there is an agency relationship.
- 20 (l) "Dispense" means to deliver a controlled substance to an ultimate
21 user or research subject by or pursuant to the lawful order of a practitioner,
22 including the packaging, labeling or compounding necessary to prepare the
23 substance for that delivery, or pursuant to the prescription of a mid-level
24 practitioner.
- 25 (m) "Dispenser" means a practitioner or pharmacist who dispenses, or
26 a physician assistant who has authority to dispense prescription-only drugs
27 in accordance with K.S.A. 65-28a08(b), and amendments thereto.
- 28 (n) "Distribute" means to deliver other than by administering or
29 dispensing a controlled substance.
- 30 (o) "Distributor" means a person who distributes.
- 31 (p) "Drug" means: (1) Substances recognized as drugs in the official
32 United States pharmacopeia, official homeopathic pharmacopoeia of the
33 United States or official national formulary or any supplement to any of
34 them; (2) substances intended for use in the diagnosis, cure, mitigation,
35 treatment or prevention of disease in human or animals; (3) substances
36 (other than food) intended to affect the structure or any function of the
37 body of human or animals; and (4) substances intended for use as a
38 component of any article specified in paragraph (1), (2) or (3). It does not
39 include devices or their components, parts or accessories.
- 40 (q) "Immediate precursor" means a substance ~~which that~~ the board
41 has found to be and by rule and regulation designates as being the
42 principal compound commonly used or produced primarily for use and
43 ~~which that~~ is an immediate chemical intermediary used or likely to be used

1 in the manufacture of a controlled substance, the control of which is
2 necessary to prevent, curtail or limit manufacture.

3 (r) "Electronic prescription" means an electronically prepared
4 prescription that is authorized and transmitted from the prescriber to the
5 pharmacy by means of electronic transmission.

6 (s) "Electronic prescription application" means software that is used
7 to create electronic prescriptions and that is intended to be installed on the
8 prescriber's computers and servers where access and records are controlled
9 by the prescriber.

10 (t) "Electronic signature" means a confidential personalized digital
11 key, code, number or other method for secure electronic data transmissions
12 ~~which~~ *that* identifies a particular person as the source of the message,
13 authenticates the signatory of the message and indicates the person's
14 approval of the information contained in the transmission.

15 (u) "Electronic transmission" means the transmission of an electronic
16 prescription, formatted as an electronic data file, from a prescriber's
17 electronic prescription application to a pharmacy's computer, where the
18 data file is imported into the pharmacy prescription application.

19 (v) "Electronically prepared prescription" means a prescription that is
20 generated using an electronic prescription application.

21 (w) "Facsimile transmission" or "fax transmission" means the
22 transmission of a digital image of a prescription from the prescriber or the
23 prescriber's agent to the pharmacy. "Facsimile transmission" includes, but
24 is not limited to, transmission of a written prescription between the
25 prescriber's fax machine and the pharmacy's fax machine; transmission of
26 an electronically prepared prescription from the prescriber's electronic
27 prescription application to the pharmacy's fax machine, computer or
28 printer; or transmission of an electronically prepared prescription from the
29 prescriber's fax machine to the pharmacy's fax machine, computer or
30 printer.

31 (x) "Intermediary" means any technology system that receives and
32 transmits an electronic prescription between the prescriber and the
33 pharmacy.

34 (y) "Isomer" means all enantiomers and diastereomers.

35 (z) "Manufacture" means the production, preparation, propagation,
36 compounding, conversion or processing of a controlled substance either
37 directly or indirectly or by extraction from substances of natural origin or
38 independently by means of chemical synthesis or by a combination of
39 extraction and chemical synthesis and includes any packaging or
40 repackaging of the substance or labeling or relabeling of its container,
41 except that this term does not include the preparation or compounding of a
42 controlled substance by an individual for the individual's own lawful use
43 or the preparation, compounding, packaging or labeling of a controlled

1 substance:

2 (1) By a practitioner or the practitioner's agent pursuant to a lawful
3 order of a practitioner as an incident to the practitioner's administering or
4 dispensing of a controlled substance in the course of the practitioner's
5 professional practice; or

6 (2) by a practitioner or by the practitioner's authorized agent under
7 such practitioner's supervision for the purpose of or as an incident to
8 research, teaching or chemical analysis or by a pharmacist or medical care
9 facility as an incident to dispensing of a controlled substance.

10 (aa) "Marijuana" means all parts of all varieties of the plant Cannabis
11 whether growing or not, the seeds thereof, the resin extracted from any
12 part of the plant and every compound, manufacture, salt, derivative,
13 mixture or preparation of the plant, its seeds or resin. It does not include:
14 (1) The mature stalks of the plant, fiber produced from the stalks, oil or
15 cake made from the seeds of the plant, any other compound, manufacture,
16 salt, derivative, mixture or preparation of the mature stalks, except the
17 resin extracted therefrom, fiber, oil or cake or the sterilized seed of the
18 plant ~~which~~ that is incapable of germination; (2) any substance listed in
19 schedules II through V of the uniform controlled substances act; or (3)
20 cannabidiol (other trade name: 2-[(3-methyl-6-(1-methylethenyl)-2-
21 cyclohexen-1-yl]-5-pentyl-1,3-benzenediol).

22 (bb) "Medical care facility" shall have the meaning ascribed to that
23 term in K.S.A. 65-425, and amendments thereto.

24 (cc) "Mid-level practitioner" means a certified nurse-midwife
25 engaging in the independent practice of midwifery under the independent
26 practice of midwifery act, an advanced practice registered nurse issued a
27 license pursuant to K.S.A. 65-1131, and amendments thereto, who has
28 authority to prescribe drugs pursuant to ~~a written protocol with a~~
29 ~~responsible physician under~~ K.S.A. 65-1130, and amendments thereto, or a
30 physician assistant licensed under the physician assistant licensure act who
31 has authority to prescribe drugs pursuant to a written agreement with a
32 supervising physician under K.S.A. 65-28a08, and amendments thereto.

33 (dd) "Narcotic drug" means any of the following whether produced
34 directly or indirectly by extraction from substances of vegetable origin or
35 independently by means of chemical synthesis or by a combination of
36 extraction and chemical synthesis:

37 (1) Opium and opiate and any salt, compound, derivative or
38 preparation of opium or opiate;

39 (2) any salt, compound, isomer, derivative or preparation thereof
40 ~~which~~ that is chemically equivalent or identical with any of the substances
41 referred to in paragraph (1) but not including the isoquinoline alkaloids of
42 opium;

43 (3) opium poppy and poppy straw; *or*

1 (4) coca leaves and any salt, compound, derivative or preparation of
2 coca leaves, and any salt, compound, isomer, derivative or preparation
3 thereof ~~which~~ *that* is chemically equivalent or identical with any of these
4 substances, but not including decocainized coca leaves or extractions of
5 coca leaves ~~which~~ *that* do not contain cocaine or ecgonine.

6 (ee) "Opiate" means any substance having an addiction-forming or
7 addiction-sustaining liability similar to morphine or being capable of
8 conversion into a drug having addiction-forming or addiction-sustaining
9 liability. It does not include, unless specifically designated as controlled
10 under K.S.A. 65-4102, and amendments thereto, the dextrorotatory isomer
11 of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does
12 include its racemic and levorotatory forms.

