

**Kansas Board of Nursing
APRN Committee Agenda
June 28, 2022**

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

Time: 2:00 p.m. – 3:00 p.m.

Committee Members:

Patsy Zeller, MSN, APRN, FNP, Chair
Melissa Oropeza, DNP, APRN-BC, CGRN, V. Chair
Jade Ramsdell, MBA, Public Member
Jamie Harrington, DNP, APRN, CNM, FNP-BC
Dawn Gosnell, MSN, APRN, CNS, CCRN
Benjamin Cochran, DNP, APRN, NP-C
Josie Bell, MHS, DNAP, CRNA
Shannon Gregg, APRN-C - KTRACS

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

- I. Call to Order
- II. Review of on-site packet
- III. Additions/Revisions to the agenda
- IV. Announcements
- V. Approval of minutes –March 29, 2022
- VI. Unfinished Business
 1. Prescription Monitoring Program (PMP) Committee Report – Shannon Gregg
 2. CNM-I Regulations – Courtney Cyzman, BOHA General Counsel
 - a. K.A.R. 100-28b-8 – Title; prohibited acts; act not to include certain individuals
 - b. K.A.R. 100-28b-9 – Scope of practice; limitations
 - c. K.A.R. 100-28b-11 – Licensees who direct, supervise or delegate acts that constitute the independent practice of midwifery; requirements and limitations
 - d. K.A.R. 100-28b-19 – Unprofessional conduct
 3. Implementation of S Sub for HB 2279
 4. Five Year Legislative Review Update
 - a. K.S.A. 65-1131 – Certificate of qualification; fees
 - b. K.S.A. 65-1132 – Renewal of certificate of qualification
 - c. K.S.A. 65-1133 – Training programs
 - d. K.A.R. 60-11-102 – Roles of advanced practice
 - e. K.A.R. 60-11-106 – Functions of Nurse Anesthetist
 - f. K.A.R. 60-11-118 -Temporary permit to practice
 - g. K.A.R. 60-11-120 - Expiration dates – licenses/applications
 - h. K.A.R. 60- 11-121- Exempt license
 5. Amended/revised with S Sub for HB 2279
 - a. K.S.A. 65-1130
 - b. K.A.R. 60-11-101 - Definition of expanded role; limitations; restrictions

- c. K.A.R. 60-11-103 - Licensure and educational requirements for advanced practice registered nurses
- d. K.A.R. 60-11-104 - Functions of the advanced practice registered nursing in the role of nurse practitioner
- e. K.A.R. 60-11-104a - Protocols requirements; prescription orders
- f. K.A.R. 60-11-105 - Functions of the advanced practice registered nursing in the role of nurse-midwife
- g. K.A.R. 60-11-107 - Functions of the advanced practice registered nurse in the role of clinical nurse specialist
- h. K.A.R. 60-11-113 – License renewal

VII. New Business

- 1. Report on APRN Programs approved for licensure

VIII. Agenda for September 2022 Committee meeting

IX. Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/85315243300?pwd=b28wbEJQc0dHdlIvY2paemtBMTUxUT09>

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Kansas Legislative Research Department

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May 9, 2022

To: Kansas Legislature

From: Jill Shelley, Principal Research Analyst

Re: Report of the April 26, 2022, Meeting of the Joint Committee on Administrative Rules and Regulations

With this report, the Joint Committee on Administrative Rules and Regulations (Committee) provides its comments on rules and regulations reviewed at its meeting of April 26, 2022. Agencies are asked to respond to each comment or request for information; responses are compiled and maintained by staff of the Kansas Legislative Research Department.

Board of Healing Arts

KAR 100-28b-3, approved course of study in nurse-midwifery; KAR 100-28b-6, fees; KAR 100-28b-14, patient records; KAR 100-28b-20, maintenance and storage of health care records.

The Committee notes KSA 65-28b07, the authorizing statute for these proposed rules and regulations, became effective July 1, 2016, and the statute requires rules and regulations to be adopted no later than January 1, 2017. The Committee expresses its displeasure with both the Board of Healing Arts and the State Board of Nursing for the failure to promptly promulgate these rules and regulations. The Committee asks how many proposed rules and regulations on this topic remain to be promulgated and urges both boards to consult and concur on those additional rules and regulations, as required by KSA 65-28b07, as soon as possible and submit them for review.

Attorney General

KAR 16-21-1, specifications for anti-human trafficking notices.

The Committee had no comments.

Real Estate Appraisal Board

KAR 117-4-1, residential classification; education requirements.

