

KANSAS STATE BOARD OF NURSING

ANNUAL REPORT

Fiscal Year
2019



Edited by Carol Moreland, MSN, RN
Compiled by Jill Simons
Data collected by Board Staff
www.ksbn.org

KANSAS STATE BOARD OF NURSING
July 2019 to June 2020

BOARD MEMBERS

Patricia Zeller, MSN, APRN, FNP, Garden City
Appointed July 18, 2014 through June 30, 2018
Re-Appointed July 1, 2018 through June 30, 2022

Carol Bragdon, PhD, APRN, Topeka
Appointed September 25, 2013 through June 30, 2017
Re-Appointed July 1, 2017 through June 30, 2021

Julianna Rieschick, RN, MSN, NEA-BC, Andover
Appointed July 1, 2017 through June 30, 2021

Rebecca Sander, MSN, RN, Hays
Appointed July 8, 2016 through June 30, 2020

Gwendolyn Loyd, RN, BSN, Logan
Appointed July 1, 2019 through June 30, 2023

JoAnn Klaassen, RN, MN, JD, Olathe
Appointed July 10, 2012 through June 30, 2016
Re-Appointed July 1, 2016 through June 30, 2020

Mandy Karstetter, LPN, McCune
Appointed July 1, 2017 through June 30, 2021

Gita Noble, Public Member, Topeka
Appointed July 1, 2018 through June 30, 2022

Tracie Mattivi Thomas, Public Member, Leawood
Appointed January 8, 2019 through June 30, 2020

Jade Ramsdell, Public Member, Topeka
Appointed July 1, 2019 through June 30, 2023

OFFICERS

September 2019 through June 2020

Patricia Zeller, MSN, APRN, FNP – President
Carol Bragdon, PhD, APRN – Vice-President
Julianna Rieschick, RN, MSN, NEA-BC – Secretary

STAFF – FY19

Carol Moreland, MSN, RN, Executive Administrator

Adrian Guerrero, Director of Operations

Jill Simons, Executive Assistant, Administration

Marilyn Nicol, Senior Administrative Assistant

Janelle Martin, MHSA, RN, Nursing Education Compliance Officer

Chelsey Stephenson, Senior Administrative Assistant, Nursing Education

Linda Davies, BSN, RN, Nursing Practice Specialist

Kathleen Chalkley, LPN, Special Investigator, Nursing Practice

Debra Quintanilla, RN Investigator, Nursing Practice

Margaret Zillinger, RN Investigator, Nursing Practice

Mickle Walker, RN Investigator, Nursing Practice

Kimberly Balzer, RN Investigator, Nursing Practice

Ruth Humbert, RN Investigator, Nursing Practice

Beth Peters, RN Investigator, Nursing Practice

Kevin Wade, RN Investigator, Nursing Practice

Bryce Benedict, JD, Assistant Attorney General

William Skepnek, JD, Assistant Attorney General

Amanda Huguenin, Senior Administrative Assistant, Nursing Practice

Anthony Blubaugh, Applications Developer III

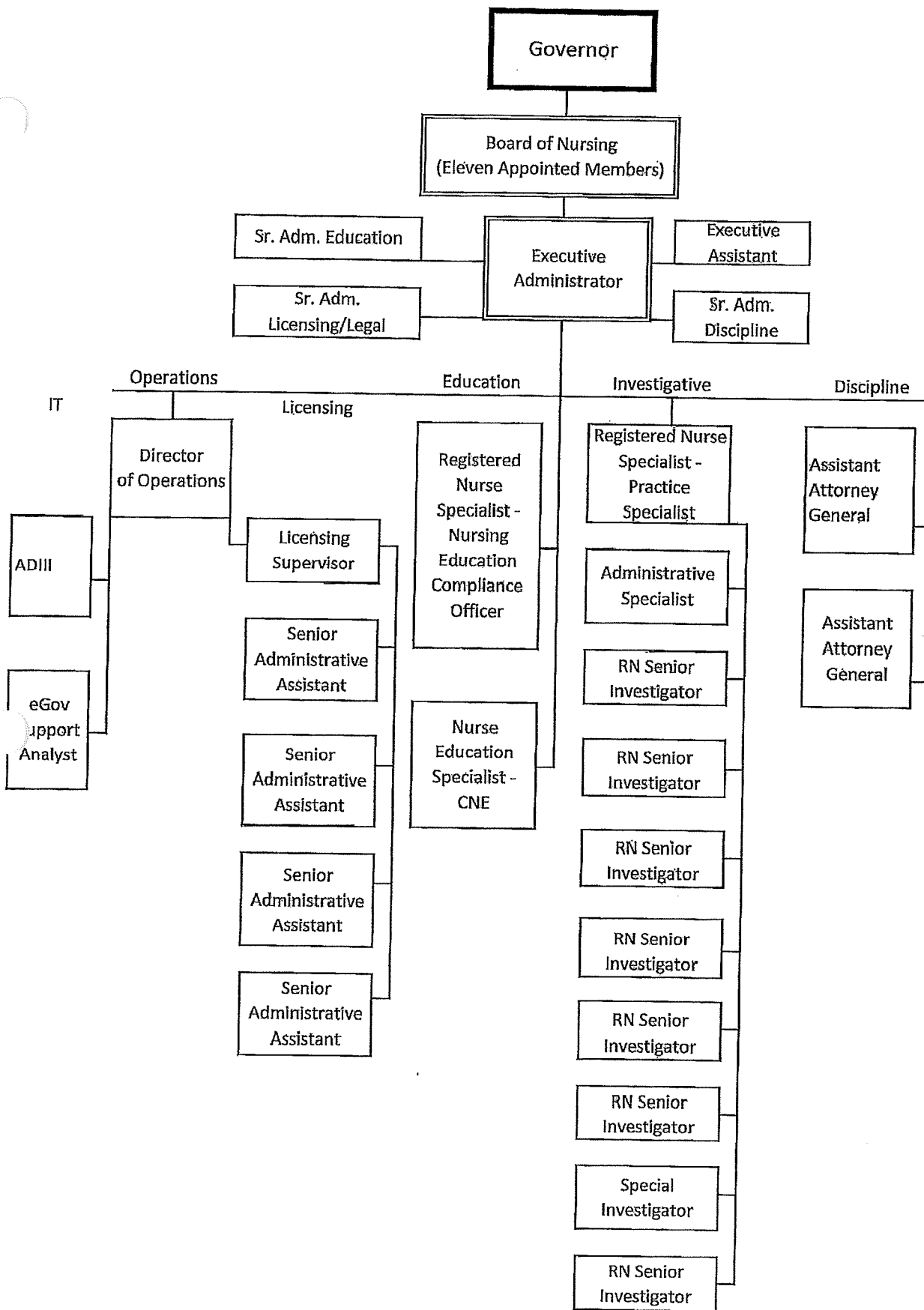
Kolton Colhouer, eGov Support Analyst

RaeAnn Byrd, Administrative Specialist, Licensing Supervisor

Katelynn Ladner, Senior Administrative Assistant, Licensing

Barbara Bigger, Senior Administrative Assistant, Licensing

Karen McGill, Senior Administrative Assistant, Licensing



AGENCY MISSION:

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

PHILOSOPHY

The Kansas State Board of Nursing subscribes to the philosophy of our democratic society which places emphasis on the inherent worth of the individual. The value of human life, and the attainment of the highest possible standard of health as a fundamental right of every individual.

We believe that the State Board of Nursing was established for the purpose of protecting the citizens of Kansas from the practice of nursing by unscrupulous and unqualified individuals.

We believe that individual licensure should only be granted to those persons who have met specific standards and have proven their competency to practice nursing at the level for which the license is issued, and that all individuals who practice professional or practical nursing should be currently licensed under a mandatory licensure act.

We believe each licensee must accept individual responsibility to maintain competency in nursing practice.

We believe that continuing education be required as one mechanism to increase competency.

We believe that the Board should promote communications and work cooperatively with local, state and national nursing organizations, and other organizations, and individual members of the health team to insure safe and effective nursing care for the citizens of Kansas.

We believe that the Board has the responsibility to promote high standards of nursing practice and of nursing education, but that it can not accomplish this without the cooperation of the nursing community.

We believe that nursing practice must be based on a theoretical framework and that nursing education must be based on sound educational principles.

We believe that self-evaluation, innovation and research are appropriate tools for improving nursing education and nursing practice.

OBJECTIVES:

The Kansas State Board of Nursing shall:

- 1) Establish and implement minimum standards for the practice of nursing and mental health technology through administering and interpreting the Kansas Nurse Practice Act, and the Kansas Mental Health Technicians Licensure Act.
- 2) License, as nurses and mental health technicians, duly qualified applicants in order to protect and safeguard the health and safety of the citizens of the State of Kansas.
- 3) Protect the public from persons (a) who are not competent to practice nursing or mental health technology, and (b) who seek to operate a non-accredited school of nursing or mental health technician program.
- 4) Require evidence of continuing education for relicensure of all advanced practice registered nurses, registered nurses, licensed practical nurses, and licensed mental health technicians.
- 5) Encourage and support a higher level of excellence for nursing education and nursing practice than the minimum standards established by the Board.
- 6) Approve nursing education programs and approve mental health technician programs which have achieved, and are maintaining, minimum standards and approve providers of continuing education for nurses.
- 7) Cooperate with appropriate groups in an effort to improve health services for all persons.
- 8) Provide interpretation and consultation services to individuals and groups in matters relating to the education and practice of the Board's licensees.
- 9) Consider current and future trends in nursing education and practice and mental health technician education and practice.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

The Kansas State Board of Nursing was constituted by legislative action in 1913. Since that time, legislative changes have occurred from time to time. These changes have kept pace with current trends and practices.

- 1949:** The licensure of practical nurses was established when licensure for professional nurses became mandatory.
- 1973:** Licensure of mental health technicians. Today the Board licenses the three groups, professional and practical nurses, and mental health technicians.
- 1974:** Two licensed practical nurses added to the Board.
- 1975:** Mandatory licensure for practical nurses established.
- From annual to biennial renewal of licenses.
- Eleven member Board established, 5 registered nurses (3 educators and 2 nursing service administrators), 2 licensed practical nurses, 2 licensed mental health technicians and 2 public members.
- 1976:** Certification of advanced nursing practice.
- Continuing education required for on-going nursing licensure.
- Certified medication aides allowed to give oral medication to residents of adult care homes.
- 1980:** Compositions of professional nurse members of Board changed, 3 registered nurses from nursing service and 2 registered nurses from education.
- 1981:** Fee structure established for accreditation of nursing programs, and approval of continuing education providers.
- Court costs charged to guilty party in administrative hearings.
- 1982:** Standards for revocation, suspension and limitation of nursing license adopted.
- 1983:** Board reviewed by Sunset Audit, continued until 1987.
- Legislative authority to write new regulations for advanced nursing practice certification.
- Mandatory reporting established for infractions of Mental Health Technicians Act.
- Cooperative effort established for impaired nurses with Kansas State Nurses Association.
- Extensive changes in Nurse Practice Act:
- handling of disciplinary matters
 - "good moral character" as criteria for licensure removed

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

- 1984:** Recommendations of Sunset Review accomplished.
- Regulations written and passed for the certification of advanced nursing practice.
- 1985:** Regulations written for 20 hours of mandatory continuing education for licensed mental health technicians.
- Biennial licensure established for licensed mental health technicians.
- Board reviewed and evaluated its participation and cooperation with the Kansas State Nurses Association Peer Assistance program with the impaired nurse.
- 1986:** Legislation passed to authorize nurse anesthetists to practice.
- Board of Nursing authorized to fix, charge and collect fees for institutes, conferences and educational program. Conference fund established.
- 1987:** The Board of Nursing was again reviewed for Sunset, and passed without difficulty. Legislation was passed which granted the Board the statutory authority to define unprofessional conduct for Mental Health Technicians, by rule and regulation.
- The Nurse Practice Act was amended to allow school nurses to delegate certain nursing functions identified by rules and regulations to unlicensed personnel in the schools. One purpose of the amendment was to assist the Department of Education to "mainstream" handicapped children.
- 1988:** Mandatory Reporting law passed, to include all Board of Nursing licensure.
- Board of Nursing given authority to authorize Registered Nurse Anesthetists for practice in Kansas.
- Rule and regulation authority changed to allow for the establishment of standards for registered nurse anesthetists, fees established.
- Administrative Procedure Act changed which allowed the Board to establish an Investigative Panel and a Hearing Panel.
- Omnibus Appropriations Bill, provided funding for a contract for a program for chemically impaired licensees.
- 1989:** First Peer Assistance Contract signed.
- As a result of mandatory reporting, there was a dramatic increase in the number of disciplinary reports.
- 1990:** Nurse Practice Act was amended to extend temporary permits to all nurses while attending a refresher course; to allow continuing nursing education providers to renew providerships every five years instead of two and clarify language on disciplinary content.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

- 1991:** During 1991, delegation policies were discussed and developed by the Board of Nursing. Work began on reviewing and revising statutes and regulations.
- 1992:** Board was granted authority to assess administrative fines for violations of the Nurse Practice Act. An exception added in statute allowed nurses to delegate nursing tasks to unlicensed personnel.
- 1993:** Public and private censure was added to disciplinary section of the practice act. One registered nurse Board member was to be certified as an advanced registered nurse practitioner. The Board was to be assigned and pay salary for a full time assistant attorney general.
- 1994:** Licensed practical nurses would be allowed to practice intravenous therapy in an expanded role after attending and passing a standardized I.V. course approved by the Board. With computerized testing for RN's and LPN's, new graduates can only practice nursing for 90 days before taking licensure examination.
- 1995:** Revision of delegation language included listing of factors to be considered during delegation. Procedural fees collected for disciplinary hearings can go into the Board's fee fund at 100 percent.
- 1996:** Revision of registered nurse anesthetist act.
- 1997:** Revised definition of continuing nursing education and expanded types of offerings KSBN will accept for continuing nursing education credit.
- Composition of Board changed adding a registered professional nurse and removing a licensed mental health technician.
- Established an exempt license for nurses and licensed mental health technicians.
- Denial of licensure for individuals with a felony conviction of a crime against a person.
- 1998:** Change in licensed practical nurse intravenous therapy regulations restricts some medications the licensed practical nurse can administer intravenously.
- 1999:** Minor additions to the regulations on delegation of nursing procedures or tasks in the school setting.
- Nurse Practice Act amended to say that when an individual fails to pass the licensure examination within 24 months from graduation, the individual must petition to retake the examination. The Board may require the individual to submit a study plan.
- Nurse Practice Act amended to include in regulation that an applicant for licensure will pass the examination prepared by the national council of state boards of nursing.
- Nurse Practice Act amended by adding a section providing modification for persons with learning disabilities. The licensed mental health technician is included in the requirement for petition and possible study plan if has not passed the examination within 24 months from graduation.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2000:

Extensive changes in Nurse Practice Act:

- Clarified language used to define the expanded role; limitations; and restrictions of the Advanced Registered Nurse Practitioner.
- Clarified qualifications of advanced registered nurse practitioners.
- Allowed Advanced Registered Nurse Practitioner to obtain a D.E.A. number and that written protocol is followed when prescribing, administering, or supplying a prescription.
- Stated that functions performed by an Advanced Registered Nurse Practitioner in the expanded role of the nurse anesthetist shall be defined in K.S.A. 65-1158.
- Revoked requirements for advanced registered nurse practitioner programs.
- Defined advanced Nursing Education program, affiliating agency, clinical learning, contractual agreement, preceptor, and satellite program.
- Established requirements needed for each advanced nursing education program for initial accreditation.
- Established requirements needed for each advanced nursing education program for re-accreditation.
- Established faculty and preceptor qualifications for each advanced nursing education program.
- Established curriculum requirements for each advanced nursing education program.
- Established criteria for clinical resources for each advanced nursing education program.
- Described educational facilities for each advanced nursing education program.
- Established that each advanced nursing education program shall have written policies for admission, transfer students, re admission, counseling and guidance, progression criteria, student representation in faculty governance, and graduation.
- The practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination scheduled following such graduation but in no case to exceed 120 days, whichever comes first.
- Required each advanced nursing education program to submit to the State Board of Nursing a plan for disposition of records if the school terminates the advanced registered nursing education program.
- Established requirements for a refresher course for an Advanced Registered Nurse Practitioner.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2001: Nurse Practice Act amended

- The fee for a duplicate license may be waived if the license was stolen.
- The maximum of 15 contact hours of independent study in a renewal period was eliminated allowing the nurses to have a total of 30 contact hours that are independent study.
- Language pertaining to the inactive status for the Licensed Mental Health Technician was clarified.
- Clarification was made to the definitions pertaining to Continuing Education for nurses.