13 (ff) "Opium poppy" means the plant of the species *Papaver*
14 *somniferum* L. except its seeds.

15 (gg) "Person" means an individual, corporation, government, or
16 governmental subdivision or agency, business trust, estate, trust,
17 partnership or association or any other legal entity.

18 (hh) "Pharmacist" means any natural person licensed under K.S.A.
19 65-1625 et seq., and amendments thereto, to practice pharmacy.

20 (ii) "Pharmacist intern" means: (1) A student currently enrolled in an
21 accredited pharmacy program; (2) a graduate of an accredited pharmacy
22 program serving such person's internship; or (3) a graduate of a pharmacy
23 program located outside of the United States ~~which~~ *that* is not accredited,
24 and who had successfully passed equivalency examinations approved by
25 the board.

26 (jj) "Pharmacy prescription application" means software that is used
27 to process prescription information, is installed on a pharmacy's computers
28 and servers, and is controlled by the pharmacy.

29 (kk) "Poppy straw" means all parts, except the seeds, of the opium
30 poppy, after mowing.

31 (ll) "Practitioner" means a person licensed to practice medicine and
32 surgery, dentist, podiatrist, veterinarian, optometrist, or scientific
33 investigator or other person authorized by law to use a controlled
34 substance in teaching or chemical analysis or to conduct research with
35 respect to a controlled substance.

36 (mm) "Prescriber" means a practitioner or a mid-level practitioner.

37 (nn) "Production" includes the manufacture, planting, cultivation,
38 growing or harvesting of a controlled substance.

39 (oo) "Readily retrievable" means that records kept by automatic data
40 processing applications or other electronic or mechanized recordkeeping
41 systems can be separated out from all other records within a reasonable
42 time not to exceed 48 hours of a request from the board or other authorized
43 agent or that hard-copy records are kept on which certain items are

1 asterisked, redlined or in some other manner visually identifiable apart
2 from other items appearing on the records.

3 (pp) "Ultimate user" means a person who lawfully possesses a
4 controlled substance for such person's own use or for the use of a member
5 of such person's household or for administering to an animal owned by
6 such person or by a member of such person's household.

7 Sec. 4. K.S.A. 2018 Supp. 40-3401 is hereby amended to read as
8 follows: 40-3401. As used in this act:

9 (a) "Applicant" means any healthcare provider.

10 (b) "Basic coverage" means a policy of professional liability
11 insurance required to be maintained by each healthcare provider pursuant
12 to the provisions of K.S.A. 40-3402(a) or (b), and amendments thereto.

13 (c) "Commissioner" means the commissioner of insurance.

14 (d) "Fiscal year" means the year commencing on the effective date of
15 this act and each year, commencing on the first day of July thereafter.

16 (e) "Fund" means the healthcare stabilization fund established
17 pursuant to K.S.A. 40-3403(a), and amendments thereto.

18 (f) (1) "Healthcare provider" means a person licensed to practice any
19 branch of the healing arts by the state board of healing arts, a person who
20 holds a temporary permit to practice any branch of the healing arts issued
21 by the state board of healing arts, a person engaged in a postgraduate
22 training program approved by the state board of healing arts, a medical
23 care facility licensed by the state of Kansas, a podiatrist licensed by the
24 state board of healing arts, a health maintenance organization issued a
25 certificate of authority by the commissioner, an optometrist licensed by the
26 board of examiners in optometry, a pharmacist licensed by the state board
27 of pharmacy, a licensed professional nurse who is authorized to practice as
28 a registered nurse anesthetist, a licensed professional nurse who has been
29 granted a temporary authorization to practice nurse anesthesia under
30 K.S.A. 65-1153, and amendments thereto, a professional corporation
31 organized pursuant to the professional corporation law of Kansas by
32 persons who are authorized by such law to form such a corporation and
33 who are healthcare providers as defined by this subsection, a Kansas
34 limited liability company organized for the purpose of rendering
35 professional services by its members who are healthcare providers as
36 defined by this subsection and who are legally authorized to render the
37 professional services for which the limited liability company is organized,
38 a partnership of persons who are healthcare providers under this
39 subsection, a Kansas not-for-profit corporation organized for the purpose
40 of rendering professional services by persons who are healthcare providers
41 as defined by this subsection, a nonprofit corporation organized to
42 administer the graduate medical education programs of community
43 hospitals or medical care facilities affiliated with the university of Kansas

1 school of medicine, a dentist certified by the state board of healing arts to
 2 administer anesthetics under K.S.A. 65-2899, and amendments thereto, a
 3 psychiatric hospital licensed prior to January 1, 1988, and continuously
 4 thereafter under K.S.A. 2015 Supp. 75-3307b, prior to its repeal, and
 5 K.S.A. 2018 Supp. 39-2001 et seq., and amendments thereto, ~~or~~ a mental
 6 health center or mental health clinic licensed by the state of Kansas. ~~On~~
 7 ~~and after January 1, 2015, "healthcare provider" also means, a physician~~
 8 assistant licensed by the state board of healing arts, a licensed advanced
 9 practice registered nurse who is authorized by the board of nursing to
 10 practice as an advanced practice registered nurse in the classification of a
 11 nurse-midwife, a licensed advanced practice registered nurse who has been
 12 granted a temporary authorization by the board of nursing to practice as an
 13 advanced practice registered nurse in the classification of a nurse-midwife,
 14 a nursing facility licensed by the state of Kansas, an assisted living facility
 15 licensed by the state of Kansas ~~or~~, a residential healthcare facility licensed
 16 by the state of Kansas *or an advanced practice registered nurse licensed*
 17 *by the board of nursing.*

18 (2) "Healthcare provider" does not include: ~~(1)~~(A) Any state
 19 institution for people with intellectual disability; ~~(2)~~(B) any state
 20 psychiatric hospital; ~~(3)~~(C) any person holding an exempt license issued
 21 by the state board of healing arts or the board of nursing; ~~(4)~~(D) any
 22 person holding a visiting clinical professor license from the state board of
 23 healing arts; ~~(5)~~(E) any person holding an inactive license issued by the
 24 state board of healing arts; ~~(6)~~(F) any person holding a federally active
 25 license issued by the state board of healing arts; ~~(7)~~(G) an advanced
 26 practice registered nurse who is authorized by the board of nursing to
 27 practice as an advanced practice registered nurse in the classification of
 28 nurse-midwife or nurse anesthetist and who practices solely in the course
 29 of employment or active duty in the United States government or any of its
 30 departments, bureaus or agencies or who provides professional services as
 31 a charitable healthcare provider as defined under K.S.A. 75-6102, and
 32 amendments thereto; ~~or~~ ~~(8)~~ (H) a physician assistant licensed by the state
 33 board of healing arts who practices solely in the course of employment or
 34 active duty in the United States government or any of its departments,
 35 bureaus or agencies or who provides professional services as a charitable
 36 healthcare provider as defined under K.S.A. 75-6102, and amendments
 37 thereto; *or (I) an advanced practice registered nurse: (i) Holding an*
 38 *inactive license issued by the board of nursing; (ii) practicing solely in*
 39 *employment for which the advanced practice registered nurse is covered*
 40 *under the federal tort claims act or the Kansas tort claims act; (iii)*
 41 *practicing solely as a charitable healthcare provider in accordance with*
 42 *K.S.A. 75-6102, and amendments thereto; or (iv) practicing solely while*
 43 *servicing on active duty in the military service of the United States.*

1 (g) "Inactive healthcare provider" means a person or other entity who
2 purchased basic coverage or qualified as a self-insurer on or subsequent to
3 the effective date of this act but who, at the time a claim is made for
4 personal injury or death arising out of the rendering of or the failure to
5 render professional services by such healthcare provider, does not have
6 basic coverage or self-insurance in effect solely because such person is no
7 longer engaged in rendering professional service as a healthcare provider.