The Committee had no comments.

Kansas Commission on Peace Officers' Standards and Training

KAR 106-1-9, continuing education or training; KAR 106-2-1, general definitions; KAR 106-2-2b, reporting criminal offenses; KAR 106-2-3, unprofessional conduct.

The Committee had no comments.

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612



phone: 785-296-7413
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Email: KSBHA_healingarts@ks.gov
www.ksbha.org

Susan Gile, Acting Executive Director

Laura Kelly, Governor

May 12, 2022

Carol Moreland, MSN, RN
Kansas Board of Nursing
Landon State Office Building
900 SW Jackson Street
Suite 1051
Topeka, KS 66612-1230
carol.moreland@ks.gov

RE: Proposed K.A.R. 100-28b-8, K.A.R. 100-28b-9, K.A.R. 100-28b-11, K.A.R. 100-28b-19

Dear Ms. Moreland,

This letter is to follow up on proposed independent certified nurse midwife regulations K.A.R. 100-28b-8, K.A.R. 100-28b-9, K.A.R. 100-28b-11, and K.A.R. 100-28b-19. As you will recall, the Kansas Board of Healing Arts ("KSBHA") provided initial approval for these specific regulations on December 8, 2017, and the Kansas State Board of Nursing ("KSBN") provided unanimous approval at their September 12, 2018, meeting.¹ Since then, these proposed regulations have been at various stages in the promulgation process with the Department of Budget, Department of Administration, and the Attorney General's Office.

On March 11, 2022, I met with the Attorney General's Office ("AG") regarding these specific regulations and their requested revisions. The requested AG revisions for K.A.R. 100-28b-8, K.A.R. 100-28b-9, and K.A.R. 100-28b-11 were taken to the CNM-I Advisory Council² at its March 31, 2022, meeting. The CNM-I Council was satisfied with the requested AG edits for these regulations. The AG requested more extensive revisions to K.A.R. 100-28b-19, unprofessional conduct. I am working on incorporating their requested revisions and am taking it to the June 2, 2022, CNM-I Advisory Council meeting for review. Promptly upon approval, I will send the revised version to KSBN.

K.S.A. 65-28b07(a) requires both the KSBHA and KSBN to concur on regulations governing: (1) ordering of tests; (2) diagnostic services; (3) prescribing drugs; and (4) referral or transfer to physicians. Although I do not believe the AG's requested edits alter the substance of these proposed regulations, given

¹ See Kansas State Board of Nursing, Sept. 12, 2018, Board Meeting Minutes, attached for reference.

² The Certified Nurse Midwives Council was established by the Kansas legislature to advise the KSBHA in carrying out the provisions of the Independent Practice of Midwifery Act. K.S.A. 65-28b09; K.S.A. 65-28b01 *et seq.* The Certified Nurse Midwives Council consists of seven members; two physicians appointed by the board whose specialty and customary practice includes obstetrics; one member who is the President of the KSBHA or the President's designee; and four members who are licensed certified nurse-midwives appointed by the Kansas Board of Nursing. K.S.A. 65-28b09.

these specific regulations require concurrence within K.S.A. 65-28b07(a), I am seeking additional KSBN approval to proceed forward with the requested AG edits.

Action Item: Request for the KSBN to concur on the AG requested revisions to proposed K.A.R. 100-28b-8, K.A.R. 100-28b-9, K.A.R. 100-28b-11, and K.A.R. 100-28b-19.

Given the timeliness of these proposed regulations and the legislature's desire to see the remaining outstanding proposed regulations before the Joint Committee on Rules and Regulations in quick order, I respectfully ask that this be added the KSBN June 27, 28, and 19, 2022, Board meeting. I will make myself available for your June Board meeting to assist in your review of the AG revisions to these proposed regulations. Please let me know what date and time I should plan on attending.

Attachments:

1. AG revisions to proposed K.A.R. 100-28b-8. Title; prohibited acts; act not to include certain individuals.
2. AG revisions to proposed K.A.R. 100-28b-9. Scope of practice; limitations.
3. AG revisions to proposed K.A.R. 100-28b-11. Licensees who direct, supervise, or delegate acts that constitute the independent practice of midwifery; requirements and limitations.
4. KSBN Sept. 18, 2018, Board Meeting Minutes.

Again, promptly upon approval from the CNM-I Council, I will send the revised version of K.A.R. 100-28b-19, unprofessional conduct, to KSBN so there is ample time for review prior to the June Board meeting.