2002: Nurse Practice Act amended

- Any nurse anesthetist whose Kansas ARNP certification has lapsed and who desires to obtain a reinstatement of ARNP certification shall increase the number of years to accumulate 1,000 hours of nurse anesthesia practice in another jurisdiction from two to five years.
- In order for a school of nurse anesthesia to be approved by the Board of Nursing, consideration shall be given to whether the school meets standards II and IV contained in the "standards for accreditation of nurse anesthesia educational programs" of the council on accreditation of nurse anesthesia educational programs published in 1994 and revised 1999.
- Any applicant whose Kansas authorization has lapsed may, within 5 years of its expiration date, reinstate the authorization by submitting proof that the applicant has met the requirements.
- Each hospital and agency providing facilities for clinical experience shall be licensed or approved by the appropriate groups.
- Administration of intravenous fluid therapy means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.
- Each person desiring to obtain approval for an intravenous (IV) fluid therapy course shall submit a proposal to the Board.
- The purpose of the intravenous fluid therapy course shall be to prepare licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2003:

Nurse Practice Act amended

- Clarification of terms used in the regulations for schools of nursing by adding the definition for capstone course, approval, conditional approval, community-based health care, criteria for unscheduled survey visit, distance learning, faculty hire exception and loss of approval.
- Organize the regulation for clarification and also add that the name of each hospital and affiliating agency providing facilities for clinical experience shall be licensed and the list submitted with the initial applications.
- Increase the resurvey visit from 5 years to 5-10 years. Resurvey or unannounced site visits and actions the board may make if the school of nursing is found to have deficiencies.
- Require school to have a written plan that includes the method of selection of preceptors, the roles of the faculty members and preceptors and the preceptors during the preceptorship. This change will allow for the school to request a faculty hire exception if faculty meeting the criteria required by the regulation is not available.
- Update curriculum requirements for nursing content to meet incumbent job analysis and licensure examination test plan. To clarify the process in changing curriculum for nursing programs.
- Clarify the requirements for clinical sites and the ratio of faculty to student for clinical experience for the students. Exclude the capstone course from the total percentage of clinical hours that can be used with preceptors.
- Approval of schools of nursing educational facilities was reviewed. Editorial changes only were made, no major change was made.
- Delete several requirements for the annual report. Add that the annual report shall contain the major and minor curriculum changes, student –faculty clinical ratio, pass rate of the NCLEX exam for each of the last 3 years and operating budget.
- Clarify the current regulations and also add that a licensed practical nurse may administer by direct intravenous push corticosteroids.

2005:

Nurse Practice Act amended

- Clarification of the requirement language for the issuance of a temporary permit.
- Clarification of the language for expiration of an application.
- Clarification of the expiration date of a license and the renewal date.
- Clarification that the Advanced Practice Nurse Practitioner certification is renewed as the registered professional nurse license.
- Added reference to K.A.R. 60-3-108 in K.A.R. 60-11-120.
- Delete the reference to K.A.R. 60-3-107 and replace it with K.A.R. 60-3-108 in K.A.R. 60-13-112.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2005: Continued

- Add language that would allow a registered nurse who completed the education required to be certified as an advanced registered nurse practitioner and was never certified to be eligible to take a refresher course.
- Add staff to the list of those the registered nurse can teach or counsel and adds a qualifier that an "investigational drug" means a drug under study by the United States food and drug administration.
- Language stating that a registered nurse may delegate the procedure of medication administration in a school setting in accordance with K.A.R. 60-15-104.
- Add the requirement that a copy of the final written competency examination and the final clinical competency examination for an intravenous (IV) fluid therapy course be submitted with their proposal to the board. The number of continuing education hours that must be awarded for this course was decreased from 42 to at least 32 for the LPN that completes the course.
- Decrease the classroom hours from 40 to 30 and require a minimum of 8 hours supervised clinical practice which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality on an individual. The only board approved intravenous fluid therapy curriculum shall be the "venous access and intravenous infusion treatment modalities," 2003 revision, published by the instructional materials laboratory, University of Missouri-Columbia. The final competency examination shall be constructed from the board approved pool of test questions consisting of a minimum of 50 questions.

2007: Extensive changes in Nurse Practice Act:

- Increase the fee for reinstatement of licenses with and without a temporary permit for Registered Nurses and Licensed Practical Nurse.
- Increase the fee for reinstatement of license with and without a temporary permit for Mental Health Technician.
- Increase the fee for reinstatement of license for Advanced Registered Nurse Practitioner.
- Change accreditation to approval of advanced nursing education program or institution.
- Change reaccreditation to re-approval of advanced nursing education programs or institutions.
- Add that the program may be resurveyed every 5 – 10 years and if program is accredited by a national nursing accreditation agency, the resurvey visit may be made in coordination with the national accreditation agency visit. Programs not accredited by a national nursing accreditation agency will be resurveyed every five years.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2007:

Continued

- Change that each nurse faculty member responsible for coordinating clinical instructions shall possess a certification as an advanced registered nurse practitioner in the category for which clinical instruction is provided.
- Change that those completing an advanced registered nurse practitioner program after July 1, 2009 have three college hours in advanced pathophysiology or its equivalent, three hours in advanced health assessment or its equivalent, and the clinical component shall consist of at least 500 hours of clinical learning in each clinical track or the program shall provide documentation of the overlap if any clinical track consists of less than 500 clinical hours. This change also clarifies major and minor curriculum changes.
- Add requirements for student support services for distance learning if distance learning is provided.
- Change that a student enrolling in an advanced registered nurse practitioner program is required to have a current license to practice as a registered professional nurse in the United States or any of its territories.
- Add that each school terminating its program shall submit, for board approval, the school's plan for its currently enrolled students.
- The board will consist of 11 members appointed by the governor of which six shall be registered professional nurses, two shall be licensed practical nurses, and three shall be members of the general public. At least one consumer member shall not have been involved in providing health care.
- Deleted the practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination.
- Each registered professional nurse and licensed practical nurse shall notify the board in writing of a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.
- Each licensed mental health technician shall notify the board in writing of a conviction of any felony or misdemeanor, that is specified in rules and regulations adopted by the board, within 30 days from the date the conviction becomes final.
- The board shall send a notice for renewal of license to every registered professional nurse and licensed practical nurse at least 60 days prior to the expiration date of such person's license.
- The board shall send a notice for renewal of license to all licensed mental health technicians at least 60 days prior to the expiration date of December 31 of even-numbered years.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2007: Continued

- Except for the first renewal for a license that expires within 30 months following licensure by examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every registered professional nurse and licensed practical nurse with an active nursing license shall submit with the renewal application evidence of satisfactory completion of a program of continuing nursing education required by the board.
- Except for the first renewal for a license that expires within 30 months following licensure examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every mental health technician with an active mental health technology license shall submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board.

2008: Nurse Practice Act Amended

- Participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable continuing education contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the board confirming the dates of participation shall be accepted as documentation of this type of continuing nursing education; or any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing degree.
- An incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE; or offerings less than one contact hour in length.
- May require an original applicant for licensure as a professional nurse, practical nurse or mental health technician to be fingerprinted and submit to a state and national criminal history record check.

2009: Nurse Practice Act Amended

- Updated the standards for accreditation or nurse anesthesia educational programs adopted by reference to the January 2006, effective March 1, 2006 publication.
- Changed the approval of the examination for nurse anesthetists to be based on review of the content outline of the examination administered by the council on certification of nurse anesthetists.
- Added the definition of Continuing Education transcript.
- Added the option of a Continuing Education transcript as documentation of completion of continuing education offerings.
- Added a new definition for extended program hours, clarifies supplementation of RN services by including assignment to LPNs, adds the role of the LPN in supervision of unlicensed personnel and also adds new activities to the definition of specialized caretaking and redefines school setting.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2009:

Continued

- Clarifies the RN as the holder of primary responsibility in delegation of tasks for the school nurse to unlicensed persons and addresses the LPN ability to assist the RN in delegating activities as allowed by the RN.
- Deleted the requirement for an initial dose of medication to have been administered prior to delegation by a school nurse and clarified the prohibition against delegating medication via tubes inserted into the body by defining tubes to specifically include feeding tubes not inserted directly into the abdomen.
- Eliminated the requirement that the clinical sites be approved by the board before implementation, the requirement for approval by the Board for regularly scheduled observational experiences before implementation has been removed, and the elimination of the term "professional" from Clinical experiences with preceptors.
- Added "current technological resources" to the nursing school regulations. This will allow for rapid changes in the use of technology in the workplace and in education of nursing students.
- The statutory requirement for having graduated from a high school accredited by the appropriate legal accrediting agency or has obtained the equivalent of a high school education, as determined by the state department of education was removed from K.S.A. 65-1115.

2010:

Nurse Practice Act Amended

- K.S.A. 65-1158 gave registered nurse anesthetists the authority to order necessary medications and tests in the peri-anesthetic or peri-analgesia period.
- K.S.A. 65-4211 Judicial review. Changed "act for judicial review and civil enforcement of agency actions" to "Kansas judicial review act".
- K.A.R. 60-16-105 IV Therapy Advisory Committee was revoked on July 30, 2010 and incorporated into the Practice Committee.

Board Action

- As of July 1, 2010 wallet cards are no longer printed on renewal of a license.

2011:

Nurse Practice Act Amended

- Changes to statutes K.S.A. 74-1106, K.S.A. 65-1113, K.S.A. 65-1114, K.S.A. 65-1118, K.S.A. 65-1120, K.S.A. 65-1122, K.S.A. 65-1130, K.S.A. 65-1131, K.S.A. 65-1132, K.S.A. 65-1133, K.S.A. 65-1154, and K.S.A. 65-1163 will be effective January 1, 2012 and will change the title of Advanced Registered Nurse Practitioner (ARPN) to Advanced Practice Registered Nurse (APRN), certificate of qualification to licensure, categories to roles, and will require APRN's to complete continuing education in advanced practice nursing roles and must have a Masters or higher degree in one of the APRN roles.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2012:

Nurse Practice Act Amended

➤ Changes to regulations:

- ❖ **K.A.R. 60-11-101. Definition of expanded role; limitations, restrictions.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN).
- ❖ **K.A.R. 60-11-102. Roles of advance practice registered nurses.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “categories” to “roles.”
- ❖ **K.A.R. 60-11-103. Educational requirements for advanced practice registered nurses.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles” and “certificate of qualification” to “license.” This also changed “hold a current license to practice as an APRN issued by another board of nursing” to “issued by a nursing licensing authority of another jurisdiction.”
- ❖ **K.A.R. 60-11-104. Functions of the advanced practice registered nurse in the role of nurse practitioner.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles,” and changed “expanded” role at a specialized level to “advanced” role at a specialized level.
- ❖ **K.A.R. 60-11-104a. Protocol requirements; prescription orders.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certified” to “licensed.”
- ❖ **K.A.R. 60-11-104a. Protocol requirements; prescription orders.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certified” to “licensed.”
- ❖ **K.A.R. 60-11-106. Functions of the advanced practice registered nurse; nurse anesthetist.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), changed “category” to “role,” and changed “expanded” role of registered nurse anesthetist to “advanced” role of registered nurse anesthetist.
- ❖ **K.A.R. 60-11-107. Functions of the advanced practice registered nurse in the role of clinical nurse specialist.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), changed “category” to “role,” and changed “expanded” role to provide evidence-based nursing practice to “advanced” role to provide evidence-based nursing practice.
- ❖ **K.A.R. 60-11-113. License renewal.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “certificate” to “license,” and added the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role.
- ❖ **K.A.R. 60-11-116. Reinstatement of license.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles,” “certificate of qualification” to “license,” and added the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role.
- ❖ **K.A.R. 60-11-118. Temporary permit to practice.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certificate of qualification” to “license.”

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2012:

Continued.

- ❖ **K.A.R. 60-11-119. Payment of fees.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certificate of qualification” to “license.”
 - ❖ **K.A.R. 60-11-120. Expiration dates of licenses; applications.** Changed the “certificate of qualification” to “license.”
 - ❖ **K.A.R. 60-11-121. Exempt license.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certificate of qualification” to “license.”
 - ❖ **K.A.R. 60-13-112. License renewal.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and added the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role.
 - ❖ **K.A.R. 60-17-101. Definitions.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN).
 - ❖ **K.A.R. 60-17-104. Faculty and preceptor qualifications.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles” and “certificate of qualification” to “license.”
 - ❖ **K.A.R. 60-17-105. Curriculum requirements.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles” and “certificate of qualification” to “license.” Deleted the language as defined by the sponsoring academic institution and defines what academic equivalent is.
 - ❖ **K.A.R. 60-17-110. Discontinuing an advance practice registered nurse program.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN).
 - ❖ **K.A.R. 60-17-111. Requirements for advanced practice registered nurse refresher course.** Changed the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles,” and “certificate of qualification” to “license.”
 - ❖ **K.A.R. 60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy.** Clarifies that basic fluid can be monitored, the initial dosage of medications or solutions is excluded from the LPN scope of practice, removed restrictive language on maintaining patency to allow any medication or solution allowed by facility policy, and clarifies direct IV push drugs that can be given.
 - ❖ **K.A.R. 60-16-103. Course approval procedure.** Added that the curricula shall meet the requirements in K.A.R. 60-16-104(g).
 - ❖ **K.A.R. 60-16-104. Standards for course; competency examination; recordkeeping.** Changed the board approved intravenous fluid therapy curriculum from the 2003 version of instructional material from the University of Missouri to portions of the “infusion nursing standards of practice: volume 34, number 1S dated January/February 2011.” Requires each provider to submit documentation of the use of the curriculum by February 1, 2013. Changed the length of time from 60 days to 15 days the provider has to submit a typed roster listing the names and license numbers of each individual who has successfully completed the course.
- Changes to statutes:
- ❖ **K.S.A. 65-4202. Definitions.** Changed to reflect current language terminology.
 - ❖ **K.S.A. 65-4212. Exclusions.** Changed to reflect current language terminology.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2013: Nurse Practice Act Amended

➤ Changes to regulations:

- ❖ **K.A.R. 60-9-105. Definitions.** Allows the registered nurse and licensed practical nurse to use 30 minutes to be computed towards a contact hour. This is a decrease from one contact hour being the minimum to 30 minutes.
- ❖ **K.A.R. 60-9-106. Continuing nursing education for license renewal.** Allows the registered nurse and licensed practical nurse to use 30 minutes to be computed towards a contact hour. This is a decrease from one contact hour being the minimum to 30 minutes.
- ❖ **K.A.R. 60-9-107. Approval of continuing nursing education.** Added the requirement that providers list APRN, if the course is approved for APRN continuing nursing education. It also allows the registered nurse and licensed practical nurse to use 30 minutes to be computed towards a contact hour.
- ❖ **K.A.R. 60-12-106. License renewal.** Allows the licensed mental health technician to use 30 minutes to be computed towards a contact hour. This is a decrease from one contact hour being the minimum to 30 minutes.

2014: Nurse Practice Act Amended

➤ Changes to regulations:

- ❖ **K.A.R. 60-4-101. Payment of fees.** Decrease of biennial renewal fee for the Registered Nurse and the Licensed Practical Nurse by \$5.00. This will change the renewal fee from \$60.00 to \$55.00.
- ❖ **K.A.R. 60-8-101. Payment of fees.** Decrease of biennial renewal fee for the Licensed Mental Health Technicians by \$5.00. This will change the renewal fee from \$60.00 to \$55.00.
- ❖ **K.A.R. 60-11-119. Payment of fees.** Decrease of biennial renewal fee for the Advanced Practice Registered Nurse by \$5.00. This will change the renewal fee from \$60.00 to \$55.00.
- ❖ **K.A.R. 60-13-101. Payment of fees.** Decrease of biennial renewal fee for the Registered Nurse Anesthetist by \$5.00. This will change the renewal fee from \$60.00 to \$55.00.

2015: Nurse Practice Act Amended

➤ Changes to regulations:

- ❖ **K.A.R. 60-4-103. Fees and travel expenses for school approval and approval of continuing education providers.** Increase the fee for the application for the approval of a new nursing school from \$700.00 to \$1,000.00. Increase the cost of the approval of a single continuing nursing education offering from \$50.00 to \$100.00. Changing "renewal" to "report" for the annual approval for nursing schools and continuing nursing education providers.

2016: Nurse Practice Act Amended

➤ Changes to regulations:

- ❖ **K.A.R. 60-2-101. Requirements for initial approval.** Deleted language which requires a rationale for the establishment of the RN and LPN nursing program and the potential effect on other nursing programs in the area. Also deleted the Kansas administrative process for nursing programs.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2016:

Continued

- ❖ **K.A.R. 60-3-102. Duplicate of license.** Deletes “the fee may be waived if the license has been stolen” and clarifies that the duplicate license is for the initial license.
- ❖ **K.A.R. 60-3-103. Change of name.** Adds the requirement that a licensee or applicant must notify the board within 30 days of a name change.
- ❖ **K.A.R. 60-3-110. Unprofessional conduct.** Adds that if a nurse licensee or applicant for a nursing license fails to submit to a mental or physical examination or an alcohol or drug screen when ordered by the board would be defined as unprofessional conduct.
- ❖ **K.A.R. 60-3-113. Reporting of certain misdemeanors convictions by the licensee.** Requires the licensee to report the convictions within 30 days from the date of the conviction.
- ❖ **K.A.R. 60-7-102. Duplicate of license.** Deletes for licensed mental health technicians “the fee may be waived if the license has been” stolen and clarifies that the duplicate license is for the initial license.
- ❖ **K.A.R. 60-7-106. Unprofessional conduct.** Adds that if a licensed mental health technician licensee or applicant for a mental health technician license fails to submit to a mental or physical examination or an alcohol or drug screen when ordered by the board would be defined as unprofessional conduct.
- ❖ **K.A.R. 60-9-105. Definitions.** Clarifies that each CNE transcript shall be maintained by the CNE provider and that fractions of hours over 30 minutes to be computed towards a contact hour will be accepted.
- ❖ **K.A.R. 60-9-106. Continuing nursing education for license renewal.** Clarifies that the CNE transcript designates the number of hours, the licensee name, and license number. Also clarifies that an IOA is required for a college course and when the required 30 hours of CNE need to be completed, the requirements to be submitted when a licensee is submitting an IOA, and that a refresher course is only accepted for CNE if it is required for licensure reinstatement.
- ❖ **K.A.R. 60-17-102. Requirements for initial approval.** Deletes language which requires a rationale for the establishment of the APRN nursing program and the potential effect on other nursing programs in the area and the Kansas administrative process for nursing programs.