8 (h) "Insurer" means any corporation, association, reciprocal
9 exchange, inter-insurer and any other legal entity authorized to write
10 bodily injury or property damage liability insurance in this state, including
11 workers compensation and automobile liability insurance, pursuant to the
12 provisions of the acts contained in article 9, 11, 12 or 16 of chapter 40 of
13 the Kansas Statutes Annotated, and amendments thereto.

14 (i) "Plan" means the operating and administrative rules and
15 procedures developed by insurers and rating organizations or the
16 commissioner to make professional liability insurance available to
17 healthcare providers.

18 (j) "Professional liability insurance" means insurance providing
19 coverage for legal liability arising out of the performance of professional
20 services rendered or that should have been rendered by a healthcare
21 provider.

22 (k) "Rating organization" means a corporation, an unincorporated
23 association, a partnership or an individual licensed pursuant to K.S.A. 40-
24 956, and amendments thereto, to make rates for professional liability
25 insurance.

26 (l) "Self-insurer" means a healthcare provider who qualifies as a self-
27 insurer pursuant to K.S.A. 40-3414, and amendments thereto.

28 (m) "Medical care facility" means the same when used in the
29 healthcare provider insurance availability act as defined in K.S.A. 65-425,
30 and amendments thereto, except that as used in the healthcare provider
31 insurance availability act such term, as it relates to insurance coverage
32 under the healthcare provider insurance availability act, also includes any
33 director, trustee, officer or administrator of a medical care facility.

34 (n) "Mental health center" means a mental health center licensed by
35 the state of Kansas under K.S.A. 2018 Supp. 39-2001 et seq., and
36 amendments thereto, except that as used in the healthcare provider
37 insurance availability act such term, as it relates to insurance coverage
38 under the healthcare provider insurance availability act, also includes any
39 director, trustee, officer or administrator of a mental health center.

40 (o) "Mental health clinic" means a mental health clinic licensed by
41 the state of Kansas under K.S.A. 2018 Supp. 39-2001 et seq., and
42 amendments thereto, except that as used in the healthcare provider
43 insurance availability act such term, as it relates to insurance coverage

1 under the healthcare provider insurance availability act, also includes any
2 director, trustee, officer or administrator of a mental health clinic.

3 (p) "State institution for people with intellectual disability" means
4 Winfield state hospital and training center, Parsons state hospital and
5 training center and the Kansas neurological institute.

6 (q) "State psychiatric hospital" means Larned state hospital,
7 Osawatomie state hospital and Rainbow mental health facility.

8 (r) "Person engaged in residency training" means:

9 (1) A person engaged in a postgraduate training program approved by
10 the state board of healing arts who is employed by and is studying at the
11 university of Kansas medical center only when such person is engaged in
12 medical activities that do not include extracurricular, extra-institutional
13 medical service for which such person receives extra compensation and
14 that have not been approved by the dean of the school of medicine and the
15 executive vice-chancellor of the university of Kansas medical center.
16 Persons engaged in residency training shall be considered resident
17 healthcare providers for purposes of K.S.A. 40-3401 et seq., and
18 amendments thereto; and

19 (2) a person engaged in a postgraduate training program approved by
20 the state board of healing arts who is employed by a nonprofit corporation
21 organized to administer the graduate medical education programs of
22 community hospitals or medical care facilities affiliated with the university
23 of Kansas school of medicine or who is employed by an affiliate of the
24 university of Kansas school of medicine as defined in K.S.A. 76-367, and
25 amendments thereto, only when such person is engaged in medical
26 activities that do not include extracurricular, extra-institutional medical
27 service for which such person receives extra compensation and that have
28 not been approved by the chief operating officer of the nonprofit
29 corporation or the chief operating officer of the affiliate and the executive
30 vice-chancellor of the university of Kansas medical center.

31 (s) "Full-time physician faculty employed by the university of Kansas
32 medical center" means a person licensed to practice medicine and surgery
33 who holds a full-time appointment at the university of Kansas medical
34 center when such person is providing healthcare. A person licensed to
35 practice medicine and surgery who holds a full-time appointment at the
36 university of Kansas medical center may also be employed part-time by
37 the United States department of veterans affairs if such employment is
38 approved by the executive vice-chancellor of the university of Kansas
39 medical center.

40 (t) "Sexual act" or "sexual activity" means that sexual conduct that
41 constitutes a criminal or tortious act under the laws of the state of Kansas.

42 (u) "Board" means the board of governors created by K.S.A. 40-3403,
43 and amendments thereto.

1 (v) "Board of directors" means the governing board created by K.S.A.
2 40-3413, and amendments thereto.

3 (w) "Locum tenens contract" means a temporary agreement not
4 exceeding 182 days per calendar year that employs a healthcare provider
5 to actively render professional services in this state.

6 (x) "Professional services" means patient care or other services
7 authorized under the act governing licensure of a healthcare provider.

8 (y) "Healthcare facility" means a nursing facility, an assisted living
9 facility or a residential healthcare facility as all such terms are defined in
10 K.S.A. 39-923, and amendments thereto.

11 (z) "Charitable healthcare provider" means the same as defined in
12 K.S.A. 75-6102, and amendments thereto.

13 Sec. 5. K.S.A. 65-1130 and 65-4101, K.S.A. 2017 Supp. 65-1113, as
14 amended by section 2 of chapter 42 of the 2018 Session Laws of Kansas,
15 and K.S.A. 2018 Supp. 40-3401 are hereby repealed.

16 Sec. 6. This act shall take effect and be in force from and after July 1,
17 2020, and its publication in the statute book.

April 8, 2019

The Honorable Brenda Landwehr, Chairperson
House Committee on Health and Human Services
Statehouse, Room 352-S
Topeka, Kansas 66612

Dear Representative Landwehr:

SUBJECT: Fiscal Note for HB 2412 by House Committee on Federal and State Affairs

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2412 is respectfully submitted to your committee.

HB 2412 would make the following changes to the Nurse Practice Act:

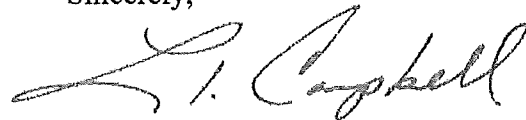
1. Any Advanced Practice Registered Nurse (APRN) who has less than 4,000 hours of licensed active practice under a collaborative relationship with a physician would be required to complete a transition program that consists of 4,000 hours within a three-year period while maintaining a collaborative relationship with a physician or a full practice APRN;
2. APRN practice, when not in the transition program, would be independent and no longer require a collaborative agreement with a physician and there would be no physician oversight;
3. Proof of national certification would be required for APRN licensure and renewal;
4. The Board of Nursing would have to recognize and approve the national certifying organizations with certification standards that are equal to or greater than the Board's standards;
5. The Board of Nursing would have to include in rules and regulations the federal drug enforcement administration registration and monitor APRN compliance with this requirement;
6. APRNs would be able to prescribe medications independently; and
7. APRN would have to maintain malpractice insurance coverage through the Health Care Stabilization Fund.