If you have any questions or comments, please feel free to reach met at (785) 250-8021 or at courtney.cyzman@ks.gov.

Sincerely,



Courtney Cyzman
General Counsel

K.A.R. 100-28b-8. Title; prohibited acts; act not to include certain individuals. (a) Before providing clinical services to any patient, each licensee shall be identified to the patient as an independent certified nurse-midwife and shall use the term "independent certified nurse-midwife" or the abbreviation "CNM-I" to identify the licensee.

~~(b) It shall be unlawful for any person who is not licensed under the independent practice of midwifery act, and amendments thereto, or whose license has been revoked or suspended, to be engaged in the independent practice of midwifery.~~

~~(c) It shall be unlawful for any person who is not licensed under the independent practice of midwifery act, and amendments thereto, or whose license has been suspended or revoked in any manner to represent oneself as licensed to engage in the independent practice of midwifery or to use in connection with the person's name the words "independent certified nurse-midwife" or use the abbreviation "CNM-I," or any other letters, words, abbreviations or insignia, indicating or implying that the person is licensed to engage in the independent practice of midwifery.~~

(d) The provisions of the independent practice of midwifery act, and amendments thereto, shall not be deemed to include the following persons:

- (1) Persons rendering gratuitous services in the case of an emergency;
- (2) persons whose professional services are performed through a collaborative agreement or by order of a physician;
- (3) other health care providers licensed, registered, certified, or otherwise credentialed by agencies of the state of Kansas when practicing within the scope of the provider's license, registration, certificate, or other credentials; and

APPROVED

FEB 22 2019

APPROVED

FEB 26 2019

(4) persons whose professional services are performed under the supervision of an individual who is licensed under the independent practice of midwifery act.

(e) Nothing in K.A.R. 100-28b-9 shall be deemed to permit the practice of medicine and surgery. Nothing in K.A.R. 100-28b-9 shall be deemed to confer authority upon a licensee to engage in any activity for which authority is not conferred by K.S.A. 65-28b01 and amendments thereto. (Authorized by K.S.A. 65-28b07(d); implementing K.S.A. 65-28b02, 65-28b06; effective P-_____.)

Move to
K.A.R.
100-28b-
9. Scope
of
practice.

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FEB 22 2019

DIVISION OF THE BUDGET

APPROVED

FEB 26 2019

K.A.R. 100-28b-9. Scope of practice; limitations. (a) Any licensee may provide clinical services within the scope of practice pursuant to K.S.A. 65-28b02, and amendments thereto, including the following:

- (1) Ordering and interpreting laboratory and diagnostic tests;
- (2) prescribing and administering prescription-only medications, including controlled substances;
- (3) distributing manufacturers' samples of prescription-only medications;
- (4) prescribing the use of medical devices;
- (5) ordering ancillary professional services;
- (6) performing an episiotomy;
- (7) performing the repair of a minor vulvar or vaginal laceration;
- (8) performing an uncomplicated circumcision on a male, normal newborn;
- (9) inserting, placing, and removing contraceptive devices;
- (10) routine primary care services that are inherent to antepartum care;
- (11) antepartum care to a patient with a prior cesarean section delivery; and
- (12) lactation services.

(b) Each licensee shall provide clinical services involving labor and delivery in a hospital if the patient requires either of the following interventions:

- (1) Pharmacologic induction or augmentation of labor; or
- (2) spinal or epidural anesthesia.

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(c) A licensee shall not provide clinical services to a patient with either of the following conditions:

- (1) Multiple-gestation pregnancy; or
- (2) noncephalic presentation of the fetus at the onset of labor or rupture of membranes.

(d) A licensee shall not provide intrapartum care to a patient with a prior cesarean section delivery. (Authorized by K.S.A. 65-28b07; implementing K.S.A. 65-28b02 and 65-28b07; effective P-_____.)

Add in (e): Nothing in this regulation shall be deemed to permit the practice of medicine and surgery. Nothing in this regulation shall be deemed to confer authority upon a licensee to engage in any activity for which authority is not conferred by K.S.A. 65-28b01 and amendments thereto.

*This is simply moved from proposed K.A.R. 100-28b-8 per AG request.

K.A.R. 100-28b-11. Licensees who direct, supervise, or delegate acts that constitute the independent practice of midwifery; requirements and limitations. (a) Each licensee who directs, supervises, or delegates acts that constitute the independent practice of midwifery to any other persons shall meet the following requirements:

- (1) Be engaged in the independent practice of midwifery in Kansas;
- (2) direct, supervise, or delegate only those acts and functions that the licensee knows or has reason to know can be competently performed by the person and are not in violation of any statute or regulation; and
- (3) direct, supervise, or delegate only those acts and functions that are within the competence and lawful practice of the licensee.