2017:

Nurse Practice Act Amended

- Changes to regulations:
 - ❖ **K.A.R. 60-4-101. Payment of fees.** Increase the fee for verification of licensure to another state from \$25.00 to \$30.00 for the Registered Nurse and the Licensed Practical Nurse.
- Changes to statutes K.S.A. 65-1118, K.S.A. 65-4202, K.S.A. 65-4203, K.S.A. 65-4208, K.S.A. 65-4212, and K.S.A. 74-1111.

2018:

Nurse Practice Act Amended

- **K.S.A. 65-1166 Nurse licensure compact.** Legislation passed which allows Kansas to join the Nurse licensure compact effective July 1, 2019,

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD

2019: Nurse Practice Act Amended

- **K.A.R. 60-4-101 Payment of fees.** Increase the nursing licensure fees for professional nurses and licensed practical nurses. Creates fees for multi-state licenses effective July 1, 2019.

Licensing

Data as of June 30, 2019
Edited by Carol Moreland, MSN, RN

RN STATISTICS

	2015	2016	2017	2018	2019
Licenses issued by					
Examination	1,978	1,855	1,710	1699	1516
Endorsement	2,199	2,054	2,396	2716	3135
Reinstatement	816	881	858	807	1122
TOTAL	4,993	4,790	4,964	5222	5773

Total number holding					
current license	51,740	53,017	56,393	58,624	60,141
In Kansas	39,285	39,783	41,272	42,135	42,797

LPN STATISTICS

	2015	2016	2017	2018	2019
Licenses issued by					
Examination	883	822	743	750	639
Endorsement	217	290	296	274	362
Reinstatement	266	217	256	226	274
TOTAL	1,366	1,329	1,295	1,250	1,275

Total number holding					
current license	10,631	10,312	10,386	10,550	10,578
In Kansas	9,346	9,044	9,015	9,089	9,110

LMHT STATISTICS

	2015	2016	2017	2018	2019
Licenses issued by					
Examination	0	7	1	8	6
Endorsement	0	0	0	0	0
Reinstatement	3	0	0	1	2
TOTAL	3	7	1	9	8

Total number holding					
current license	66	73	60	69	58
In Kansas	66	73	60	69	58

FY19 Active Licensees in Kansas

	LMHT	LPN	RN	APRN	RNA	TOTAL
Allen	0	17	105	7	1	130
Anderson	0	12	78	3	0	93
Atchison	0	76	82	2	2	162
Barber	0	7	53	3	1	64
Barton	0	46	245	8	2	301
Bourbon	0	17	161	9	4	191
Brown	1	48	66	4	0	119
Butler	1	90	793	45	9	938
Chase	0	7	22	0	0	29
Chautauqua	0	14	26	1	0	41
Cherokee	0	16	92	5	1	114
Cheyenne	0	5	21	0	1	27
Clark	0	5	16	1	0	22
Clay	0	25	101	1	0	127
Cloud	0	27	125	2	0	154
Coffey	0	23	52	0	1	76
Comanche	0	8	16	1	1	26
Cowley	0	64	233	6	6	309
Crawford	0	65	356	35	3	459
Decatur	0	10	35	1	0	46
DeSoto	0	0	0	0	0	0
Dickinson	0	40	147	6	1	194
Doniphan	0	20	35	1	0	56
Douglas	0	122	858	66	17	1063
Edwards	0	5	30	1	0	36
Elk	0	7	25	3	0	35
Ellis	0	73	373	31	9	486
Ellsworth	0	14	64	6	0	84
Finney	0	25	202	12	3	242
Ford	0	32	165	9	0	206
Franklin	2	74	227	10	3	316
Geary	0	35	113	7	3	158
Gove	0	10	29	0	1	40
Graham	0	7	33	0	1	41
Grant	0	7	30	1	1	39
Gray	0	15	43	1	0	59
Greeley	0	2	12	0	0	14
Greenwood	0	13	54	3	0	70
Hamilton	0	0	15	2	0	17
Harper	0	11	47	3	0	61
Harvey	0	63	501	22	5	591
Haskell	0	4	23	0	0	27
Hodgeman	0	5	22	3	0	30
Jackson	0	53	134	8	1	196
Jefferson	0	55	183	10	1	249
Jewell	0	11	29	0	2	42
Johnson	0	503	6250	465	145	7363
Kearny	0	3	31	2	0	36
Kingman	0	11	95	6	1	113
Kiowa	0	3	24	0	0	27
Labette	0	33	201	3	1	238
Lane	0	2	8	0	0	10
Leavenworth	0	108	672	39	5	824
Lincoln	0	16	31	0	0	47

FY19 Active Licensees in Kansas

	LMHT	LPN	RN	APRN	RNA	TOTAL
Linn	0	17	73	5	0	95
Logan	0	4	28	0	0	32
Lyon	0	111	208	15	4	338
Marion	0	26	131	6	1	164
Marshall	0	41	80	5	1	127
McPherson	0	80	273	11	3	367
Meade	0	6	48	0	1	55
Miami	5	58	328	10	1	402
Mitchell	0	32	77	1	0	110
Montgomery	0	41	232	13	2	288
Morris	0	15	43	1	1	60
Morton	0	6	18	0	0	24
Nemaha	0	44	127	2	2	175
Neosho	0	27	171	8	3	209
Ness	0	4	38	3	0	45
Norton	0	31	46	0	1	78
Osage	0	56	132	11	0	199
Osborne	0	16	32	0	0	48
Ottawa	0	13	61	3	0	77
Pawnee	7	9	73	3	0	92
Phillips	0	25	51	3	0	79
Pottawatomie	0	69	227	19	2	317
Pratt	0	7	129	8	6	150
Rawlins	0	4	17	0	0	21
Renov	0	122	606	18	7	753
Republic	0	26	47	3	0	76
Rice	0	16	76	5	1	98
Riley	0	74	321	21	17	433
Rooks	0	27	58	1	0	86
Rush	0	9	33	2	0	44
Russell	0	18	57	5	0	80
Saline	0	98	534	16	1	649
Scott	0	6	44	5	0	55
Sedgwick	10	576	4317	309	96	5308
Seward	0	8	96	7	2	113
Shawnee	18	424	1787	121	13	2363
Sheridan	0	10	23	3	0	36
Sherman	0	10	29	0	0	39
Smith	0	13	38	2	0	53
Stafford	0	9	39	5	0	53
Stanton	0	0	8	0	0	8
Stevens	0	5	36	0	0	41
Sumner	0	40	166	9	3	218
Thomas	0	13	79	6	1	99
Trego	0	14	34	1	0	49
Wabaunsee	0	19	63	3	0	85
Wallace	0	3	15	0	0	18
Washington	0	20	67	3	0	90
Wichita	0	1	19	1	0	21
Wilson	0	16	75	4	0	95
Woodson	0	7	17	1	17	42
Wyandotte	0	155	652	26	7	840
Unknown	0	88	327	15	4	434
TOTAL	44	4533	25690	1573	429	32269

FY19 Active Licenses in Other States

	LMHT	LPN	RN	APRN	RNA	TOTAL
AE (Military Over Seas)	0	1	9	1	0	11
Alabama	0	1	14	0	1	16
Alaska	0	0	10	0	0	10
Arizona	0	6	76	6	1	89
Arkansas	0	2	46	3	3	54
California	0	2	96	6	1	105
Canada	0	0	0	0	0	0
Colorado	0	8	125	14	8	155
Connecticut	0	0	4	0	0	4
Delaware	0	0	1	0	0	1
District of Columbia	0	0	1	0	0	1
Florida	0	14	115	6	5	140
Georgia	0	3	50	4	0	57
Guam	0	0	0	0	0	0
Hawaii	0	0	9	1	0	10
Idaho	0	0	10	0	1	11
Illinois	0	4	57	1	2	64
Indiana	0	2	10	0	0	12
Iowa	0	4	42	4	4	54
Kentucky	0	1	10	0	0	11
Louisiana	0	1	10	0	0	11
Maine	0	0	14	0	0	14
Maryland	0	2	14	0	0	16
Massachusetts	0	1	8	2	0	11
Michigan	0	2	15	1	1	19
Minnesota	0	1	18	0	0	19
Mississippi	0	2	8	2	0	12
Missouri	0	298	3367	252	60	3977
Montana	0	0	6	1	0	7
Nebraska	0	21	104	7	8	140
Nevada	0	2	29	4	1	36
New Hampshire	0	0	11	0	0	11
New Jersey	0	2	6	1	0	9
New Mexico	0	2	18	0	1	21
New York	0	3	16	1	0	20
North Carolina	0	2	82	1	0	85
North Dakota	0	0	1	0	0	1
Ohio	0	2	14	1	0	17
Oklahoma	0	29	244	19	7	299
Oregon	0	2	25	0	3	30
Pennsylvania	0	1	26	0	0	27
Puerto Rico	0	0	0	0	0	0
Rhode Island	0	0	0	0	0	0
South Carolina	0	1	17	2	1	21
South Dakota	0	1	18	0	1	20
Tennessee	0	3	34	2	2	41
Texas	0	16	270	17	7	310
Unknown	0	1	9	0	0	10
Utah	0	0	7	0	0	7
Vermont	0	1	1	0	0	2
Virginia	0	3	25	2	0	30
Virgin Islands	0	0	1	0	0	1
Washington	0	1	44	2	1	48
West Virginia	0	0	0	0	0	0
Wisconsin	0	1	9	0	0	10
Wyoming	0	0	14	2	0	16
TOTAL	0	449	5170	365	119	6103

Number of License's Lapsed or Inactive

	LMHT	LPN	RN	APRN	RNA	Total
FY13						
In-State	35	1073	1212	50	22	2392
Out-of-State	0	323	1659	58	34	2074
Total	35	1396	2871	108	56	4466
FY14						
In-State	1	1053	1301	69	20	2444
Out-of-State	0	352	1567	63	36	2018
Total	1	1405	2868	132	56	4462
FY15						
In-State	21	1004	1414	64	34	2537
Out-of-State	1	307	1624	65	35	2032
Total	22	1311	3038	129	69	4569
FY16						
In-State	0	1036	1470	73	27	2606
Out-of-State	0	343	1750	71	38	2202
Total	0	1379	3220	144	65	4808
FY17						
In-State	14	927	1511	68	24	2544
Out-of-State	0	262	1849	83	57	2251
Total	14	1189	3360	151	81	4795
FY18						
In-State	0	892	1388	75	14	2369
Out-of-State	0	292	1993	111	32	2428
Total	0	1184	3381	186	46	4797
FY19						
In-State	13	824	1311	67	22	2237
Out-of-State	0	296	2389	106	33	2824
Total	13	1120	3700	173	55	5061

RN POPULATION BY AGE

	Under 21	21-30	31-40	41-50	51-60	61-70	71-80	81 & Over	Unknown	TOTAL
FY 2015	2	7843	12646	10636	12746	7812	1262	70	0	53017
FY 2016	5	8169	13648	11100	12215	8584	1300	112	0	55133
FY 2017	12	8259	14318	11536	11862	8901	1364	119	0	56371
FY 2018	11	8445	15167	12183	11765	9418	1475	135	0	58599
FY 2019	8	8	5379	6757	7782	7211	1170	113	0	28428

LPN POPULATION BY AGE

	Under 21	21-30	31-40	41-50	51-60	61-70	71-80	81 & Over	Unknown	TOTAL
FY 2014	6	1999	2667	2174	2319	1253	191	17	5	10631
FY 2015	10	1951	2583	2275	2126	1181	178	8	0	10312
FY 2016	14	1973	2626	2198	2154	1385	205	10	0	10565
FY 2017	11	1757	2694	2194	2095	1372	210	12	0	10345
FY 2018	14	1836	2735	2261	2011	1446	216	12	0	10531
FY 2019	9	9	724	1149	1348	1142	175	11	0	4567

LMHT POPULATION BY AGE

	Under 21	21-30	31-40	41-50	51-60	61-70	71-80	81 & Over	Unknown	TOTAL
FY 2014	0	0	2	13	40	24	6	2	0	87
FY 2015	0	0	2	7	34	20	3	0	0	66
FY 2016	0	1	3	5	36	24	4	0	0	73
FY 2017	0	1	3	2	30	22	2	0	0	60
FY 2018	0	3	5	4	28	27	2	0	0	69
FY 2019	0	0	0	2	20	17	1	0	0	40

ETHNICITY AND GENDER FY2018										
FY 2018	African American	Asian Indian	Asian Other	Hispanic	Native American	Other	Pacific Islander	White Non Hispanic	Not Supplied	Total
RN										
F	2073	163	872	1645	356	940	104	46687	0	52840
M	307	17	105	185	39	148	16	3865	0	4682
Total	2380	180	977	1830	395	1088	120	50552	0	57522
LPN										
F	866	10	105	444	122	298	20	7748	0	9613
M	152	2	9	23	9	41	1	469	0	706
Total	1018	12	114	467	131	339	21	8217	0	10319
LMHT										
F	9	0	0	2	1	6	0	33	0	51
M	2	0	0	1	0	1	0	14	0	18
Total	11	0	0	3	1	7	0	47	0	69
APRN										
F	146	21	90	96	20	63	8	3982	0	4426
M	16	2	8	11	2	6	2	267	0	314
Total	162	23	98	107	22	69	10	4249	0	4740
RNA										
F	18	3	5	11	2	8	4	534	0	585
M	13	3	6	11	3	5	2	442	0	485
Total	31	6	11	22	5	13	6	976	0	1070

ETHNICITY AND GENDER FY2019										
FY 2019	African American	Asian Indian	Asian Other	Hispanic	Native American	Other	Pacific Islander	White Non Hispanic	Not Supplied	Total
RN										
F	856	69	347	612	162	593	63	26202	0	28904
M	120	8	32	77	22	83	7	1888	0	2237
Total	976	77	379	689	184	676	70	28090	0	31141
LPN										
F	355	3	35	133	54	177	14	3956	0	4727
M	43	2	2	8	6	18	0	182	0	261
Total	398	5	37	141	60	195	14	4138	0	4988
LMHT										
F	7	0	0	2	0	5	0	17	0	31
M	2	0	0	1	0	1	0	9	0	13
Total	9	0	0	3	0	6	0	26	0	44
APRN										
F	41	5	22	28	8	15	3	1735	0	1857
M	0	0	0	3	1	2	0	90	0	96
Total	41	5	22	31	9	17	3	1825	0	1953
RNA										
F	7	1	1	4	1	1	1	256	0	272
M	3	3	5	7	3	1	1	248	0	271
Total	10	4	6	11	4	2	2	504	0	543

**ADVANCED PRACTICE REGISTERED NURSES
BY CATEGORY**

	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Clinician/Practitioner	3154	3522	3747	3802	5317
Clinical Nurse Specialist	546	542	522	520	468
Nurse Midwife	86	78	85	79	91
Nurse Anesthetist	980	1025	1008	1013	1197
TOTAL	4766	5167	5362	5414	7073

**ADVANCED PRACTICE REGISTERED NURSES
BY SPECIALTY ***

	Clinician/Practitioner			Clinical Nurse Specialist		
	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>
Acute Care	204	237	62	9	9	2
Adult	467	528	159	177	170	134
Cardiovascular	2	3	1	0	0	0
Community	2	2	2	32	30	27
Diabetes	1	0	1	5	5	5
Emergency	8	9	4	0	0	0
Family	2462	2738	937	26	25	21
Family planning	1	1	1	0	0	0
Gerontology	210	265	29	32	30	16
Maternal/Child	7	6	5	43	43	42
Medical/Surgical	4	6	0	49	50	39
Mental Health/Psychiatric	139	160	63	131	127	115
Neonatal	178	197	121	0	0	0
OB/GYN	20	18	14	2	2	2
Oncology	1	2	0	7	7	3
Pediatrics	250	252	132	32	33	26
Primary	0	0	0	0	0	0
Women's Health	118	121	57	12	12	11

* Individual APRN's may have more than one specialty.

Education

Admission, Graduation, Attrition, and Faculty numbers are reported by Kansas Nursing Programs in the Annual Education Report submitted June 30th of each year.

The NCLEX pass rates are collected on a calendar year basis, January 1, 2019 – December 31, 2019. The pass rates are obtained from the National Council State Boards of Nursing and PearsonVUE.

For questions regarding this data please contact -
Janelle Martin, MHSA, BSN, RN, Nursing Education Compliance Officer
Edited by Janelle Martin, MHSA, BSN, RN & Carol Moreland, MSN, RN

Kansas Nursing Programs

Stand Alone Practical Nursing Programs

Donnelly College
Flint Hills Area Technical School
Hutchinson Community College
Johnson County Community College
Kansas City Kansas Community College
North Central Kansas Technical College – Beloit
Salina Area Technical College
Washburn Institute of Technology
Wichita Area Technical College/WSU Tech

1+1 – First Level

Barton County Community College
Coffeyville Community College
Colby Community College
Garden City Community College
Highland Community College Technical Center
Manhattan Area Technical College
North Central Kansas Technical College – Hays
Pratt Community College

1+1 – Second Level

Barton County Community College
Coffeyville Community College
Colby Community College
Garden City Community College
Highland Community College Technical Center
Manhattan Area Technical College
North Central Kansas Technical College – Hays
Pratt Community College

Bi-level Programs – Associate Degree

In order to be licensed as a practical nurse in Kansas the person must have graduated from an approved program. For the Associate Degree programs that wish to allow their students to “stop out” the Board of Nursing approves the first year of the AD program as a PN program if the first year meets requirements such as the LPN scope of practice. The first year of a bi-level program is reviewed every five (5) years.