Estimated State Fiscal Effect				
	FY 2019 SGF	FY 2019 All Funds	FY 2020 SGF	FY 2020 All Funds
Revenue	--	--	--	Unable to estimate
Expenditure	--	--	--	\$219,607
FTE Pos.	--	--	--	2.00

The Board of Nursing states that enactment of HB 2412 would require the addition of a validation function to the agency licensure software. The Board estimates additional expenditures of \$25,000 to upgrade the software. The Board would also have to notify all licensed APRNs and their employers regarding the change in licensure requirements at an estimated cost of \$6,752. Both the upgrade and communication costs would be one-time expenditures. All other associated costs of enactment would be preformed within the agency’s current resource budget. The Board state that enactment of the bill would not affect agency revenues.

The Healthcare Stabilization Fund states that enactment of HB 2412 would add up to 5,000 APRNs to the fund, which equates to an increase in providers of approximately 30.0 percent. The agency states that the increase in administrative duties associated with the additional providers would require the addition of 2.00 FTE Compliance Officer positions. The estimated salary and other operating expenditures for the new positions is \$160,855. Of that amount \$4,894 would be one-time expenditures for office equipment and furniture. The addition of these providers would also increase expenditures for attorneys and other related claims costs and would affect surcharge revenue, however, the agency is unable to estimate these costs. An additional actuary study costing \$27,000 would be required to estimate the full fiscal effect. Any fiscal effect associated with HB 2412 is not reflected in *The FY 2020 Governor’s Budget Report*.

Sincerely,



Larry L. Campbell
 Director of the Budget

cc: Jill Simons, Board of Nursing
 Clark Shultz, Health Care Stabilization Fund

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Article XI. APRN Title and Scope of Practice

Section 1. Title and Scope of Practice

- a. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who functions in a population focus as set forth in rule. An APRN may serve as primary or acute care provider of record.
- b. Population focus shall include:
 - 1. Family/individual across the lifespan
 - 2. Adult-gerontology
 - 3. Neonatal
 - 4. Pediatrics
 - 5. Women's health/gender-related or
 - 6. Psychiatric/mental health
- c. In addition to the RN scope of practice and within the APRN role and population focus, APRN practice shall include:
 - 1. Conducting an advanced assessment
 - 2. Ordering and interpreting diagnostic procedures
 - 3. Establishing primary and differential diagnoses
 - 4. Prescribing, ordering, administering, dispensing and furnishing therapeutic measures as set forth in Section 5 of this Article.
 - 5. Delegating and assigning therapeutic measures to assistive personnel

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Chapter 11 – APRN – Scope of Practice

11.1 Standards

- a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards of the national professional nursing associations recognized by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists.
- b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations.

<p style="text-align: center;">2012 Model Act Article XI. APRN Title and Scope of Practice</p>	<p style="text-align: center;">2012 Model Rules Chapter 11 – APRN – Scope of Practice</p>
<ul style="list-style-type: none">6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources7. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and8. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience <p>d. APRNs are licensed independent practitioners within standards established or recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for:</p> <ul style="list-style-type: none">1. Complying with the requirements of this Act and the quality of advanced nursing care rendered2. Recognizing limits of knowledge and experience3. Planning for the management of situations beyond the APRN's expertise and4. Consulting with or referring patients to other health care providers as appropriate	
<p>Section 2. Licensure</p> <ul style="list-style-type: none">a. An applicant for initial licensure to practice as an APRN shall:<ul style="list-style-type: none">1. Submit a completed written application and appropriate fees as established by the BON2. Hold a current RN license or privilege to practice and shall not hold an encumbered license or privilege to practice as an RN in any state or territory3. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least	<p>11.2 Licensure</p> <p>11.2.1 Application for Initial Licensure</p> <ul style="list-style-type: none">a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:<ul style="list-style-type: none">1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received

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Article XI. APRN Title and Scope of Practice

one population focus

- 4. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation
- 5. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction
- 6. Have committed no acts or omissions that are grounds for disciplinary action as set forth in Article VII of this Act, and
- 7. Provide other evidence as required by rule
- b. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:
 - 1. Submit a completed written application and appropriate fees as established by the BON
 - 2. Hold a current license or privilege to practice as an RN and APRN in a state or territory
 - 3. Not have an encumbered license or privilege to practice in any state or territory
 - 4. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in Section 7 of this Article
 - 5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation
 - 6. Meet continued competency requirements as set forth in BON rules
 - 7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction
 - 8. Have committed no acts or omissions, which are grounds

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directly from an APRN program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON and

- 2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.
- b. In order to be licensed in this state, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in this state.
- c. In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.
- d. The BON shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:
 - 1. The program is national in the scope of its credentialing.
 - 2. Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.
 - 3. Educational requirements are consistent with the requirements of the advanced practice role and population focus.

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for disciplinary action in another jurisdiction and

- 9. Provide other evidence as required by the BON in its rules
- c. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:
 - 1. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule
 - 2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON and
 - 3. Meet other requirements set forth in rule
- d. The BON may reactivate or reinstate an APRN license as set forth in BON rules.
- e. The duties of licensees are the same as previously stated in Article V Section 8 for RNs and LPN/VNs.

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- 4. The standard methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies.
- 5. Certification programs are accredited by a national accreditation body as acceptable by the BON.
- 6. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.
- 7. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.
- 8. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.
- 9. Examinations are evaluated for psychometric performance.
- 10. The passing standard is established using acceptable psychometric methods and is reevaluated periodically.
- 11. Examination security is maintained through established procedures.
- 12. Certification is issued based upon passing the examination and meeting all other certification requirements.
- 13. A retake policy is in place.
- 14. A certification maintenance program, which includes review of qualifications and continued competence, is in place.
- 15. Mechanisms are in place for communication to BONs for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.

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16. An evaluation process is in place to provide quality assurance in its certification program.
- e. Requirements of 5.3.d.-i. shall apply to APRNs.

11.2.2 Application of an Internationally Educated APRN

An internationally educated applicant for licensure as an APRN in this state shall:

- a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON
- b. Submit documentation through an official transcript directly from the international nursing education program and verified through a BON approved qualified credentials evaluation process for the license being sought and
- c. Meet all other licensure criteria required of applicants educated in the U.S.

11.2.3 Application for Licensure by Endorsement

- a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:
 1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON
 2. This documentation shall verify the date of graduation;

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credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.

3. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
 - a) Primary source of verification of certification is required.
 - b) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.
 - c) If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to application. The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.