~~(b) Failure to meet the requirements of this regulation shall constitute unprofessional conduct.~~

(Authorized by K.S.A. 65-28b07(d); implementing ~~65-28b02, 65-28b06, 65-28b08, 65-28b10;~~
effective P-_____.)

implementing
K.S.A.
65-28b07

in K.A.R.
100-28b-19
unprofession
al conduct,
add in that
failure to
meet
requirements
of K.A.R.
100-28b-11

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K.A.R. 100-28b-19. Unprofessional conduct. (a) For the purposes of the independent practice of midwifery act and this article of the board's regulations, "unprofessional conduct" shall mean any of the following:

- (1) soliciting patients through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;
- (2) representing to a patient that a manifestly incurable disease, condition, or injury can be permanently cured;
- (3) assisting in the care or treatment of a patient without the consent of the patient or the patient's legal representatives;
- (4) using any letters, words, or terms as an affix, on stationery, or in advertisements, or otherwise indicating that the person is entitled to practice any profession regulated by the board or any other state licensing board or agency for which the person is not licensed;
- (5) performing, procuring, or aiding and abetting in the performance or procurement of a criminal abortion;
- (6) willful betrayal of confidential information;
- (7) advertising professional superiority or the performance of professional services in a superior manner;
- (8) advertising to guarantee any professional service painlessly;
- (9) engaging in conduct related to practice as an independent certified nurse-midwife that is likely to deceive, defraud, or harm the public;

(10) making a false or misleading statement regarding the licensee's skill or the efficacy or value of the drug, treatment, or remedy prescribed by the licensee or at the licensee's direction in the treatment of any disease or other condition of the body or mind;

(11) committing any act of sexual abuse, misconduct or other improper sexual contact that exploits the licensee-patient relationship with a patient or a person responsible for health care decisions concerning the patient;

(12) using any false, fraudulent, or deceptive statement in any document connected with the independent practice of midwifery, including the intentional falsifying or fraudulent altering of a patient or medical care facility record;

(13) obtaining any fee by fraud, deceit, or misrepresentation;

(14) failing to transfer patient records to another licensee when requested to do so by the subject patient or by the patient's legally designated representative;

(15) performing unnecessary tests, examinations, or services that have no legitimate medical purpose;

(16) charging an excessive fee for services rendered;

(17) prescribing, dispensing, administering, or distributing a prescription drug or substance, including a controlled substance, in an improper or inappropriate manner, for other than a valid medical purpose, or not in the course of the licensee's professional practice;

(18) repeated failure to practice with that level of care, skill, and treatment that is recognized by a reasonably prudent similar practitioner as being acceptable under similar conditions and circumstances;

(19) failure to keep health care records that accurately describe the services rendered to the patient, including patient histories, pertinent findings, examination results, and test results;

(20) delegating professional responsibilities to a person if the licensee knows or has reason to know that the person is not qualified by training, experience, or licensure to perform these responsibilities;

(21) failing to properly supervise, direct, or delegate acts that constitute the independent practice of midwifery to persons who perform professional services pursuant to the licensee's direction, supervision, order, referral, delegation, or practice protocols;

(22) failing to meet the requirements of K.A.R. 100-28b-11;

(23) willfully or repeatedly violating the independent practice of midwifery act, the pharmacy act of the state of Kansas, or the uniform controlled substances act, or any implementing regulations, or any regulations of the secretary of health and environment;

(24) being found to have unlawfully practiced any profession regulated by the board in which the licensee is not licensed to practice;

(25) violating any lawful order or directive of the board;

(26) being found to be mentally ill, disabled, not guilty by reason of insanity, not guilty because the licensee suffers from a mental disease or defect, or incompetent to stand trial by a court of competent jurisdiction;

(27) prescribing, selling, administering, distributing, or giving a controlled substance to any person for other than medically accepted or lawful purposes;

(28) engaging in a practice, behavior, or conduct that violates a federal law or regulation relating to controlled substances;

(29) engaging in a practice, behavior, or conduct that violates a federal law or regulation relating to health care records;

(30) failing to furnish the board, or its investigators or representatives, any information legally requested by the board;