Butler Community College
Labette Community College
Neosho Community College
Seward County Community College

Stand Alone Associate Degree Nursing Programs

Cloud County Community College
Dodge City Community College (has opt-out option)
Donnelly College

Fort Scott Community College
Hutchinson Community College
Johnson County Community College
Kansas City Kansas Community College
Rasmussen College

BSN Nursing Programs

Baker University
Benedictine College
Bethel College
Emporia State University
Fort Hays State University
Hesston College
Kansas Wesleyan University
MidAmerica Nazarene University
National American University – Overland Park
National American University - Wichita
Newman University
Pittsburg State University
Rasmussen College
University of Kansas
University of St. Mary
Washburn University
Wichita State University

Graduate Nursing Programs

Fort Hays State University:

Doctor of Nursing Practice

- Family Nurse Practitioner

Newman University:

Master of Science in Nurse Anesthesia

Pittsburg State University:

Doctor of Nursing Practice

- Family Nurse Practitioner

University of Kansas:

Post-BSN Doctor of Nursing Practice (DNP)

Post-Master's DNP

Doctor of Nursing Practice (DNP)

- Adult/Gerontological Nursing Practitioner
- Family Nursing Practitioner
- Nurse Midwife
- Psychiatric/Mental Health Nurse Practitioner

Doctor of Nursing Practice in Nurse Anesthesia

Washburn University:

Doctor of Nursing Practice

- Family Nurse Practitioner
- Psychiatric Mental Health Nurse Practitioners

Post-Graduate Certificate

- Psychiatric Mental Health Nurse Practitioner

Wichita State University:

Doctor of Nursing Practice (DNP)

- Adult Gerontology Acute Care Nurse Practitioner
- Family Nurse Practitioner
- Psychiatric-Mental Health Nurse Practitioner

Kansas RN Nursing Program Admission Information				
Programs	2015-2016	2016-2017	2017-2018	2018-2019
BSN Program				
Baker University #	93	88	106	100
Benedictine College#	25	26	25	32
Bethel College #	79	52	58	65
Emporia State University	48	47	61	81
Fort Hays State University	62	48	58	52
Hesston College #	21	21	52	53
Kansas Wesleyan University #	12	5	4	5
MidAmerica Nazarene University #	132	147	154	157
National American University - OP #	27	31	49	43
National American University - Wichita #	14	13	7	9
Newman University #	56	56	66	63
Pittsburg State University	100	97	116	86
Rasmussen College #			41	52
University of Kansas	104	104	126	126
University of St. Mary #	72	66	54	64
Washburn University	135	156	152	154
Wichita State University	146	150	149	149
TOTAL BSN	1126	1107	1278	1291
ADN Program				
Barton County Community College	31	31	25	21
Butler County Community College	172	167	150	157
Cloud County Community College	34	38	50	53
Coffeyville Community College	17	15	16	25
Colby Community College	41	54	26	34
Dodge City Community College	50	56	48	54
Ft. Scott Community College	47	50	41	63
Garden City Community College	30	20	27	37
Highland Community College Tech Center	20	20	20	25
Hutchinson Community College	77	80	88	92
Johnson County Community College	77	79	70	79
Kansas City KS Community College	125	125	123	48
Labette Community College	20	31	27	25
Manhattan Area Technical College	45	47	48	47
Neosho County Community College	130	132	126	145
North Central KS Technical College - Hays	30	32	31	33
Pratt Community College	47	26	0	30
Rasmussen College #	75	69	144	207
Seward CCC Area Technical School	30	31	30	31
TOTAL ADN	1249	1203	1090	1206
TOTAL of BSN & ADN PROGRAMS	2375	2310	2368	2497
# Private Programs/Schools				
* Admissions counted first day of classes				

Admission Information				
APRN Program	2015-2016	2016-2017	2017 - 2018	2018 - 2019
Ft Hays State University	0	23	17	21
Pittsburg State University	16	21	28	32
University of Kansas	42	44	46	43
University of St. Mary				16
Washburn University	25	47	20	95
Wichita State University	30	10	13	10
Total APRN Admissions	113	145	124	217

RNA Program	2015-2016	2016-2017	2017-2018	2018-2019
Neuman University #	22	23	21	21
University of Kansas	24	24	24	30
Total RNA Admissions	46	47	45	51

- Private Program/School

Kansas PN Nursing Program - Admission Information				
PN Program & First Year of Bi-Level	2015-2016	2016-2017	2017-2018	2018-2019
Barton County Community College	41	43	26	30
Butler County Community College *	118	143	105	121
Coffeyville Community College	9	8	10	15
Colby Community College	58	37	44	41
Dodge City Community College	3	0	0	0
Donnelly College #	51	60	34	50
Flint Hills Area Technical College	54	39	45	65
Garden City Community College	30	30	40	40
Highland Comm. Coll. Technical Center	40	36	29	24
Hutchinson Community College	105	106	107	106
Johnson County Community College	50	57	66	55
Kansas City KS Community College	63	85	65	66
Labette Community College *	39	44	34	46
Manhattan Area Technical College	41	40	39	39
Neosho County Community College *	105	102	95	97
North Central KS Technical College - Beloit	40	32	32	29
North Central KS Technical College - Hays	40	43	42	43
Pratt Community College	16	16	26	14
Seward CCC Area Technical School *	31	25	32	31
Washburn Institute of Technology	82	61	80	81
Wichita Area Technical College	151	162	118	150
TOTAL	1303	1257	1069	1143
# Private Programs/Schools * Bi-level Program				

Graduations Reported per RN Nursing Program

Program	Year			
BSN Programs	2015-2016	2016-2017	2017-2018	2018-2019
Baker University#	68	72	69	80
Benedictine College#	23	23	25	25
Bethel College #	45	30	14	30
Emporia State University	32	27	46	38
Fort Hays State University	40	48	41	44
Hesston College				39
Kansas Wesleyan University#	7	0	2	2
MidAmerica Nazarene University #	103	113	133	151
National American University - Overland Park #	21	21	15	15
National American University - Wichita #	11	4	7	6
Newman University #	47	47	52	39
Pittsburg State University	98	71	75	78
Rasmussen			0	4
University of Kansas	100	100	99	123
University of St. Mary #	59	61	49	56
Washburn University	136	136	127	149
Wichita State University	159	111	183	136
TOTAL BSN	949	864	984	1015

	Year			
ADN Program	2015-2016	2016-2017	2017-2018	2018-2019
Barton County Community College	25	19	24	17
Butler County Community College	122	122	117	123
Cloud County Community College	30	31	27	29
Coffeyville Community College	12	9	11	20
Colby Community College	38	37	21	29
Dodge City Community College	17	27	18	25
Donnelly College				15
Ft. Scott Community College	25	21	29	31
Garden City Community College	24	15	23	31
Highland Community College Tech Center	20	19	19	20
Hutchinson Community College	69	71	80	81
Johnson County Community College	64	70	64	50
Kansas City KS Community College	128	128	126	94
Labette Community College	17	27	25	20
Manhattan Area Technical College	47	40	39	44
Neosho County Community College	116	128	141	107
NCKTC at Hays	26	30	26	28
Pratt Community College	37	11	0	0
Rasmussen	New	31	46	57
Seward CCC Area Technical School	30	30	29	30
TOTAL ADN	991	971	865	851
Total Graduations Reported for BSN & ADN	1940	1835	1849	1866

- Private Schools/Programs

Graduations Reported

Programs				
APRN	2015-2016	2016-2017	2017-2018	2018-2019
Fort Hays State University	20	22	11	0
Pittsburg State University	25	18	5	14
University of Kansas	68	28	7	6
Washburn University	16	39	24	13
Wichita State University	16	8	21	23
Total	145	115	46	56

RNA	2015-2016	2016-2017	2017-2018	2018-2019
University of Kansas	23	22	21	24
Newman University #	19	23	23	23
Total	42	45	44	47
# - Private Program/School				

Graduations/Completions Reported per PN Program

Practical Nursing Programs	Year			
	2015-2016	2016-2017	2017-2018	2018-2019
Barton County Community College	24	21	16	18
Butler County Community College	94	87	96	92
Coffeyville Community College	6	5	5	10
Colby Community College	39	34	33	30
Dodge City Community College	0	3	1	1
Donnelly College #	13	26	41	42
Flint Hills Area Technical College	44	43	37	37
Garden City Community College	23	24	33	31
Highland Comm College Technical Center	38	29	18	17
Hutchinson Community College	47	66	54	54
Johnson County Community College	35	42	41	47
Kansas City KS Community College	57	49	54	47
Labette Community College	49	25	21	28
Manhattan Area Technical College	38	32	35	31
Neosho County Community College	72	90	95	79
North Central KS Technical College - Beloit	28	26	26	20
North Central KS Technical College - Hays	31	33	39	37
Pratt Community College	12	10	20	10
Salina Area Technical College				28
Seward CCC Area Technical School	26	25	27	26
Washburn Institute of Technology	56	68	54	54
Wichita Area Technical College	126	117	104	120
Total Graduations	977	938	850	859
# - Private Schools/Programs				

Student Attrition - Kansas Nursing Programs

2015-2016	PN	AD	BSN	Total
Academic	147	118	115	380
Personal	37	70	39	146
Psycho-social	4	6	2	12
Total	188	194	156	538

2016-2017	PN	AD	BSN	Total
Academic	125	122	96	343
Personal	79	65	35	179
Psycho-social	3	3	5	11
Total	207	190	136	533

2017-2018	PN	AD	BSN	Total
Academic	152	165	124	441
Personal	48	61	57	166
Psycho-social	8	4	6	18
TOTAL	208	230	187	625

2018-2019	PN	AD	BSN	Total
Academic	144	143	111	398
Personal	48	61	57	166
Psycho-social	8	4	6	18
TOTAL	208	230	187	625

Kansas Nursing Program Faculty

	2014	2015	2016	2017	2018	2019
Doctorate in Nursing	44	47	57	79	89	110
Doctorate	177	162	147	122	110	119
Masters in Nursing	597	592	582	591	527	550
Master in Other Field	59	43	37	34	27	25
Baccalaureate in Nursing	275	258	259	264	282	331
Baccalaureate in Other Field	5	4	5	5	6	1
Diploma/ADN	27	16	15	25	20	16
Total Faculty	1184	1122	1102	1120	1060	1152

Faculty Hire Exceptions	130	115	112	136	129	157
Faculty Degree Plans	159	144	83	127	143	107
Faculty FQRs Removed*	221	201	140	169	158	195

*FQR = Faculty Qualification Report

Student Articulation

The Baccalaureate (BSN) and associate degree nursing (ADN) programs are required by regulation to have an articulation plan. Licensed nurses may articulate into the next level of nursing education - ADN or BSN.

	2014	2015	2016	2017	2018	2019
ADN Admitted	282	286	221	265	238	267
BSN Admitted	41	58	37	31	51	16
ADN Graduated	230	237	194	224	216	212
BSN Graduated	25	30	28	3	12	4

**National Council Licensure Examination for Registered Nurses
Program Summary of all First Time Registered Nurse Candidates Educated in Kansas
Through December 31, 2019**

	Program Type	2016	2017	2018	2019
Program		% Pass	% Pass	% Pass	% Pass
Baker University	BSN	96.92	93.15	97.14	97.40
Barton County Community College	ADN	44.44	88.89	80.77	92.31
Benedictine College	BSN	68.18	100.00	88.00	100.00
Bethel College	BSN	84.44	80.00	85.71	89.66
Butler County Community College	ADN	89.57	88.98	92.66	87.30
Cloud County Community College	ADN	82.76	83.87	100.00	82.14
Coffeyville Community College	ADN	72.73	91.67	100.00	90.00
Colby Community College	ADN	72.97	62.16	72.73	83.33
Dodge City Community College	ADN	88.89	95.83	88.89	92.31
Emporia State University	BSN	93.94	96.15	89.13	97.44
Fort Hays State University	BSN	95.00	89.13	83.72	82.35
Fort Scott Community College	ADN	88.00	78.95	100.00	70.00
Garden City Community College	ADN	79.19	87.50	91.30	74.19
Hesston College	BSN	NEW	88.24	80.85	74.36
Highland Comm College Technical Center	ADN	97.74	100.00	100.00	66.67
Hutchinson Community College	ADN	70.42	85.33	88.75	83.08
Johnson County Community College	ADN	98.41	78.57	84.98	98.00
Kansas City Kansas Community College	ADN	73.27	73.75	77.50	79.79
Kansas Wesleyan	BSN	57.14	0.00	75.00	100.00
Labette Community College	ADN	82.35	92.59	100.00	100.00
Manhattan Area Technical College	ADN	87.50	100.00	100.00	90.24
Mid America Nazarene University	BSN	87.83	92.62	95.68	93.33
National American University (OP)	BSN	69.57	75.00	73.33	81.48
National American University (Wichita)	BSN	66.67	75.00	71.43	0.00
Neosho County Community College	ADN	77.88	77.78	74.80	68.00
Newman University	BSN	94.12	100.00	86.00	86.84
North Central Kansas Technical College - Hays	ADN	88.46	79.31	84.62	96.43
Pittsburg State University	BSN	89.19	94.29	98.68	91.03
Pratt Community College	ADN	31.25	83.33	no data	70.83
Rasmussen College	ADN	81.25	90.63	100.00	76.83
Rasmussen College	BSN				93.75
Seward County Community College	ADN	88.89	73.33	73.33	74.07
University of Kansas Medical Center	BSN	87.76	93.14	97.00	83.74
University of St. Mary	BSN	83.05	91.80	95.65	92.98
Washburn University	BSN	80.74	85.38	90.70	89.78
Wichita State University	BSN	85.50	86.73	94.29	87.77
Kansas Pass Rate ADN & BSN	-----	78.56	82.10	88.90	86.60
National Pass Rate	-----	84.57	87.11	88.29	88.18

* Passing Standard Increased April 2013

Pass Rates obtained from NCS Pearson, Inc. & National Council of State Boards of Nursing

**National Council Licensure Examination for Practical Nurses
Program Summary of all First Time Practical Nurse Candidates Educated in Kansas
Through December 31, 2019**

	2015	2016	2017	2018	2019
Program	% Pass	% Pass	% Pass	% Pass	% Pass
Barton County Community College	78.95	87.50	100.00	100.00	100.00
Butler County Community College	100.00	100.00	100.00	95.38	100.00
Coffeyville Community College	83.33	80.00	100	100.00	100
Colby Community College	89.47	79.49	81.82	90.91	96.43
Dodge City Community College	100.00	100.00	100.00	no data	no data
Donnelly College	44.44	75.00	52.00	75.00	87.50
Flint Hills Area Technical College	75.56	88.37	78.95	70.27	86.11
Garden City Community College	95.65	95.65	100.00	100.00	96.67
Highland Community College Technical Center	94.29	97.30	100.00	88.89	94.12
Hutchinson Community College	85.19	77.27	84.48	82.26	90.91
Johnson County Community College	91.67	89.58	93.88	97.62	95.83
Kansas City Kansas Community College	98.15	84.31	92.00	90.38	91.49
Labette Community College	90.91	100.00	100.00	100.00	100.00
Manhattan Area Technical College	96.88	94.74	87.50	100.00	100.00
Neosho County Community College	100.00	94.81	92.86	87.21	93.42
North Central Kansas Technical College – Beloit	94.29	96.43	100.00	100.00	100.00
North Central Kansas Technical College - Hays	100.00	100.00	96.88	94.44	92.31
Pratt Community College	76.92	83.33	90.91	85.00	90.00
Salina Area Technical College					80.00
Seward County Community College	96.00	95.83	100.00	86.96	100.00
Washburn Institute of Technology	91.76	90.70	94.03	86.96	87.88
WSU Tech	85.14	83.05	78.69	83.50	80.67
Kansas Pass Rate	88.26	87.66	87.53	88.31	89.24
National Pass Rate	82.14	83.73	83.85	85.91	86.18

* Passing Standard Increased April 2014

Passing rates obtained from NCS Pearson, Inc. & National Council of State Boards of Nursing

Continuing Education & IV Therapy

Data as of June 30, 2019
Edited by Carol Moreland, MSN, RN

CONTINUING NURSING EDUCATION

FY 2019

(July 1, 2018 - June 30, 2019)

The Kansas State Board of Nursing (KSBN) recognizes nurses as adult learners with continuing education needs as professionals and licensees and requires 30 contact hours of continuing nursing education for relicensure in accordance with K.S.A. 65-1117. KSBN has established the following options for acquisition of CNE:

- ◆ Kansas State Board Approved Long-Term CNE Providers and Single-Program Providers
- ◆ Individual Offering Approval (IOA)
- ◆ College Course Credit (with IOA)
- ◆ Providers approved by other state boards of nursing or national nursing organizations/associations
- ◆ Participation as a member of a nursing organization board of directors or state board of nursing

I. LONG-TERM CNE PROVIDERS

A. **Definition** - Long-Term Providers are persons, organizations or institutions approved by the Board to implement multiple offerings for CNE credit towards RN, LPN and LMHT relicensure.