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	<p>d) Preceptor must meet the following requirements:</p> <ul style="list-style-type: none">i. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus andii. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting <p>b. Requirements of 5.3.d.-i. shall apply to APRNs.</p> <p>11.2.4 Application for License Renewal An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:</p> <ul style="list-style-type: none">a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background andb. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 11.2.1 <p>11.2.5 Quality Assurance/Documentation and Audit The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.</p> <p>11.2.6 Reinstatement of License The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:</p> <ul style="list-style-type: none">a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and

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population focus, which includes a supervised clinical component by a qualified preceptor.

- b. Preceptor must the following requirements:
 - 1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and
 - 2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting
- c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.

<p>Section 3: Titles and Abbreviations</p> <p>a. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title “advanced practice registered nurse” and the roles of “certified registered nurse anesthetist,” “certified nurse-midwife,” “clinical nurse specialist” and “certified nurse practitioner;” and the abbreviations “APRN,” “CRNA,” “CNM,” “CNS” and “CNP,” respectively.</p> <p>b. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.</p> <p>c. It shall be unlawful for any person to use the title “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.</p>	<p>11.3. Titles and Abbreviations</p> <p>a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women’s health/gender-related or psychiatric/mental health.</p> <p>b. Each APRN shall use the designation “APRN” plus role title as a minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term doctor or abbreviation “Dr.”</p> <p>c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.</p>
<p>Section 4. Education Programs</p> <p>a. The BON shall, by administrative rules, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.</p> <p>b. The BON shall, by administrative rules, identify the process for determining APRN education program compliance with standards.</p> <p>c. The BON shall set requirements for the establishment of a new APRN education program. New programs will be preapproved by an APRN accrediting body.</p>	<p>11.4 APRN Education</p> <p>11.4.1. Required Criteria for APRN Education Programs</p> <p>The BON shall determine whether an APRN education program meets the qualifications for the establishment of a program based upon the following standards:</p> <p>a. An APRN program shall appoint the following personnel:</p> <ol style="list-style-type: none">1. An APRN program administrator whose qualifications shall include:<ol style="list-style-type: none">a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accreditedb) A doctoral degree in a health-related fieldc) At least two years of clinical experience as an APRN andd) Current national APRN certification2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component,

	<p>including curriculum development, for the role and population foci in the APRN program.</p> <ol style="list-style-type: none">3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:<ol style="list-style-type: none">a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accreditedb) A minimum of a master's degree in nursing or health related field in the clinical specialtyc) Two years of APRN clinical experience andd) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them.7. Clinical preceptors will be approved by faculty and meet the following requirements:<ol style="list-style-type: none">a) Hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus andb) Function as a supervisor and teacher and evaluate the individual's performance in the clinical settingb. The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified
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	<p>APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psychiatric /mental health. The curriculum shall include:</p> <ol style="list-style-type: none">1. Three separate graduate level courses (the APRN core) in:<ol style="list-style-type: none">a) Advanced physiology and pathophysiology, including general principles that apply across the lifespanb) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches andc) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents2. Diagnosis and management of diseases across practice settings including diseases representative of all systems3. Preparation that provides a basic understanding of the principles for decision making in the identified role4. Preparation in the core competencies for the identified APRN role and5. Role preparation in one of the six population foci of practice <p>c. Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:</p> <ol style="list-style-type: none">1. Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10.2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate
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	<p>programs offered by an accredited college or university shall include the following components:</p> <ol style="list-style-type: none">a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus andb) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:<ol style="list-style-type: none">i. Graduate APRN program core courses andii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN <ol style="list-style-type: none">3. The curriculum shall be consistent with competencies of the specific areas of practice4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients and <p>There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master's in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master's APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.</p>
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	<p>11.4.2 Models for Determining Compliance with Standards The models for determining compliance with APRN education standards are the same as previously stated for RN and LPN/VN programs in Chapter 6.</p> <p>11.4.3 Establishment of a New APRN Education Program Before establishing a new nursing education program, the APRN program shall complete the process outlined below:</p> <ul style="list-style-type: none">a. Application to the professional accrediting body andb. The proposed program shall provide the following information to the BON:<ul style="list-style-type: none">1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates2. Identification of sufficient financial and other resources3. Governing institution approval and support.4. Community support5. Type of educational program proposed6. Clinical opportunities and availability of resources7. Availability of qualified faculty8. A pool of available students and9. A proposed time line for initiating and expanding the program <p>a.</p>
<p>Section 5. Prescribing, Ordering, Dispensing and Furnishing Authority</p> <ul style="list-style-type: none">a. The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license.b. Prescribing, ordering, dispensing and furnishing shall include the authority to:<ul style="list-style-type: none">1. Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources2. Prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter,	<p>11.5 Prescriptive Authority</p> <p>11.5.1 Requirements for Prescribing, Ordering, Dispensing and Furnishing Authority</p> <ul style="list-style-type: none">a. An APRN licensed by the BON may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.b. Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.

<p>legend and controlled substances and</p> <p>3. Plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services including, but not limited to, home health care, hospice, and physical and occupational therapy</p>	<p>c. All prescriptions shall include, but not be limited to, the following information:</p> <ol style="list-style-type: none">1. Name, title, address and phone number of the APRN who is prescribing2. Name of patient3. Date of prescription4. Full name of the drug, dosage, route, amount to be dispensed and directions for its use5. Number of refills6. Signature of prescriber on written prescription and7. DEA number of the prescriber on all scheduled drugs<ol style="list-style-type: none">a) The APRN shall comply with Federal Drug Enforcement Administration (DEA) requirements related to controlled substances.b) The APRN shall immediately file any and all of the nurse's DEA registrations and numbers with the BON. <p>d. The BON shall maintain current records of all APRNs with DEA registration and numbers.</p> <p>11.5.2 Distribution of Samples</p> <p>b. APRNs may receive, sign for, record and distribute samples to patients.</p> <p>Distribution of drug samples shall be in accordance with state law and DEA laws, regulations and guidelines.</p>
<p>Section 6. Discipline</p> <p>APRN discipline and proceedings shall be the same as stated in Article VII for RNs and LPN/VNs.</p>	<p>11.6 Discipline</p> <ol style="list-style-type: none">a. APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7.b. The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority.c. Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to:<ol style="list-style-type: none">1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards.2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples.

	<ol style="list-style-type: none">3. Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes or4. Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse's role and population focus.
<p>Section 7. Implementation Any person holding a license to practice nursing as an APRN in this state that is valid on Dec. 30, 2015, shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.</p>	<p>11.7 Implementation</p> <ol style="list-style-type: none">a. After <date>, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.b. An APRN applying for licensure by endorsement in another state may be eligible for licensure if the applicant demonstrates that the following criteria have been met:<ol style="list-style-type: none">1. Current, active practice in the advanced role and population focus area.2. Current active national certification or recertification, as applicable, in the advanced role and population focus area.3. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program and4. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education.

65-1133. Same; educational and training programs for advance practice registered nurses; approval; survey; nationally accredited programs.