(31) having sanctions or disciplinary actions against the licensee by a peer review committee, a health care facility, a governmental agency or department, or a professional association or society for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the independent practice of midwifery act;

(32) surrendering licensee's license or authorization to practice nursing in another state or jurisdiction, surrendering the authority to utilize controlled substances issued by any state or federal agency, agreeing to a limitation to or restriction of privileges at any medical care facility, or surrendering the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the independent practice of midwifery act;

(33) having an adverse judgment, award, or settlement against the licensee resulting from a medical liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the independent practice of midwifery act;

(34) failing to maintain a policy of professional liability insurance as required by K.S.A. 40-3402 or K.S.A. 40-3403a, and amendments thereto;

(35) failing to pay the premium surcharges pursuant to K.S.A. 40-3404, and amendments thereto;

(36) knowingly submitted any misleading, deceptive, untrue, or fraudulent representation on a claim form, bill, or statement;

(37) giving a worthless check or stopping payment on a debit or credit card for fees or moneys legally due to the board;

(38) knowingly or negligently abandoning medical records;

(39) engaging in conduct that violates patient trust and exploits the licensee-patient relationship for personal gain; or

(40) obstructing a board investigation, including engaging in one or more of the following acts:

(A) Falsifying or concealing a material fact;

(B) knowingly making or causing to be made any false or misleading statement or writing; or

(C) any other acts or conduct likely to deceive or defraud the board.

(b) "False advertisement" shall mean any advertisement that is false, misleading, or deceptive in a material respect. In determining whether any advertisement is misleading, there shall be taken into account not only representations made or suggested by statement, word, design, device, sound, or any combination thereof, but also the extent to which the advertisement fails to reveal facts material in the light of the representations made.

(c) "Advertisement" shall mean any representation disseminated in any manner or by any means, for the purpose of inducing, or likely to induce, directly or indirectly, the purchase of professional services. (Authorized by K.S.A. 65-28b07; implementing K.S.A. 65-28b02, K.S.A. 65-2807, K.S.A. 65-28b08, effective P-_____.)

**Kansas State Board of Nursing
Landon State Office Building, Room 509
Board Meeting Minutes
September 12, 2018**

Call to Order: The meeting was called to order by President J. Klaassen at 9:15 a.m. in room 509 of the Landon State Office Building.

Board Present: JoAnn Klaassen, RN, MN, JD
Carol Bragdon, PhD, APRN
Patricia Zeller, MSN, APRN NP-C — absent with prior notice
Mary Struble, LPN
Sherri Brown, RN, BSN
Leslie Sewester, Public Member
Rebecca Sander, MSN, RN
Mandy Karstetter, LPN
Julianna Rieschick, RN, MSN, NEA-BC

Staff Present: Carol Moreland, MSN, RN, Executive Administrator
Diane Glynn, JD, RN, Practice Specialist
Adrian Guerrero, Director of Operations
Inge Reed, CPM, Executive Assistant

Review onsite packet:

Add/Revise Agenda: New business: Retired nurses
I move to accept the agenda as amended.
Motion #1 Brown/Bragdon. Adopted UYVV.

Announcements: The Champion Award from NCSBN was given to State Senator Vicki Schmidt and State Representative Daniel Hawkins for their support of the Nurse Licensure Compact and other initiatives.

Consent Item Agenda

Minutes: The minutes from the June 13, 2018 board meeting were reviewed. It was moved to approve the minutes from the June 13, 2018 meeting as written.
Motion #2 Rieschick/Struble. Adopted UYVV.

Exec. Admin. Report: C. Moreland reported to the Board. (See Report) It was consensus of the Board to accept the report.

I move to move the March 2019 Board meeting to March 11, 12, and 13, 2019.
Motion #3 Karstetter/Struble. Adopted UYVV.

Staff Reports: A. Guerrero reported to the Board. (See Report) It was consensus of the Board to accept the report.

A. Guerrero introduced the two new staff members: Katelyn Ladner and Kolton Colhouer.

A video and demonstrated of Kansas Nursing Alexa Skill was shown, Kansas Nursing is a first-in-class solution that allows users to quickly and easily look up a license, verify the status of an existing license, or find answers to frequently asked questions. By interacting with Alexa, Amazon's interactive virtual assistant.

D. Glynn reported to the Board. (See Report) It was consensus of the Board to accept the report.

Committee Reports

Educ. Comm. Report:

R. Sander, vice chairperson gave the Education Committee report. (See committee report) The Education Committee report was accepted by consensus of the Board.