B. **Numbers of Long-Term Providers** Please visit the Education Division of our web site for a complete list of providers: <http://www.ksbn.org>

FY 19 – 106

FY 18 – 110

FY 17 – 112

FY 16 – 119

FY 15 – 127

C. **New Providers** – Three (3)

FlexCare Infusion Center

Kansas Foundation for Medical Care

Parsons State Hospital & Training Center

D. **Long-Term Providers Withdrawn or Relinquished** – Seven (7)

ATI Nursing Education

Cloud County Community College

Correct Care Solutions

LifeNet of the Heartland

Sunflower LTC Consultants

VA Eastern Kansas Healthcare System

Valeo Behavioral Health Care

E. **Instructors of Continuing Nursing Education**

KSBN recommends that Long-Term CNE Providers design offerings so that at least 50% of the CNE offerings are presented by nurses. This expectation has been consistently exceeded. Contact hours presented by nurses for FY 2019 was 50%.

F. CNE Total Interactive Offerings, Participants, and Contact Hours

FY 2019: 3,523 Offerings – 38,201 participants – 25,773 contact hours
FY 2018: 3,826 Offerings – 35,669 participants – 25,203 contact hours
FY 2017: 3,539 Offerings – 40,724 participants – 28,279 contact hours
FY 2016: 3,911 Offerings – 41,359 participants – 30,993 contact hours.
FY 2015: 3,860 Offerings – 39,514 participants – 29,907 contact hours.

The average participants per offering was 11 in FY19
The average contact hours per offering was 7 in FY19

G. CNE Participants by License Category

	FY2019	FY2018	FY2017	FY2016	FY2015
RN	32,981	29,913	36,392	36,311	36,978
LPN	2,305	3,310	2,241	2,338	2,344
LMHT	176	55	65	466	192
APRN	2,739	2,391	2,026	2,244	
Total	38,201	35,669	40,724	41,359	39,514

H. INDEPENDENT STUDY OFFERED BY LONG TERM PROVIDERS

A. **Definition** - Independent study means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term may include self-study programs, distance learning, and authorship.

Independent Study Participants Reported by Long Term Providers

FY 2019	87,239
FY 2018	92,826
FY 2017	32,103
FY 2016	21,195
FY 2015	23,464

II. SINGLE-PROGRAM PROVIDERS

A. **Definition** - Single-Program providers are persons, organizations or institutions approved by the Board for a two-year period to implement a single topic CNE offering.

Single Program Providers are not required to submit an annual report; therefore, accurate data is not available for total contact hours provided by Single Program Providers.

Single-Program Providers approved:

FY2019	14
FY2018	20
FY2017	15
FY2016	38
FY2015	39

III INDIVIDUAL OFFERING APPROVAL (IOA)

A. **Definition** - Individual Offering Approval is a request by a licensee for approval of an education offering meeting the definition of CNE but not presented by an approved nursing provider.

B. Number of IOA's	IOA Contact Hours
FY 2019 – 1,576	2019 – 38,712
FY 2018 – 1,664	2018 – 31,924
FY 2017 – 1,752	2017 – 39,540
FY 2016 – 1,451	2016 – 36,777
FY 2015 – 1,905	2015 – 43,901

IV. COLLEGE COURSE CREDIT

Definition - Continuing nursing education credit is granted for college courses successfully completed within the renewal period. Each college credit hour is equivalent to 15 contact hours. College courses must meet the definition of continuing nursing education, i.e. be part of a program leading to a nursing degree or have a demonstrated relationship to the practice of nursing. College courses taken must be submitted on an IOA to verify they meet the definition of continuing nursing education and are in the correct time period.

In FY2007, the Board more specifically defined those college prerequisites that would automatically be accepted for CNE credit – courses in science, psychology, sociology or statistics. They also identified in regulation (K.A.R. 60-9-106) those courses that did not meet the definition CNE: literature and composition, public speaking, basic math, algebra, humanities.

V. PROVIDERS APPROVED BY OTHER STATE BOARDS OF NURSING OR NATIONAL NURSING ORGANIZATIONS/ASSOCIATIONS

In 1997, a statute change allowed the board to accept offerings as approved continuing nursing education if presented by: Colleges that are approved by a state or the National Department of Education, providers approved by other state boards of nursing, the National League for Nursing, the National Federation of Licensed Practical Nurses, the American Nurses Credentialing Center or other such national organizations as listed in rules and regulations adopted by the board. Currently, it is not possible to retrieve contact hours for continuing nursing education offerings attended by Kansas licensees from these accepted providers.

VI. CHANGES IN CONTINUING NURSING EDUCATION FOR RENEWAL

In FY2012, the Board revised K.A.R. 60-11-113 TO REQUIRE Advanced Practice Registered Nurses to obtain all 30 hours of the required CNE in the APRN's role. This CNE could also be used for renewal of the RN license. It also allowed the APRNs to use CNE of 30 minutes or more to add up to the 30 hours renewal requirement instead of the previous minimum CNE of one contact hour (50 minutes). In FY2013, the Board amended KAR 60-9-105, 60-9-106, and 60-9-107 to allow RNs and LPNs to use a course length of 30 minutes or more to add up to the 30 hours renewal requirement instead of the previous minimum CNE of one contact hour (50 minutes).

IV Therapy for LPNs

Report of Activities FY2019

There are currently twenty-two (22) approved IV Therapy Providers. Three* (3) of the 22 approved IV providers did not offer classes during FY2019. One** (1) has not submitted Annual Report.

Statistical Data

	FY2019	FY2018	FY2017	FY2016	FY2015	FY2014
Number of Classes	59	57	47	49	50	49
Number of LPN participants	479	509	448	481	397	403
Number passed	419	454	408	448	365	385

Approved IV Therapy Providers:

Allied Health Career Training
Butler Community College
Cloud County Community College
Colby Community College
Cowley College
Flint Hills Technical School
Garden City Community College*
Highland Community College
Hutchinson Community College
Irwin Army Community Hospital**
Johnson County Community College
KHCA Management, LLC
Labette Community College
Manhattan Area Technical College*
Neosho County Community College
North Central Kansas Technical College – Beloit*
North Central Kansas Technical College – Hays
Pratt Community College
Seward County Community College
Stormont Vail Regional Health Center
VA Eastern Kansas Health Care System – Topeka
WSU Tech

Legal

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Data as of December 31, 2019
Edited by Linda Davies, BSN, RN

LEGAL

CALENDAR YEAR 2019

The Investigative Committee is comprised of three Board members that meet in conjunction with every Board meeting. The committee continues to work with staff to update policies and procedures. The review by professional staff and committee audit of 10% of reports continues to be carried out. No changes were made by the committee. The new procedure for professional staff decisions in the case process is being used.

Calendar year 2019 saw a total of 1673 cases opened. The Board logged 120 cases without investigation in accordance with the report review by professional staff. The Impaired Provider Program remains contracted to the Kansas Nurses Assistance Program, Inc. The number of participants remains at approximately 225.

**ADVERSE ACTIONS REVIEWED, ASSIGNED AND REFERRED
BY CALENDAR YEAR**

	2016	2017	2018	2019
Application Reviewed	5744	5505	5348	5167
Investigative Cases Opened	2060	2150	2193	1673
Cases Referred to Assistant Attorney General	364	294	130	292

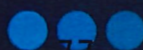
ASSISTANT ATTORNEY GENERAL ACTIONS BY CALENDAR YEAR

DISCIPLINE ACTIONS	2016	2017	2018	2019
Referred to Assistant Attorney General	364	294	299	292
Hearing Days	28	32	10	0
Pre-Hearing Days	15	11	9	10
License Suspended	19 (2)	53 (9)	87	81
License Denied	25	11	14	23
License Revoked	60	34	18	19
Public Censure	2	7	2	22
Private Censure	0	0	0	2
Administrative Fine	2	15	8	17
Continuing Nursing Education			3	5
Cease and Desist	1	2	0	3
Restraining Order	0	0	0	0
Diversion Agreement	109	120	79	66
Cases Inactivated due to lapsed License			24	7
Cases inactivated without Discipline	41	35	54	68



MISSOURI STATE BOARD OF NURSING

Fiscal Year 2020 Annual Report
July 1, 2019 - June 30, 2020



Welcome to Missouri State Board of Nursing

Mission Protect the public's health and safety through regulation of nursing education, licensure and practice.

This Fiscal Year 2020 Annual Report is respectfully submitted to:

The Honorable Governor,
Michael L. Parson

Chlora Lindley-Myers, Director
Department of Commerce and Insurance

Sarah Ledgerwood, Interim Director
Division of Professional Registration

and
Members of the Nursing Profession and the Public

Unless otherwise specified, all information in this annual report is for FY2020, which is July 1, 2019 through June 30, 2020.



3605 Missouri Boulevard
P.O. Box 656
Jefferson City, MO 65102



573-751-0681
573-751-0075 (FAX)
TTY 800-735-2966



nursing@pr.mo.gov



pr.mo.gov/nursing

Missouri State Board of Nursing

Board Members



Anne Heyen

DNP, RN, CNE
President



Mariea Snell

APRN, DNP, MSN, RN,
FNP-BC
Vice President



Bonny Kehm

PhD, RN
Secretary



**Adrienne Anderson
Fly**

JD
Public Member



Sheila Ray

APRN, DNP, CRNA
Member



Robert Walsh

APRN, MBA, MS, PhD,
CRNA
Member



Julie Miller

APRN, DNP, MBA, FNP-BC,
NEA-BC, CNOR (E)
Member

BOARD OF NURSING EXECUTIVE TEAM

Lori Scheidt, MBA-HCM, Executive Director

Elizabeth Willard, BA, Director of Operations

Quinn Lewis, BS, Director of Enforcement

Janet Wolken, MBA, RN, Director of Compliance

Debra Funk, BSN, RN, Director of Practice

Kevin Hall, JD, General Counsel - *effective 3/13/2020*

Angela Marmion, JD, General Counsel - *through*

3/24/2020

Angie Morice, Director of Licensure

Ingeborg "Bibi" Schultz, MSN, RN, Director of Education

BOARD OF NURSING TEAM MEMBERS

ADMINISTRATION

Gretchen Ihms, Processing Tech II

INVESTIGATIONS

Kirstan Chambers, Investigator I

Tamra Jenkins, Investigator II

Marvin McCrary, Investigator II

Eric Weddle, Investigator II

Dean France, Investigator II

EDUCATION

Ryan House, MSN, RN, Education Compliance Officer - *through 8/29/2019*

Mallory Ainsworth, Education Office Assistant - *through 7/25/2019*

Sarah Barickman, Education Specialist - *effective 7/19/2019*

PRACTICE

Ashley Williams, Practice Specialist and Paralegal

COMPLIANCE

Amber Cundiff, Paralegal

LEGAL

Kristi Gilpin, Paralegal and Data Integrity Specialist

Kevin Hall, Associate General Counsel - *through 3/12/2020*

Marcella Forck, Associate General Counsel - *through 10/04/2019*

Carol Burgess, Paralegal Manager - *effective 1/01/2020*

LICENSURE

Michelle Cartee, Processing Tech III

Rita Juergens, Processing Tech III

Kassidy Kliegel, Processing Technician III

PROCESSING TECHNICIANS

Ashley Schulte

Amy Turner —*through 1/17/2020*

Sarah Barickman —*through 7/18/2019*

Levi Regan

Caleasa Morman - *effective 2/13/2020*

Gayla Bauer - *effective 3/19/2020*

Dannala Hoskins - *effective 9/16/2019 through 1/06/2020*

HIGHLIGHTS OF THE FISCAL YEAR

The mission of the Missouri State Board of Nursing is to protect the public's health and safety through regulation of nursing education, licensure, and practice. The Board works diligently to improve services and strengthen programs for public protection. Highlights of the Board's work are listed below:

EDUCATION

- To date, 150 individuals – 86 from this fiscal year – from the **Air Force Nursing Services Practical Nurse (PN) Training Program – Basic Medical Technician Corpsman Program (BMTCP) 4N051/4N071 (4N training program)** have been licensed as LPNs.
- In 2018, the Missouri State Board of Nursing entered into an agreement with the University of Missouri – Sinclair School of Nursing to provide quality preceptor nursing regulatory field experiences for nursing students. Professional board team members serve as preceptors. Students have the opportunity to observe legislative meetings, participate in nursing program site visits as well as to engage in workforce development and research projects. To date, five (5) students have completed their preceptor rotations. Evaluations and student feedback related to their experiences has been positive.
- Provided grant funding to professional nursing programs under the **Board's Nursing Education Incentive Program**. The State of Missouri established, through legislative action and appropriation of funds, the "Nursing Education Incentive Program" in order to increase the physical and educational capacity of nursing education programs in Missouri. This fiscal year, the Board of Nursing awarded \$389,351 to eligible nursing schools. Since inception of incentive funding in 2011, Missouri nursing programs have received a total **\$6,500,806**.
- In response to the COVID-19 pandemic, the majority of site visits to nursing education programs have been converted to virtual format. Since March 2020, Board staff has prepared for and conducted seventeen (17) program visits per virtual format. While the virtual visit process is in some ways very different, this innovative process is essential in keeping program approval processes current. Detailed review of MSBN program records, preparation of self-studies/program updates by the nursing schools, inclusion of findings from prior site visits as well as well-organized virtual interview processes are major keys to making this process work. Formal evaluation of the virtual program visits will follow and will tell us more about how nurse educators across the state perceive this process. Preliminary feedback from nurse educators is positive so far.

COMPLIANCE

- Two different types of **alternative to discipline programs** to remove impaired nurses from practice in a more timely fashion and increase public protection were implemented. This fiscal year, twenty-one licensees entered the Intervention Program and ten licensees entered the Alternative Program. Sixteen individuals violated the terms of the Intervention Program and nine individuals violated the terms of the Alternative Program. Twelve licensees completed the Intervention Program.
- Held board committee meetings followed by full board mail ballots to ensure timely resolution of complaints. **Twelve Consumer Protection Conference Calls were held in the fiscal year.**

INVESTIGATIONS

- The average number of days to complete an investigation was 53 days.

LEGAL

- Lack of competitive pay impacts the board's ability to carry out its mission, decrease contract attorney fees, and the time it takes to close cases:

Legal Section Statistics	
Board Decisions	1,576
Number of Hearings	122
RNs Licensed	114,435
LPNs Licensed	22,043
Contract Attorney Fees	\$87,179.91
Calendar Days to Complete a Case: From Receipt of Complaint to Final Resolution	102

LICENSURE

- The average number of days to issue a temporary permit to Registered Nurses was **5.72 calendar days** and for Licensed Practical Nurses was **8.06 calendar days**. This is calendar days; not business days.
- Answered **50,205 telephone calls**.
- Revised all instruction letters and applications for licensure to ensure that the process was streamlined and easily understood by applicants.
- Continued to use Nursys® for license verification purposes. This improves customer service because nurses can request verifications online 24 hours a day and verifications are immediately available. Utilization of Nursys® also strengthens our fraud prevention efforts. A total of **5,530** of Missouri nurses requested that their Missouri license be verified to another state and **2,829** nurses licensed in other states requested verification into Missouri.
- Continued to urge nurses and employers to enroll in Nursys e-Notify® for many reasons. Enrollment in this system alerts the institution and/or nurse before a license expires and when it expires. Alerts are sent to the enrollee any time any discipline is attached to the enrolled license. For a nurse enrollee, this system can help prevent any fraudulent licenses or certificates being issued in the nurse's name. Missouri is a member of the nurse licensure compact. A multi-state license is tied to the nurse's primary state of residence. A change to a nurse's primary state of residence could change the multi-state license status. This system will notify the enrollee if that status changes. When a nurse submits a license renewal online, the license is not automatically renewed. This system notifies the enrollee when the license is renewed. This system pushes notification of changes to the enrollee rather than having to continually re-query the system. A total of **1,313 institutions accounting for 115,635 nurses** were enrolled in the institution e-Notify®. A total of **129,423 (93.1%) of Missouri-licensed nurses** were self-enrolled in nurse e-Notify®.

WORKFORCE

- A total of **129,423 (93.1%) of Missouri-licensed nurses** were enrolled in Nursys e-Notify®.
- Produced Missouri's second Nursing Workforce Report through a contract with the Center for Health Policy at the University of Missouri – Columbia by collecting and analyzing healthcare workforce data regarding nurses licensed by the Board of Nursing.

OPERATIONS

- **95.81% of nurses** indicated being satisfied with the renewal process.

LEADERSHIP

Bibi Schultz, Director of Education

- Received the Exceptional Contribution Award given by the National Council of State Boards of Nursing
- Clinical preceptorships for five (5) University of Missouri – Columbia nursing students
- Minimum Standards Revision Task Force – Board staff support/meeting facilitator
- Military Advisory Panel – Board staff support/meeting facilitator

Lori Scheidt, Executive Director

- Elected to the National Council of State Boards of Nursing's (NCSBN) Board of Directors as the Area II Director for a two year term that began August 2019
- Appointed Chair of the Nurse Licensure Compact Compliance Committee
- Appointed to the Nurse Licensure Compact Technology Committee
- Published an article in the Journal of Nursing Regulation, "Regulating Disruptive Technologies: Oxymoron or Essential Evolution?" that she co-authored with David Benton, PhD, RN, FRCN, FAAN and Adrian Guerrero, CPM

Debra Funk, Director of Practice

- Received the Friends of School Nursing Award given by the Missouri Association of School Nurses

PRACTICE

- The practice team performed fourteen presentations about the Missouri Nurse Practice Act and the Board of Nursing. Of those, eight presentations were to schools of nursing, three were to school nurse groups, and three were APRN related groups. Six presentations were canceled as a result of the COVID pandemic.
- Since the COVID pandemic, the Director of Practice has been assisting with virtual school of nursing surveys.
- Continued to provide timely responses to hundreds of email and phone inquiries.
- Continued to build and reinforce relationships with other health care related state agencies and associations/organizations.