- (a) An approved educational and training program for advance practice registered nurses is a program conducted in Kansas which has been approved by the board as meeting the standards and the rules and regulations of the board. An institution desiring to conduct an educational and training program for advance practice registered nurses shall apply to the board for approval and submit satisfactory proof that it is prepared to and will maintain the standards and the required curriculum for advance practice registered nurses as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The approval of an educational program for advance practice registered nurses shall not exceed 10 years after the granting of such approval by the board. An institution desiring to continue to conduct an approved educational program for advance practice registered nurses shall apply to the board for the renewal of approval and submit satisfactory proof that it will maintain the standards and the required curriculum for advance practice registered nurses as prescribed by this act and by the rules and regulations of the board. Applications for renewal of approval shall be made in writing on forms supplied by the board. Each program shall submit annually to the board an annual fee fixed by the board's rules and regulations to maintain the approved status.
- (b) A program to qualify as an approved educational programs for advance practice registered nurses must be conducted in the state of Kansas, and the school conducting the program must apply to the board and submit evidence that:
 - (1) It is prepared to carry out the curriculum prescribed by rules and regulations of the board; and
 - (2) it is prepared to meet such other standards as shall be established by law and the rules and regulations of the board.
- (c) The board shall prepare and maintain a list of programs which qualify as approved educational programs for advance practice registered nurses whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for licensure as advance practice registered nurses. A survey of the institution or school applying for approval of an educational program for advance practice registered nurses shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for approval are met, it shall so approve the program. The board shall resurvey approved programs on a periodic basis as determined by rules and regulations. If the board determines that any approved program is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such program, shall be given. A program which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of approved programs until such time as the program shall comply with such standards. All approved programs shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.
- (d) The board may accept nationally accredited advanced practice registered nurse programs as defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130, and amendments thereto:
 - (1) Advanced practice registered nurse programs which have received accreditation from a board recognized national nursing accreditation agency shall file evidence of initial accreditation with the board, and thereafter shall file all reports from the accreditation agency and any notice of any change in school accreditation status.
 - (2) Advanced practice registered nurse programs holding approval based upon national accreditation are also responsible for complying with all other requirements as determined by rules and regulations of the board.
 - (3) The board may grant approval to an advanced practice registered nurse program with national accreditation for a continuing period not to exceed 10 years.

History: (L. 1983, ch. 206, § 5; L. 2000, ch. 113, § 2; L. 2001, ch. 161, § 6; L. 2011, ch. 114, § 47; Jan. 1, 2012.)



CAMPAIGN FOR APRN CONSENSUS

Feb. 3, 2012

Requirements for Accrediting Agencies and Criteria for APRN Certification Programs

Preface

Purpose

The purpose of the *Requirements for Accrediting Agencies and the Criteria for Certification Programs* is to provide criteria for an external review process that would ensure boards of nursing of the suitability of advanced practice certification examinations for regulatory purposes, and their compatibility with the requirements of The Consensus Model.

Definitions

Accrediting Agency – an organization which establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

APRNs – Advanced practice registered nurses, including certified nurse midwives (CNMs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), and certified nurse practitioners (CNP).

Certifying Body – a non-governmental agency that validates by examination, based on pre-determined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.

Certification Program – an examination designed by a certifying body to evaluate candidates for advanced practice nursing.

External Review Process – a review process by an accrediting body to assure appropriate standards are met.

The Consensus Model – A document defining APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

APRN Roles – Certified Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife and Clinical Nursing Specialist.

Population Foci – family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/ gender-related or psych/mental health.

Requirements for Accrediting Agencies

1. **Accrediting agency must have standards for accreditation that are sufficiently rigorous to ensure that the agency is a reliable authority regarding quality of the program it accredits.**
 - A. Accreditation standards effectively address the quality of the program.
 - B. Standards development and revision process includes input from the field, reflective of advanced nursing practice in the four described roles and six population foci.
 - C. Standards regarding national application are realistic.
 - Standards are consistent with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education July 7, 2008
2. **Accrediting agency must have effective mechanisms for evaluating a program's compliance with the agency's standards in order to reach a decision to accredit the program.**
 - A. Accrediting agency evaluates whether a program is successful in achieving its objectives.
 - B. Accrediting agency consistently applies and enforces its standards.
 1. Has effective controls against inconsistent application of agency's standards;
 2. Bases decisions on published standards; and
 3. Has reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate.
 - C. Accrediting agency evaluates the accredited program every five years, and monitors throughout the accreditation period to ensure that the credentialing program remains in compliance with the agency's standards.
 - D. Accrediting agency has documentation that is evidenced-based.
 - E. Accrediting agency evaluates the program for consistency with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008.
3. **Accrediting agency must provide a detailed description of the agency's survey process.**
 - A. Frequency of review is a minimum of five years.
 - B. Copies of agency's survey forms, guidelines are available.
 - C. Procedures used to notify accredited agencies' deficiencies and procedures used to monitor the correction of the deficiencies are in place.
 - D. Accreditation decision categories (e.g., full, provisional, partial, etc.) are available and are reported to NCSBN.
 - E. Information about the individuals who perform surveys for the accrediting agency is available.
 1. Education experience requirements that individuals must meet are established;
 2. In-service training is provided; and
 3. Policies and procedures with respect to an individual's participation in the survey or accreditation decision process of any program with which the individual is professionally or financially affiliated.
4. **Accrediting agency must have a data management and analysis system with respect to its accreditation decisions including the kinds of reports, tables, etc.**
5. **Accrediting agency must have procedures for responding to and for the investigation of complaints against certifying bodies.**
6. **Accrediting agency must have policies and procedures with respect to the withholding or removal of accreditation status for certifying bodies that fail to meet standards or requirements including:**
 - A. Notification to National Council in writing of any program that has had its accreditation removed, withdrawn or revised or has had any other remedial or adverse action taken against it by the accrediting agency within 30 days of any such action taken.
 - B. Notification within 10 days of a deficiency identified in any accrediting entity when the deficiency poses an immediate jeopardy to public safety.
7. **Accrediting agency must submit to the National Council:**
 - A. A copy of any annual report prepared by the agency.
 - B. Notice of final accrediting findings and actions taken by the agency with respect to the program it accredits.
 - C. Any proposed change in the program's policy, procedures or accreditation standards that might alter the program's scope of recognition.

Criteria for Evaluating Certification Programs

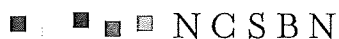
Criteria	Elaboration
<p>I. The program is national in the scope of its credentialing.</p>	<p>A. Advanced practice nursing standards are identified by national organizations.</p> <p>B. Credentialing services are available to nurses throughout the United States and its territories.</p> <p>C. There is a provision for public representation on the certification board.</p> <p>D. A tested body of knowledge exists related to advanced nursing practice in a role and population.</p> <p>E. The certification board is an entity with organizational autonomy.</p>
<p>II. Conditions for taking the examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.</p>	<p>A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program.</p> <p>B. Eligibility criteria ensure minimal competence to practice at an advanced level of nursing.</p> <p>C. Published criteria are enforced.</p> <p>D. Is in compliance with the American Disabilities Act.</p> <p>E. Sample application(s) are available.</p> <ol style="list-style-type: none"> 1. Certification requirements included 2. Application procedures include: <ul style="list-style-type: none"> ▪ procedures for assuring congruence between education and clinical experience, and the APRN role and population(s) being certified; ▪ procedures for validating information provided by candidate; and ▪ procedures for handling omissions and discrepancies. 3. Professional staff responsible for credential review and admission decisions. 4. Examination should be administered frequently enough to be accessible but not so frequently as to over-expose items. <p>F. Periodic review of eligibility criteria and application procedures to ensure that they are relevant, fair and equitable.</p>