COVID-19

EXECUTIVE ORDER 20-04

On March 18, 2020, Governor Parson signed Executive Order 20-14, which authorized executive agencies to waive or suspend certain regulations or statutes, with approval from the Governor's Office, which interfered with the state's response to the spread of COVID-19. This allowed agencies to request a waiver or suspension of regulations in an expedited process to help provide immediate health and safety relief. On June 11, 2020, Governor Parson extended these waivers through December 30, 2020.

MISSOURI STATE BOARD OF NURSING GUIDANCE TO NURSING EDUCATION PROGRAMS

The Missouri State Board of Nursing received multiple inquiries regarding COVID-19 and the potential impact to nursing schools. Academic partners worked with their leaders to understand the public health impact of COVID-19, and how alternative classroom education including remote and distance learning could be provided. Management of students who were concurrently employed in the healthcare domain was also of concern. The health and well-being of patients, students and faculty remained the priority focus.

The leaders of ten national nursing organizations issued a policy brief that called for academic-practice partnerships between health care facilities and pre-licensure registered nursing (RN) and practical nursing (PN) programs across the country during the COVID-19 crisis. Among other things, the policy brief encouraged health care facilities and nursing programs to collaborate to identify ways to accomplish appropriate faculty supervision of the nursing student-employee to achieve the final learning outcomes of the nursing program. For example, the health care facility could hire the nursing program faculty to oversee the nursing student-employee, the nursing program faculty could hold joint appointment by the college/university/school and the health care facility, or the health care facility-employed preceptors could oversee the nursing student-employee with nursing program faculty oversight. The entire policy brief can be obtained at https://www.ncsbn.org/Policy_Brief_US_Nursing_Leadership_COVID19.pdf.

GRADUATE EXEMPTED PRACTICE EXTENTION

State Statute 335.081 (6)(b), RSMo allows a graduate nurse to practice after graduation pending the results of their first licensing exam or 90 days after graduation, whichever first occurs.

The licensing exam all graduate nurses take for a license is the National Council Licensure Exam (NCLEX®). The NCLEX® is administered in Pearson Vue test centers. All Pearson Vue test centers closed March 17, 2020. On March 25, 2020, NCLEX® testing resumed on a limited basis at 60 Pearson VUE Testing Centers with additional sites opening by March 28, 2020. Additional openings were dependent on many factors, including the CDC guidelines for social distancing, and screening of candidates and test center personnel prior to being allowed to test.

The Board of Nursing extended the graduate exempted practice period an additional 90 days for each nurse that was taking the exam for the first-time and whose graduate exempted practice period expired or would expire during the period of time that Pearson Vue was not administering the NCLEX® exam.

Anyone who graduated on or after December 16, 2019, had not previously taken the NCLEX® and had not been denied a license was authorized to practice as a graduate nurse pending the results of their first licensing exam or 180 days after graduation, whichever occurred first.

TEMPORARY PERMITS

Rule 20 CSR 2200-4.020(6) indicates, "A temporary permit is valid for a six (6) month period."

Fingerprint sites, nursing programs and boards of nursing were closed or operating on limited hours. The board recognized this impeded the ability to request background checks, transcripts and license verifications. In order to allow for continued employment, the board automatically extended unexpired temporary permits an additional six (6) months. This did not require any action by the nurse.

A nurse who held a temporary permit was encouraged to enroll As a Nurse In Nursys® e-Notify in order to receive permit expiration date reminders.

Employers were encouraged to create an institution account in Nursys® e-Notify and enroll their temporary permit holder(s) in order to receive permit expiration date reminders. New temporary permits were issued for a one (1) year period.

NURSE LICENSURE COMPACT

Missouri is a member of the Nurse Licensure Compact (NLC). The NLC allows for RNs and LPNs to have one multistate license, with the ability to practice in person or via telehealth, in both their home state and other NLC states.

ADVANCED PRACTICE REGISTERED NURSE (APRN) COLLABORATIVE PRACTICE REQUIREMENTS

Rule 20 CSR 2200-4.200 (2)(B)(2), requires an Advanced Practice Registered Nurse (APRN) and collaborating physician to practice within seventy-five (75) miles by road of one another.

This rule was suspended to allow a physician and APRN to collaborate, regardless of where the providers are located. It was paramount that our health professionals be able to treat our citizens during this critical time of need. Physicians and nurses serving on the front lines of the outbreak were at risk of infection and some may have been unable to treat patients due to quarantine. This allowed our highly skilled and educated health professionals to provide care to our communities when they needed it most.

20 CSR 2200-4.200 (2)(C) was waived for the requirement that the APRN practice with the collaborating physician continuously present for at least a one- (1-) month period of time before practicing in a setting where the collaborating physician is not continuously present.

20 CSR 2200-4.200 (4)(E) was waived relating to the requirement that the collaborating physician or any other physician designated in the collaborative practice arrangement review the APRN's delivery of health care services through a review of a minimum of ten percent (10%) of the charts every fourteen (14) days. This waiver did not include the review of the percentage of cases where the APRN prescribed controlled substances.

SHOW-ME NURSING EDUCATION - RESPONSE TO COVID-19

As we continue to work through this challenging time of the COVID-19 pandemic, the landscape of how Missouri universities, colleges and career centers provide educational offerings to their students has changed. Nurse educators are at the forefront of this challenge. In March 2020, the Missouri State Board of Nursing (Board) proactively issued guidance to streamline and support nursing programs in their endeavor to continue to provide quality nursing education to their students while keeping students, patients, faculty and staff safe.

As nursing programs were and continue to face unique challenges due to the COVID-19 pandemic, guidance from the Board was designed to provide freedom to nurse educators to quickly adapt nursing education in ways that are effective, safe and provide students with theory, lab and clinical learning experiences essential to meet their program outcomes. In March 2020, the Board issued guidance for nurse educators, which allowed implementation of instructional innovations without prior Board approval. The Board wanted to give programs the flexibility to adapt without regulatory barrier. Approval of instructional modifications was and continues to be waived. Board approval is only required if modifications become a permanent part of the instructional model of the nursing program.

In order to capture their innovative solutions, the Board requested brief updates on the instructional modifications. By May 2020, forty-eight (48) updates had been received from nursing programs. Transition to an online learning environment was and continues to be the common theme. Virtual simulations and gaming, i-Human patients and unfolding case studies in electronic format as well as reflective journaling and remote access to NCLEX reviews are just some examples of resources utilized to support nursing education. Virtual participation in educational conferencing for students and educators as well as incorporation of Zoom, Canvas, Blackboard and many other learning platforms to connect educators to their students is reflected. Implementation of virtual simulations, pre and debriefing as well as online skills checks with video and quizzing capabilities is reported. Some nursing programs innovatively designed their own virtual learning experiences and nurse educators used their homes as a base to connect to students and to provide simulated clinicals. Others utilized commercial products available from vendors across the country. Reports indicate that many vendors are providing online resources to support nursing education at little or no cost to the schools. The speed by which nurse educators implemented so many innovations to safeguard student learning for theory as well as clinical instruction is more than inspiring. Donations of personal protective equipment by schools to their clinical partners is just one example of how everyone works together to get through this crisis.

Keen awareness of how instructional changes may impact program outcomes continues to be at the forefront of decision making at institutional and program levels. All nursing students must pass a national licensure exam called the National Council Licensure Exam (NCLEX). Test centers closed and then subsequently opened with limited capacity due to social distancing requirements. The NCLEX maximum test time and number of items were shortened while maintaining the same testing methodology, passing standard and difficulty level in order to expand testing slots.

The COVID-19 pandemic also impacts the Board's nursing program approval process. Travel across the state is temporarily halted. The Board quickly adapted by conducting virtual reviews of nursing programs. Missouri nurse educators are graciously adapting to the virtual review model. Online student feedback surveys were developed to allow students to provide input and evaluate student perception of educational experiences, access to student services and connection to nurse educators during this unprecedented time. As of June 30, 2020, the Board team had completed seventeen (17) virtual visits to nursing programs across the state. Anecdotal feedback from nurse educators is quite positive. Review of educational processes, as well as student feedback survey data, indicates that while a more distance learning model is often not the students' first choice to learn, phenomenal transition of nursing education to meet the challenges of the COVID-19 pandemic is undeniable. Innovative use of a large variety of virtual resources to make the learning environment as realistic and educationally sound as possible is clearly reiterated. Stakeholders are anxiously awaiting to see if changes in the educational structure of nursing programs impact licensure exam pass rates; however, a preliminary review of current licensure exam performance indicates that pass rates remain steady and may have even slightly improved this year.

As we go forward to the fall 2020 semester, Missouri nursing programs plan to start the new semester as scheduled. Challenges to meet student needs persist and the more distance learning model continues to be the new normal for many schools. Reports indicate that one school plans to delay the start of admissions to the nursing program until January 2021. While other factors play into this situation, decision, COVID-19 challenges are part of this decision. Another school reports that plans to start a new program site have been indefinitely suspended.

Many clinical sites across the state are beginning to reopen their doors to nursing students. With hopes that clinical education will

normalize and students again become part of the landscape of hospitals, long-term care facilities as well as community sites, a paradigm shift to embrace students and teachers as part of the nursing workforce rather than to see them as guests in their facilities is reflected. Utilization of innovative, often somewhat modified versions of nurse apprenticeships developed by nurse educators in concert with their clinical partners is emerging. The message that students really are an integral part of the nursing workforce and that thoughtful, deliberate emerging of students in hands-on clinical situations is quite valuable to their transition to nursing practice while providing them with an optimal avenue to gain essential clinical experiences and to earn a wage while they learn is instrumental.

Overall, Missouri nurse educators should feel empowered and inspired about progress that has been made. This transition to an entirely new way to deliver nursing education was and is in no way easy. At no other time in modern nursing history have changes occurred in such rapid succession, is uncertainty greater or are times more challenging as in 2020. As nurse educators continue to use their expertise, tap into resources in ways never thought possible and make a way for their students to optimally learn, the Board is committed to continue to provide approval processes that are timely, conducted per standard format, equally inclusive and that provide nurse educators and their programs with the guidance, direction and support necessary to continue to move forward. Additional research is planned to determine in the near future how graduates, employers and nursing programs view impact of this pandemic on their education, if and how preparedness for practice is impacted as well as how changes inspired by this pandemic have permanently changed the landscape of nursing education in Missouri and across the country.

EDUCATION STATISTICS

NURSING PROGRAMS

This fiscal year, there were 99 schools with Missouri State Board of Nursing approval to provide nursing education leading to initial licensure. The schools included 41 Practical Nursing programs, 29 Associate Degree programs, 1 Diploma program, and 28 Baccalaureate Degree programs.

MISSOURI PRACTICAL NURSING PROGRAMS

Full Approval Unless Otherwise Specified

Air Force Nursing Services
Applied Technology Services—South County
Applied Technology Services—MET Center
Bolivar Technical College
Cape Girardeau Career and Technology Center
Carthage Technical Center
Cass Career Center
Clinton Technical School
Concorde Career College (Conditional Approval)
Franklin Technology Center
Hannibal—LaGrange University PN Program
Hillyard Technical Center (Conditional Approval)
Jefferson College BI-level Program
Kirksville Area Technical Center
Lex La-Ray Technical Center
Metropolitan Community College—Penn Valley (Conditional Approval)
Mineral Area College
Moberly Area Community College
Moberly Area Community College—Columbia (formerly Columbia Public Schools)
Moberly Area Community College—Mexico
Nevada Regional Technical Center

North Central Missouri College—Trenton
North Central Missouri College—Maryville
North Central Missouri College—Bethany
Ozarks Technical Community College—Lebanon
Ozarks Technical Community College—Table Rock
Ozarks Technical Community College—Springfield
Pike-Lincoln Technical Center
Rolla Technical Center
Saline County Career Center
Sikeston R-6
South Central Career Center
St. Charles Community College
St. Louis College of Health Careers
State Fair Community College—Sedalia
State Fair Community College—Eldon Satellite Site
State Technical College of Missouri
Texas County Technical College
Three Rivers College—Kennett Satellite Site
Three Rivers College—Poplar Bluff
Warrensburg Area Career Center
Washington School of Practical Nursing
Waynesville Career Center

MISSOURI ASSOCIATE DEGREE PROGRAMS

Full Approval Unless Otherwise Specified

Bolivar Technical College
Columbia College
Columbia College—Lake Ozark Satellite Site
Cox College

Crowder College—Cassville
Crowder College—McDonald County
Crowder College—Neosho
Crowder College—Nevada

East Central College—Rolla
 East Central College—Union
 Hannibal La-Grange University
 Jefferson College Bi-Level Program (Conditional Approval)
 Lincoln University—Fort Leonard Wood
 Mercy College of Nursing and Health Sciences SW Baptist
 University—Salem Satellite Site
 Mercy College of Nursing and Health Sciences SW Baptist
 University
 Metropolitan Community College—Penn Valley
 Mineral Area College
 Missouri State University—West Plains
 Moberly Area Community College—Moberly
 Moberly Area Community College—Kirksville Satellite Site
 Moberly Area Committee College—Mexico Satellite Site
 North Central Missouri College
 North Central Missouri College—Maryville

Ozarks Technical Community College
 Ozarks Technical Community College—Table Rock Satellite
 Site
 Southeast Missouri Hospital College of Nursing and Health
 Sciences (Conditional Approval)
 St. Charles Community College
 St. Louis Community College—Florissant Valley
 St. Louis Community College—Forest Park
 St. Louis Community College—Meramec
 State Fair Community College—Sedalia
 State Fair Community College—Eldon Satellite Site
 State Technical College of Missouri (Initial Approval)
 Texas County Technical College
 Three Rivers College—Poplar Bluff
 Three Rivers College—Sikeston Satellite Site

MISSOURI BACCALAUREATE DEGREE PROGRAMS

Full Approval Unless Otherwise Specified

Avila University
 Blessing-Rieman College of Nursing
 Central Methodist University
 Central Methodist University—Columbia Satellite Site
 Chamberlain University College of Nursing
 College of the Ozarks
 Columbia College (Initial Approval)
 Cox College
 Cox College—Houston Satellite Site
 Goldfarb School of Nursing at Barnes-Jewish College
 Graceland University School of Nursing
 Lincoln University
 Maryville University
 Mercy College of Nursing and Health Sciences SW Baptist
 University (Initial Approval)
 Missouri Baptist University (Initial Approval)

Missouri Southern State University
 Missouri State University Springfield
 Missouri Valley College
 Missouri Western State University
 Park University (Initial Approval)
 Research College of Nursing
 Southeast Missouri State University
 St. Louis University
 St. Luke's College of Health Sciences
 Truman State University
 University of Missouri—Columbia Sinclair School of Nursing
 University of Missouri—Kansas City
 University of Missouri—St. Louis College of Nursing
 University of Central Missouri
 William Jewell College

MISSOURI DIPLOMA PROGRAMS

Full Approval Unless Otherwise Specified

Lutheran School of Nursing (Conditional Approval)

NCLEX® EXAMINATION RESULTS

CALENDAR YEAR 2019

Appointments for taking the National Council Licensure Examination (NCLEX®) for Registered Nurses and Licensed Practical Nurses are authorized by the Board.

	Number taking the test for the first time	Number that passed	Percentage that passed
U.S. RNs	171,374	151,120	88.18%
Missouri RNs	3,775	3,444	91.23%
U.S. LPNs	48,228	41,299	85.63%
Missouri LPNs	1,220	1,098	90.00%

LICENSURE STATISTICS

	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3,742	1,149
Licensure by Endorsement	1,149	182
Licensure by Renewal of a Lapsed or Inactive License	1,005	364
Number of RNs & LPNs holding a current nursing license in Missouri as of 6/30/2020	114,435	22,043

There were 1,272 new Advanced Practice Registered Nurse (APRNs) recognized

There were 12,362 APRNs recognized as of 6/30/2020.

There were 394 APRNs granted Controlled Substance Prescription Authority.

There were 2,568 APRNs with Controlled Substance Prescription Authority as of 6/30/2020.

The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

The following three maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license and Missouri address as of July 1, 2020.