Criteria	Elaboration
<p>III. Educational requirements are consistent with the requirements of the advanced practice population focus.</p>	<p>A. Active U.S. registered nurse licensure is required.</p> <p>B. Graduation from a graduate advanced practice education program meets the following requirements:</p> <ol style="list-style-type: none"> 1. Education program offered by an accredited college or university offers a graduate or post graduate degree in advanced nursing practice. 2. If graduate or post-graduate certificate programs are offered, they must be offered through institutions meeting criteria B.1. 3. The clinical and didactic program includes, but is not limited to: <ul style="list-style-type: none"> ▪ Biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified role and population foci; ▪ Legal, ethical and professional responsibilities of the APRN; and ▪ Include at a minimum, three separate comprehensive graduate-level courses (the APRN Core) in: <ul style="list-style-type: none"> • Advanced physiology/pathophysiology, including general principles that apply across the lifespan; • Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and • Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents. 4. The clinical and didactic program meets the following criteria: <ul style="list-style-type: none"> ▪ Curriculum is consistent with current competencies of the specific role and population focus. ▪ Curriculum meets the requirements for clinical and didactic coursework as described in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008 ▪ Both direct and indirect clinical supervision must be congruent with current advanced practice nursing standards and nursing accreditation guidelines ▪ Supervised clinical practice relevant to the role and population focus of APRN <p>C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria.</p>
<p>IV. The standard methodologies used are acceptable to the testing community such as incumbent job analysis study, logical job analysis studies.</p>	<p>A. A nursing organization exists that establishes standards for the advanced level nursing practice in one of the four described roles and one of six described population foci.</p> <p>B. Exam content based on a job/task analysis.</p> <p>C. Job analysis studies are conducted at least every five years.</p> <p>D. The results of the job analysis study are published and available to the public.</p> <p>E. There is evidence of the content validity of the job analysis study.</p>
<p>V. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.</p>	<p>A. Entry-level practice in the advanced practice role and population focus is minimal competency in all areas of practice and is defined by the job analysis studies.</p> <p>B. The exam has a purpose statement and a focus.</p>

Criteria	Elaboration
<p>VI. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients.</p>	<p>A. The job analysis includes activities representing knowledge, skills and abilities necessary for competent performance.</p> <p>B. The examination reflects the results of the job analysis study.</p> <p>C. Knowledge, skills and abilities, which are critical to public safety, are identified.</p> <p>D. The examination content is oriented to described educational curriculum practice requirements and accepted standards of care.</p>
<p>VII. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.</p>	<p>A. Each item is associated with a single cell of the test plan.</p> <p>B. Items are reviewed for currency at least every three years.</p> <p>C. Items are reviewed by members of under-represented gender and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safe and effective practice. Process for identifying and processing flagged items is identified.</p> <p>D. A statistical bias analysis is performed on all items.</p> <p>E. All items are subjected to an "unscored" use for data collection purposes before their first use as a "scored" item.</p> <p>F. A process to detect and eliminate bias from the test is in place.</p> <p>G. Reuse guidelines for items on an exam form are identified.</p> <p>H. Item writing and review is done by qualified individuals who represent the roles and the population foci.</p>
<p>VIII. Examinations are evaluated for psychometric performance.</p>	<p>A. Reference groups used for comparative analysis are defined.</p>
<p>IX. The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically.</p>	<p>A. Passing standard is criterion-referenced.</p>
<p>X. Examination security is maintained through established procedures.</p>	<p>A. Protocols are established to maintain security related to:</p> <ol style="list-style-type: none"> 1. Item development (e.g., item writers and confidentiality, how often items are re-used); 2. Maintenance and integrity of question pool; 3. Printing and production process; 4. Storage and transmission of examination is secure; 5. Administration of examination (e.g., who administers, who checks administrators); 6. Ancillary materials (e.g., test keys, scrap materials); 7. Scoring of examination; and 8. Occurrence of a crisis (e.g., exam is compromised, etc).
<p>XI. Certification is issued based upon passing the examination and meeting all other certification requirements.</p>	<p>A. Certification process is described, including the following:</p> <ol style="list-style-type: none"> 1. Criteria for certification decisions are identified; 2. Meeting all requirements and passing results are verified; and 3. Procedures are in place for appealing decisions. <p>B. A mechanism is in place for communicating with candidate.</p> <p>C. There is due process for the follow up of complaints.</p> <p>D. Confidentiality of nonpublic candidate data is maintained.</p>

Criteria	Elaboration
<p>XII. A retake policy is in place.</p>	<p>A. Failing candidates permitted to be reexamined at a future date. B. Failing candidates informed of procedures for retakes. C. Test for repeating examinees should be equivalent to the test for first time candidates. D. Repeating examinees should be expected to meet the same test performance standards as first time examinees. E. Failing candidates are given information on content areas of deficiency. F. Repeating examinees are not exposed to the same items when taking the exam previously.</p>
<p>XIII. Certification maintenance program, which includes review of qualifications and continued competence, is in place.</p>	<p>A. Certification maintenance requirements are specified (e.g., continuing education, practice, examination, maintenance of an active RN license, etc). B. Certification maintenance procedures include: 1. Procedures for assuring match between continued competency measures and APRN role and population(s); 2. Procedures for validating information provided by candidates; and 3. Procedures for issuing re-certification. C. Professional staffs oversee credential review. D. Certification maintenance is required a minimum of every 5 years.</p>
<p>XIV. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.</p>	<p>A. Communication mechanisms address: 1. Permission obtained from candidates to share information regarding the certification process; 2. Procedures to provide verification of certification and scores to boards of nursing; 3. Procedures for timely notification to boards of nursing regarding changes of certification status, including testing without passing [notification to BON within 30 days]; and 4. Procedures for notification of changes in certification programs (qualifications and/or test plan) to boards of nursing and to NCSBN.</p>
<p>XV. An evaluation process is in place to provide quality assurance in its certification program.</p>	<p>A. Internal review panels are used to establish quality assurance procedures, annually. 1. Composition of these groups (by title or area of expertise) is described; 2. Procedures are reviewed; and 3. Frequency of review, as defined. B. Procedures are in place to insure adherence to established QA policy and procedures. 1. Procedures for review of quality assurance are publically posted.</p>

Revised 2- 12



National Council of State Boards of Nursing

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Approved APRN Licensure Certification Organizations and Exams

Green = Exam focus population aligns with APRN Consensus Model

Purple = Exam population is Pre-alignment

APRNs certified using "Pre-alignment" exams shall maintain practice aligning with that exam; they may maintain certification for licensure by endorsement/renewal. All certification programs offer a renewal option for exams that retired or that will retire.*

APRN Role	AANP-CP American Academy of Nurse Practitioners – Certification Program	AACN American Association of Critical-Care Nurses	AMCB American Midwifery Certification Board	ANCC American Nurses Credentialing Center	NBCRNA National Board of Certification & Recertification for Nurse Anesthetists	NCC National Certification Corporation	PNCB Pediatric Nursing Certification Board	
CNM Certified Nurse Midwife			CNM-Women's Health / Gender Specific					
CNP Certified Nurse Practitioner	FNP-Family Across the Lifespan, Primary Care	CNP-Adult-Gerontology Acute Care		CNP-Adult-Gerontology Acute Care		CNP-Women's Health /Gender Specific	CNP-Pediatric Primary Care	
	CNP-Adult-Gerontology Primary Care			CNP-Adult-Gerontology Primary Care		NNP-Neonatal	CNP-Pediatric Acute Care	
	CNP-Adult (Project retirement late 2015*)	CNP-Adult Acute Care (Retires 12/31/14*)		FNP-Family Across the Lifespan, Primary Care		PNP-Pediatric Primary Care [exam will be offered by PNCB is being discontinued by ANCC] Candidates deemed eligible for the ANCC PPCNP board certification examination will be able to test or retest through December 31, 2019.		
	CNP-Gerontology (Retired 12/28/12*)			CNP-Psychiatric-Mental Health Across the Lifespan (Formerly known as Family Psychiatric-Mental Health)				
				CNP-Acute Care				
				CNP-Adult CNP-Gerontology CNP-Adult Psychiatric-Mental Health		New applicant deadline 12/31/15; last day to test 12/31/16.*		
CRNA Certified Registered Nurse Anesthetist					CRNA-Family Across the Lifespan			
CNS Clinical Nurse Specialist		CNS-Adult-Gerontology		CNS-Adult-Gerontology				
		CNS-Neonatal		CNS-Pediatric [this test will retire, see new applicant deadline below]				
		CNS-Pediatric		CNS-Gerontology (Retires 7/31/14*)				
		CCNS - Critical Care (Retires 12/31/14*)		CNS-Adult Health CNS-Adult Psych-Mental Health CNS-Child/Adolescent Psych-Mental Health				New applicant deadline 12/31/16; last day to test 10/31/17.*

July 22, 2019

Update to the Certification Program

of the

National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA)

Effective 01/01/2020, the **National Board of Certification and Recertification for Nurse Anesthetists – NBCRNA**, will be changing our certification statuses to accommodate for the change to our new maintenance of certification program – **The Continued Professional Certification Program (CPC Program)**, which was introduced in 2016. The legacy Recertification Program was an every 2-year renewal that required ongoing practice and the completion of a minimum of 40-hours of continuing education.

The new CPC Program is an 8-year program with requirements spaced out every two years. The elements of the CPC Program include:

Every two years, the CPC Program requires:

- CRNAs verify state RN licensure and if required by their state of practice, their authorization to practice as an APRN in the role of CRNA
- Continued engagement in practice as a CRNA
- Verification and/or correction of demographic and contact information
- Observation of progress towards both 4-year and 8-year program requirements
- Attestation to eligibility for continued certification

Every four years, the CPC Program requires:

- Completion of an application with attestation of practice, practice location and dates of practice
- Evidence of state RN licensure and if required by their state of practice, their authorization to practice as an APRN in the role of CRNA
- Completion of a minimum of 60-hours of continuing education (including 4 core modules) and an additional 40-hours of professional activities related to nurse anesthesia or the larger health care environment
- Completion of four educational modules, one over each of the following four content areas (as part of Class A credit requirement, each with testing and a mandatory score of 80% to achieve a passing score) -
 - Pharmacology
 - Physiology & Pathophysiology
 - Equipment and Technology
 - Airway and airway management
- Attestation of eligibility for continued certification

Every eight years, the CPC Program requires:

- Performance Standard Assessment for Domain Knowledge. A minimum of six-months prior to the end of the 2nd 4-year cycle, each CRNA will be required to complete a formal assessment of knowledge in each of the four content domains that have been identified as essential (and so core) to practice as a CRNA. All CRNAs will be issued a score report that identifies either: (1) The individual has met the established performance standard on this assessment, in which case no additional assessment is required, or (2) The CRNA did not meet the performance standard on one or more of the domains of the assessment, in which case they will be required to complete additional continuing education in each of the domains where their score did not meet the established performance standard. This additional CE must be completed and

documented with the NBCRNA prior to the end of their 2nd 4-year cycle, or the CRNA will be out of compliance with will have an adverse action on their certification (as described in the next section).

- Completion of an application with attestation of practice and evidence of state RN licensure and if required authorization to practice as an APRN in the role of CRNA
- Minimum of 60-hours of continuing education and 40-hours of professional activities related to nurse anesthesia or the larger health care environment
- Completion of four educational modules, one over each of the following four content areas (each with testing and a mandatory 80% to achieve a passing score) -
 - Pharmacology
 - Physiology & Pathophysiology
 - Equipment and Technology
 - Airway and airway management
- Attestation to eligibility for continued certification

Changes in Certification Statuses effective 01/01/2020

Changes in certification statuses are required with the new CPC Program. Due to the elimination of the legacy "Recertification Program" and the introduction of the CPC Program, the concept of renewing the credential through "Recertification" goes away – along with the historical activity of conditioning the "Recertification" in situations where discipline is justified. The mindset now is that Initial Certification is continuous over time, as long as the CRNA maintains eligibility compliance and completes the necessary elements to maintain their credential. Therefore, any conditioning of the credential in the CPC Program will be on the Initial Certification. To achieve this, the following historical terminology:

- Currently Recertified – Full
- Currently Recertified – Conditional (involuntary)
- Not Currently Recertified – Suspended (administrative or disciplinary, involuntary)
- Not Currently Recertified – Revoked (disciplinary, involuntary)

Will be replaced with the following ***revised certification statuses***:

- Currently Certified - Full
- Currently Certified - Conditional (disciplinary, involuntary)
- Not Currently Certified - Suspended (administrative or disciplinary, involuntary)
- Not Currently Certified – Revoked (disciplinary, involuntary)
- ***NEW - Not Currently Certified - Retired (voluntary)***
- ***NEW - Not Currently Certified – Expired* (voluntary or involuntary)***

A status of **Not Currently Certified – Suspended will be involuntarily moved to a status of **Not Currently Certified – Expired** in cases where suspension is not resolved prior to the end of the individual's current certification cycle, but where there are no disciplinary matters involved. In such cases of involuntary expiration, the nurse anesthetist will not be eligible to apply for CPC compliance and reinstatement of the certification until the situation that was the basis for the original suspension has been satisfied.*

The effective dates of each status will be included, line-by-line, providing a historical record for the discrete reporting period - initially 4 years, eventually 8 years. Because all future conditioning of a CRNAs certification will be on the initial certification, and not on the recertification as was the case in the past, the new statuses will become effective as of 01/01/2020 and will replace all previous statuses.

Should you have questions about any of the content from this announcement, please direct your inquiry to cpc@nbcrna.com or Colleen Ahearn at 708-667-0113.

Advanced Practice Program Summary September 2020

Program	Role/Specialty	Advanced Pathophysiology Credit Hrs	Advanced Health Assessment Credit Hours	Advanced Pharmacology Credit Hours	Total Clinical Hrs	Accreditation	Meets Requirements
North Park University	Adult NP	3	3	3	675	CCNE	Yes
Otterbein University	Family NP	3	3	3	600	CCNE	Yes
United States University	Family NP	3	4	3	540	CCNE	Yes