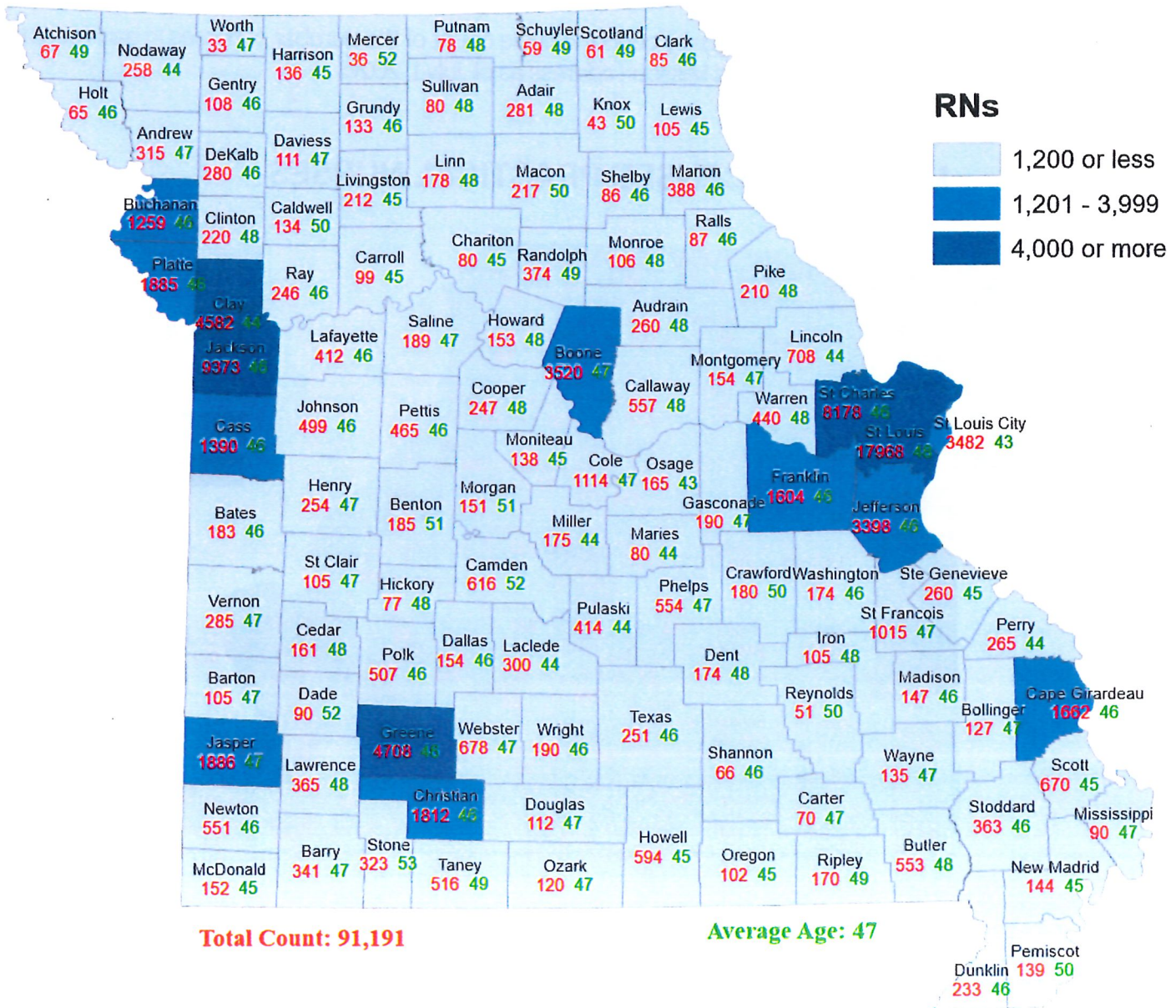
LPNs

- 300 or less
- 301 - 699
- 700 or more

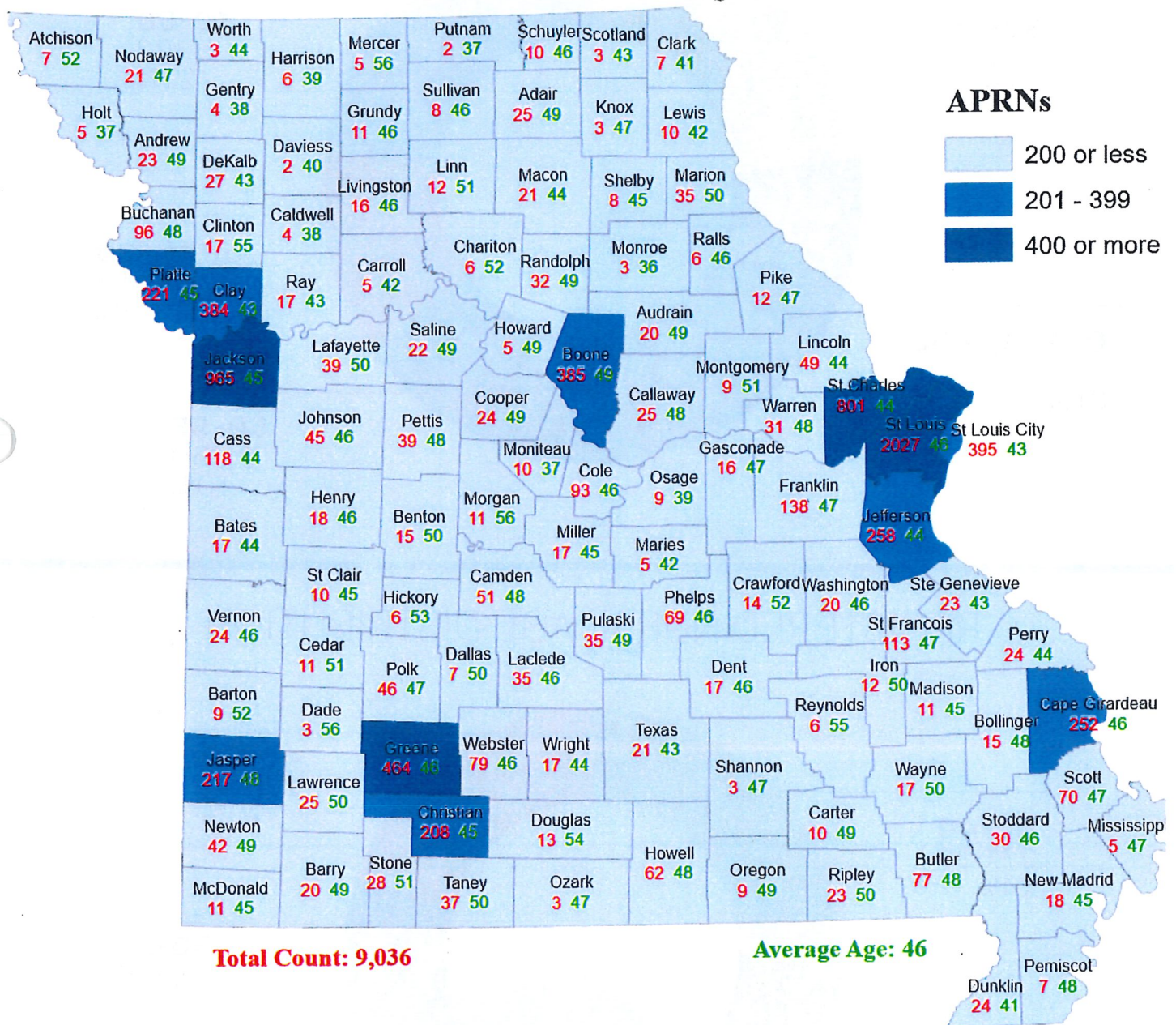
Total Count: 20,487

Average Age: 46

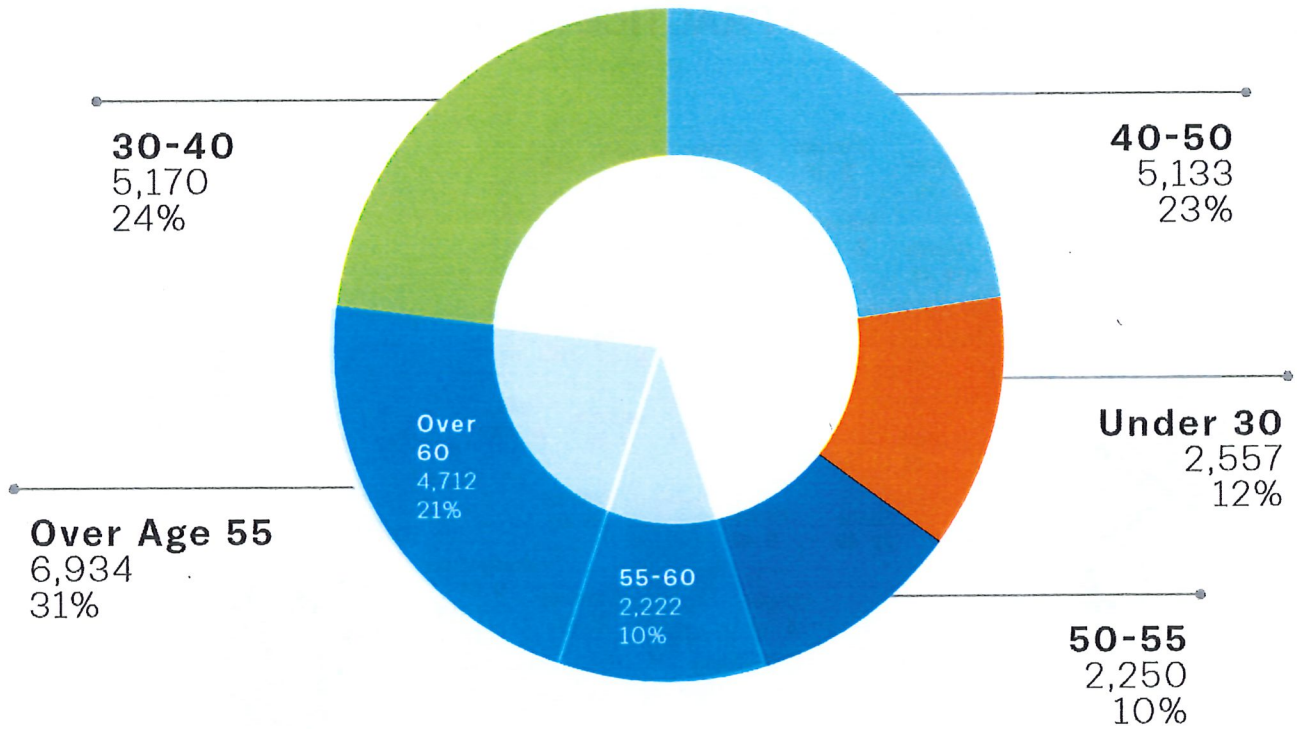
MISSOURI REGISTERED NURSES



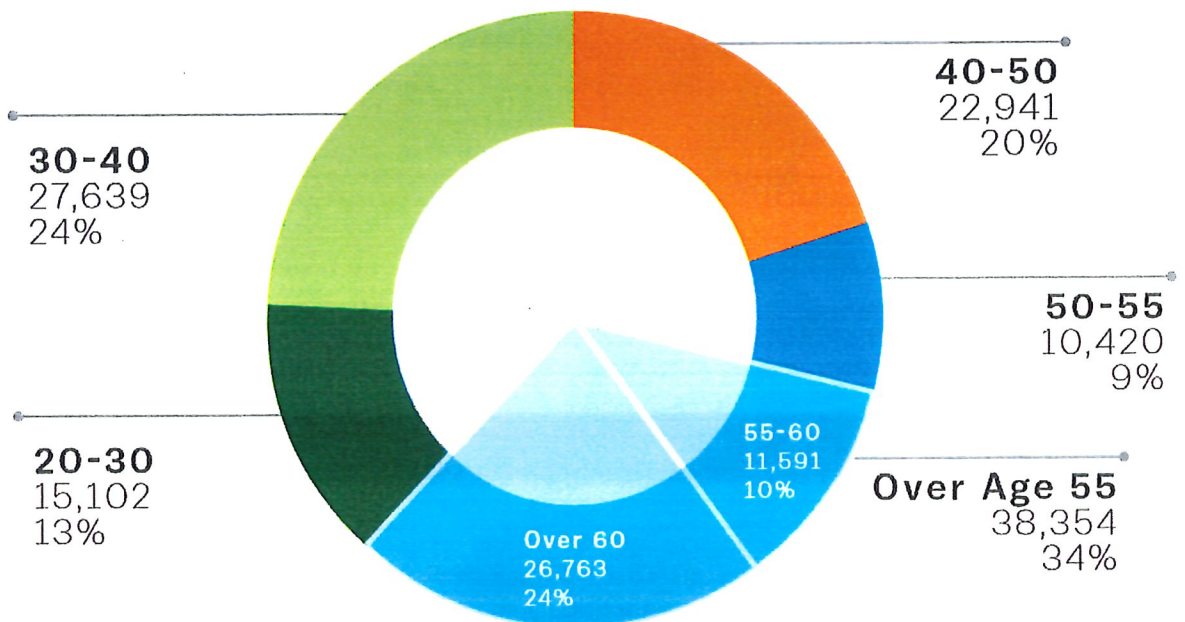
MISSOURI ADVANCED PRACTICE REGISTERED NURSES



LICENSED PRACTICAL NURSES AGE DISTRIBUTION



REGISTERED NURSE AGE DISTRIBUTION



DISCIPLINARY ACTIONS

Complaints are received from many sources, including mandatory reporters (hospitals, ambulatory surgical centers, temporary nursing staffing agencies, nursing homes, nursing facilities as defined in Chapter 198, or any entity that employs or contracts with licensed health-care professionals to provide health care services to individuals) and others (employers, members of the public, etc.) All complaints that are filed against the license of a nurse are reviewed to determine what action should be taken by the Board. Following an investigation into the matter, the Board may either pursue disciplinary actions or non-disciplinary actions. The latter includes taking no action, issuing a letter of concern for the conduct, or allowing eligible licensees to participate in one of the two non-disciplinary programs the board offers – the Alternative Program or the Intervention Program. If the Board determines disciplinary action is appropriate, one of the following disciplinary actions may be pursued: censure, probation, suspension, and/or revocation. The Board may also accept a voluntary surrender of a license, which may or may not be deemed disciplinary action.

HEARINGS

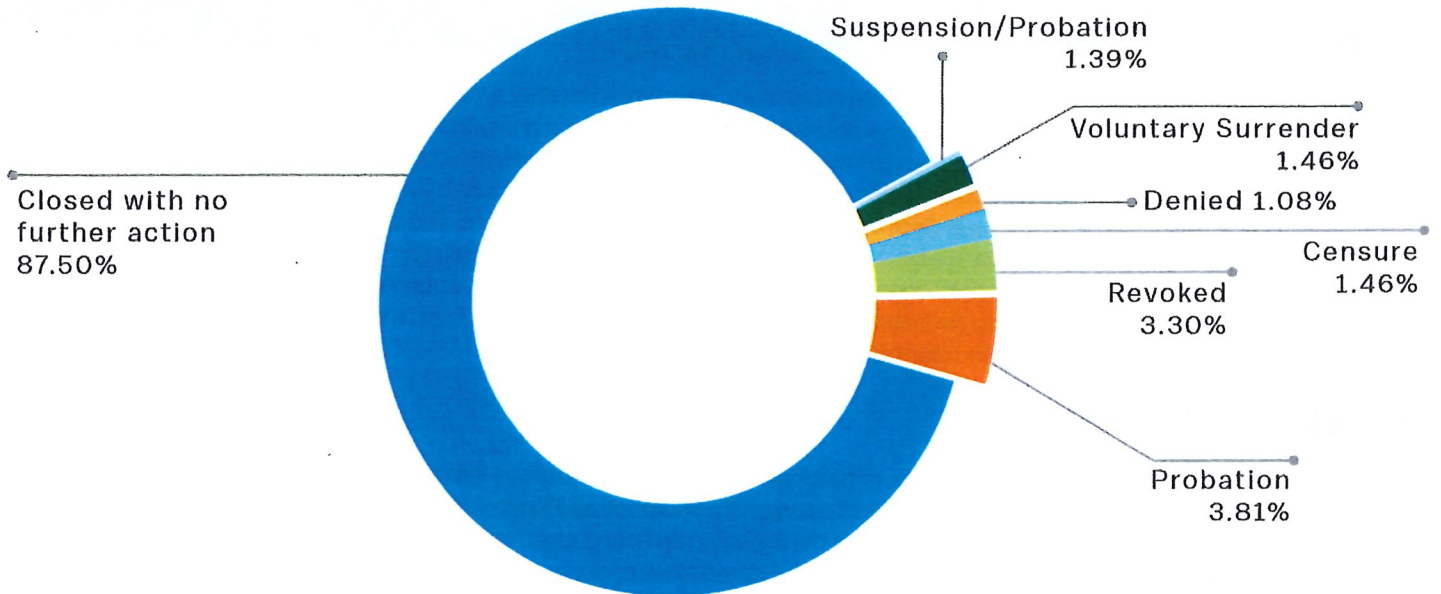
The Board has the authority to conduct four types of hearings: after the Administrative Hearing Commission (AHC) has determined there is cause for discipline; when the Board receives a certified copy of a sentence and judgment in a criminal proceeding, receives discipline from another state, or receives certified records finding the licensee has been judged incapacitated or disabled; probation violation, and Intervention or Alternative program violation. When the Board determines to pursue disciplinary action, a settlement agreement is generally offered. If the licensee does not agree with the settlement agreement and the licensee and Board cannot agree on settlement, the matter is filed with the AHC to determine if there is cause to discipline the license of the nurse. If the AHC determines there is cause for discipline, a disciplinary hearing before the Board is conducted to determine what, if any, disciplinary action should be taken. If the Board receives certified court records of a criminal finding of guilt or incapacitation or disability or evidence of discipline from another state, a disciplinary hearing is held by the Board to determine whether cause exists to discipline the license and if so, what, if any, discipline is appropriate. In this fiscal year, 72 disciplinary hearings were conducted. Once a licensee has been placed on discipline, they are required to abide by the terms of the disciplinary agreement or Board order. If they do not, a violation hearing before the Board is conducted to determine what, if any, additional disciplinary action should be taken. In this fiscal year, 44 violation hearings were conducted by the Board. If a licensee signs a consent agreement to enter into the Alternative program or Intervention program offered by the Board, they are required to abide by the terms set forth in the consent agreement. If they violate those terms and they deny any violations, a confidential hearing is conducted before the Board to determine if they have violated the agreement. In this fiscal year, 2 Alternative program and 4 Intervention program violation hearings were conducted.

COMPLAINT CATEGORIES

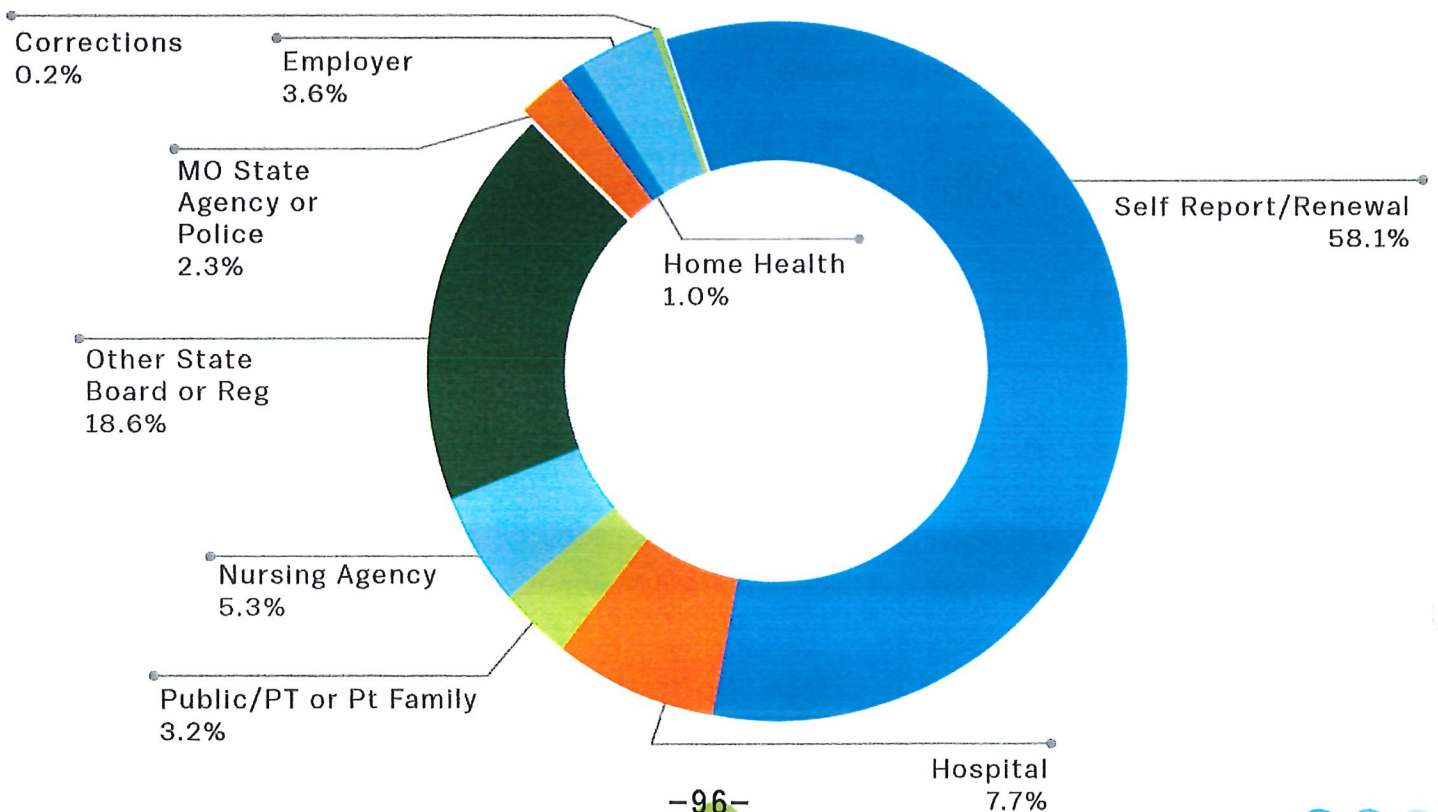
1. Criminal 31%
2. Alcohol/Drugs 27%
3. Discipline or EDL 22%
4. Practice 15%
5. Unlicensed Practice 3%
6. Failed Alternative or Intervention Program 1%
7. Fraud (not reflected on chart as the percentage of cases is less than 1%)
8. Lawful Presence (not reflected on chart as the percentage of cases is less than 1%)



FINAL ACTIONS



CLOSED COMPLAINTS BY SOURCE



FINANCIAL INFORMATION

The Board of Nursing operates solely on fees that are received from the licensees the Board regulates. The Board deposits all fees received in the state treasury and credits them to the State Board of Nursing. The Legislature then appropriates money from the fund to the Board of Nursing each year to pay all administrative costs and expenses of the Board.

Revenue & Expenses

Beginning Fund Balance	\$9,665,217.06
Total Revenue Received	\$1,603,449.45
Total	\$11,268,666.51

Actual Operating Expenses

Amounts below represent actual amounts utilized including transfers

Expenses & Equipment/Grants	\$423,638.19
Personal Services/Per Diem	\$1,209,926.93
Transfers (see below)	\$1,658,475.07
Nurse Education Incentive Grant	\$389,351.00
Total Operating Expenses	\$3,681,391.19
Ending Fund Balance	\$7,587,275.32

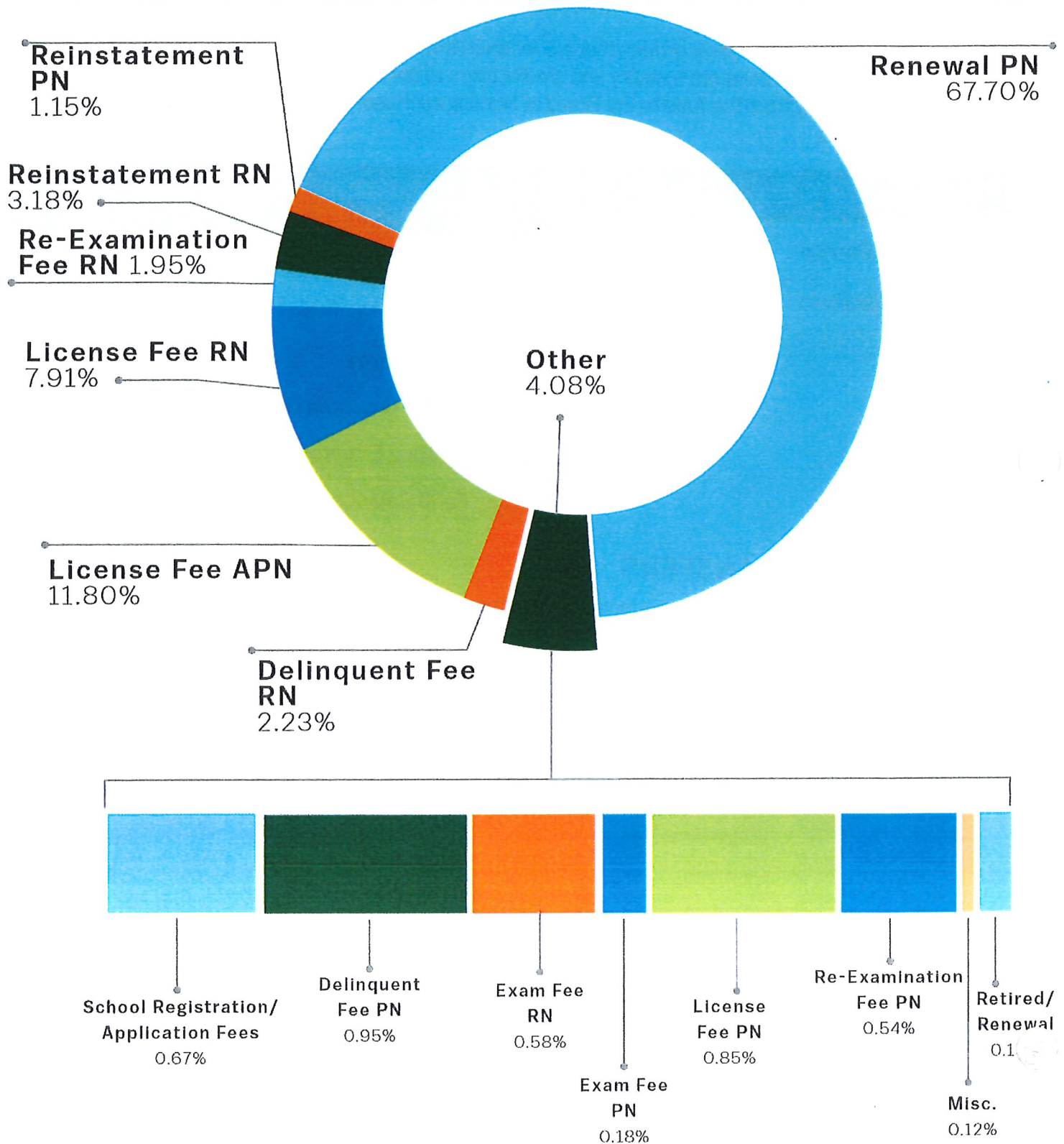
NURSING FUND TRANSFERS

Transfers consist of monies that are transferred directly from the Board of Nursing fund to various funds and/or entities to pay for services and other operating costs that are not a part of the money that is appropriated to the Board for board specific expenses and equipment and personal services/per diem. These transfers occur each fiscal year but the amounts vary.

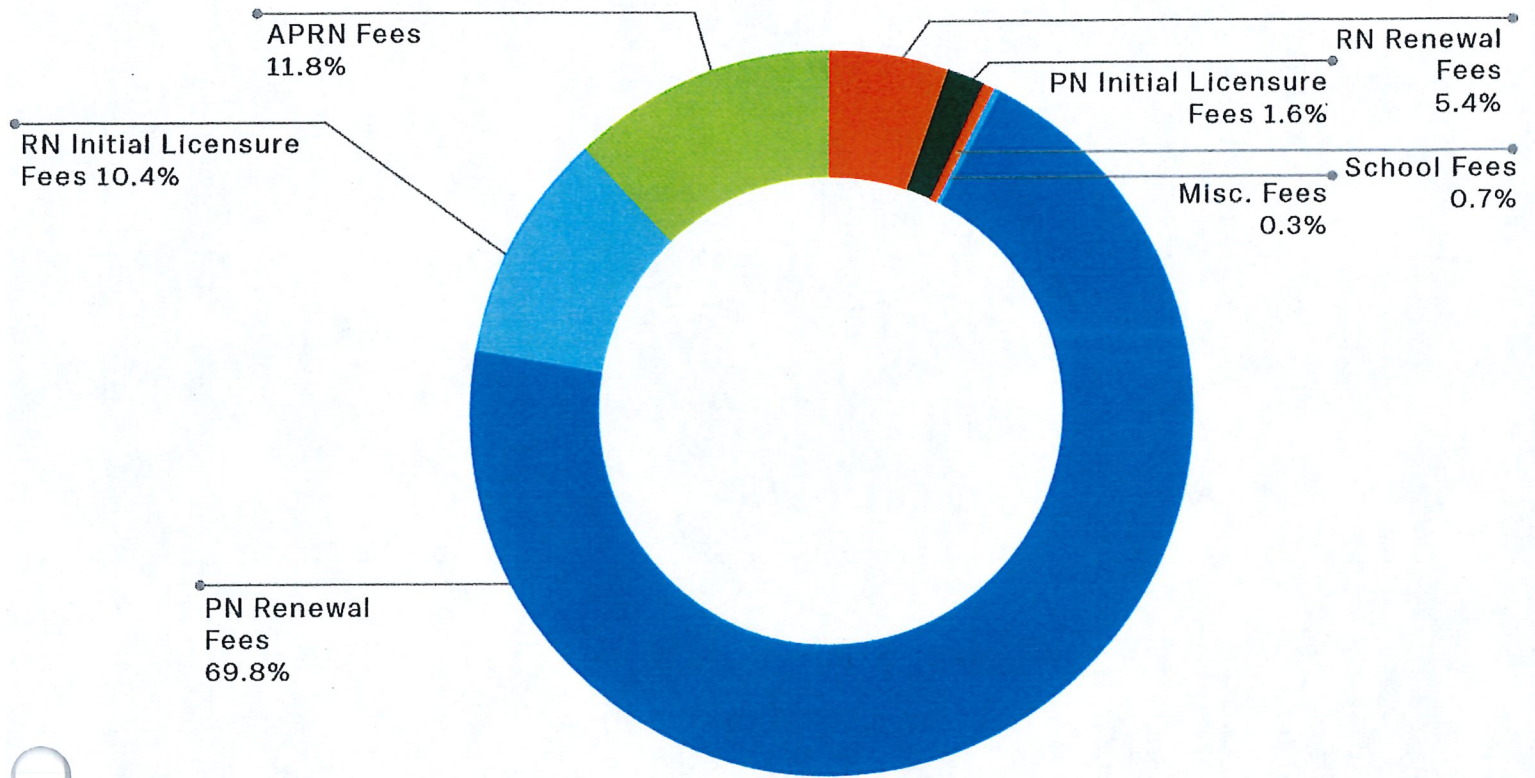
Nursing Fund Transfers

Rent	\$46,329.17
Fringe Benefits	\$698,132.49
DIFP/DCI	\$24,788.32
Refunds	\$501.41
Professional Registration	\$854,779.89
OA Cost Allocation	\$15,824.00
AG & AHC Transfers	\$17,939.45
Unemployment	\$180.34
Total Transfers	\$1,658,475.07

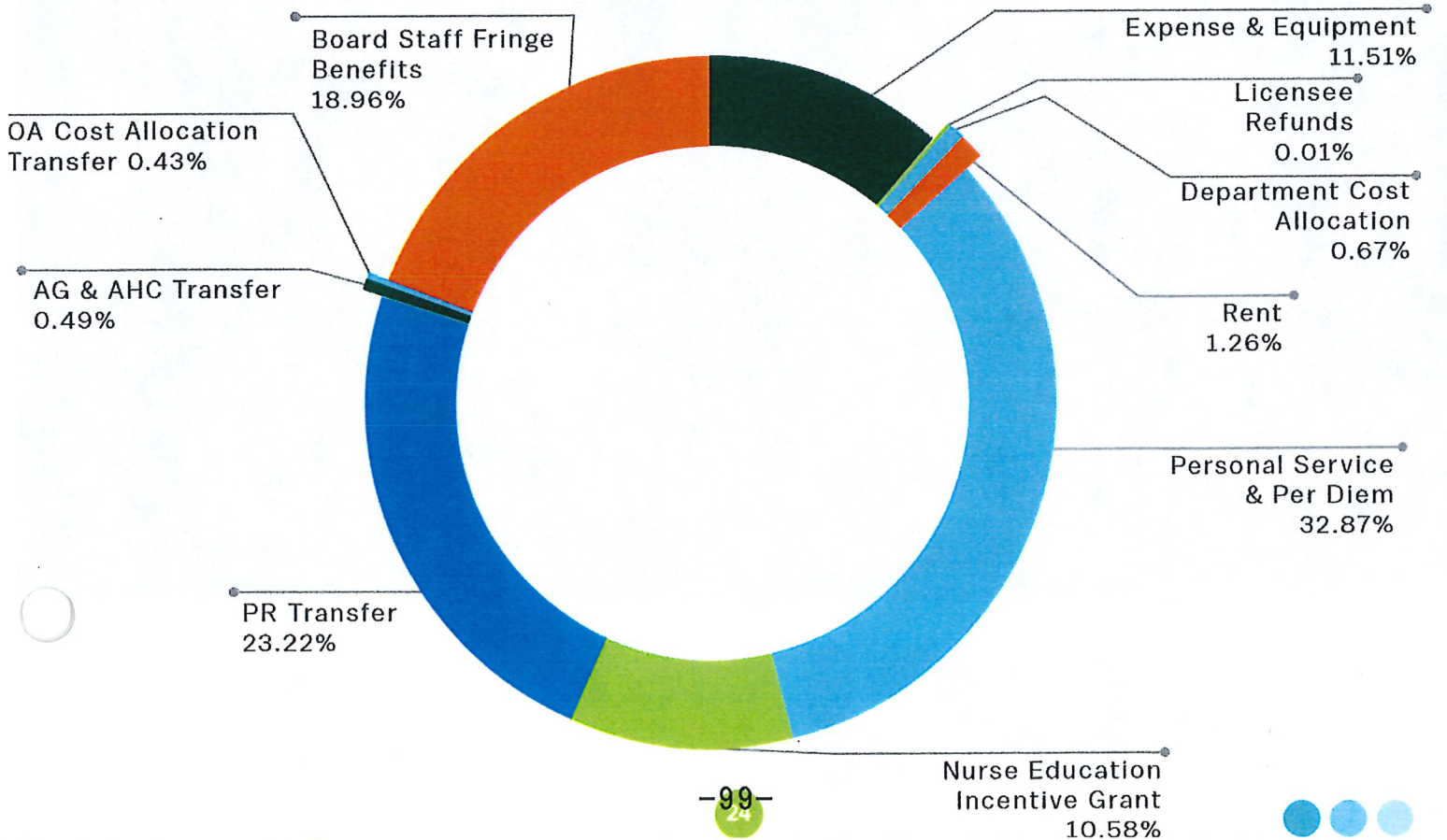
ACTUAL REVENUE



SOURCE OF FUNDS



USE OF FUNDS



BOARD OF NURSING



3605 Missouri Boulevard
P.O. Box 656
Jefferson City, MO 65102



573.751.0681 Telephone
573.751.0075 Fax
800.735.2966 TTY
800.735.2466 Voice Relay



nursing@pr.mo.gov
pr.mo.gov/nursing



DCI

Missouri Department of Commerce & Insurance

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