It was moved to accept the site visit report for Salina Area Technical College ADN Program with recommendations and to approve the ADN program to admit up to 32 students each academic year beginning August 2019 with a site visit to occur after the first graduation.

Motion #4 Sander/Bragdon. Adopted UYVV.

It was moved to accept the Major Curriculum Change Request from Highland Community College ADN Program to update learning objectives and content for NUR 230: Advanced Medical Surgical Nursing to ensure objectives are at correct level, succinct and measurable, and content is commensurate with the role and responsibilities of the RN. Reduce clinical hours in this course from 3 credits to 2 and increase credit hours for classroom instruction from 3 credits to 4. Change in contact hours from 180 – 150 contact hours. Total credit hours remain the same (6 credits).

Motion #5 Sander/Karstetter. Adopted UYVV.

It was moved to accept the Major Curriculum Change Request from Highland Community College ADN Program to update course syllabus for NUR 235: Advanced Mental Health to eliminate redundancy with KSPN Mental Health Course and to increase clarity for students regarding course competencies and content. The contact/credit hour allocation was redistributed to increase credit hours for lecture from 1.5 to 2 and reduce clinical credit hours from 1.5 to 1. This will allow additional time for active learning in the classroom with no change in overall credit hours.

Motion #6 Sander/Struble. Adopted UYVV.

It was moved to accept the Major Curriculum Change Request from Highland Community College ADN Program to change course name of NUR 240 from Nurse as Manager to Nurse as Leader. Updated

Course learning objectives and content to ensure objectives are succinct and measurable, and content is commensurate with the role and responsibilities of the RN. Eliminate redundancies with the Professional Practicum Course by eliminating clinical portion of this course. Change in contact hours from 45 – 30 contact hours. Credit hours remain the same (2 credits).

Motion #7 Sander/ Rieschick. Adopted UYVV.

It was moved to accept the Major Curriculum Change Request from Rasmussen College ADN and BSN Programs that include revisions to address and review the needs for an innovative, contemporary, and ladder curriculum as listed in the September 2018 Education Committee packet.

Motion #8 Sander/Bragdon. Adopted UYVV.

It was moved to accept the Major Curriculum Change Request from Baker University BSN Program for the LPN Bridge Course (NU 323) to change from 3 credit hours to 3.5 credit hours as NU 301. The Bridge course and NU Health Assessment will move to a hybrid format.

Motion #9 Sander/Brown. Adopted UYVV.

It was moved to approve the request from Flint Hills Technical College to offer an ADN program with a site visit to occur before approval is given to admit students.

Motion #10 Sander/Struble. Adopted UYVV.

It was moved to approve the request from MidAmerica Nazarene College to offer an Adult Gerontology Primary Care NP program with a site visit to occur before approval is given to admit students.

Motion #11 Sander/Bragdon. Adopted UYVV.

It was moved to reapprove the PN, ADN and BSN programs on full approval status through December 2019.

Motion #12 Sander/Sewester. Adopted UYVV.

It was moved to reapprove the graduate nursing programs through December 2020.

Motion #13 Sander/Brown. Adopted UYVV.

It was moved to reapprove the conditional approval status of Pratt Community College ADN Program and Kansas Wesleyan University BSN Program through December 2019.

Motion #14 Sander/Karstetter. Adopted UYVV.

It was moved to approve the Petition for Permission to Test/Retest Summary from May 22, 2018 through August 17, 2018 which includes:

Connie Bottorff	Colette Coleman	Dayana Geiger
Lesli Gurney	Rachael Kroeger	Dollie Littlejohn
Panji Ndhlovu	Christina Needham	Sujana Parajule
Taylor Ring	Christine Rodrigo-Sanchez	
Christopher Willer		

Motion #15 Sander/Karstetter. Adopted UYVV.

Investigative Report:

J. Klaassen, chairperson gave the Investigative Committee report. (See committee report) The Investigative Committee report was accepted by consensus of the Board.

It was moved to approve K.S.A. 65-4216 without revision.
Motion #16 Klaassen/Brown. Adopted UYVV.

It was moved to approve K.S.A. 65-4217 without revision.
Motion #17 Klaassen/Sewester. Adopted UYVV.

CNE Report:

S. Brown, chairperson gave the CNE Committee report. (See committee report) The CNE Committee report was accepted by consensus of the Board.

It was moved to approve the Long-Term 5 yr. renewal application for Kansas Health Care Association.
Motion #18 Brown/Karstetter. Adopted UYVV.

It was moved to approve the Long-Term 5 yr. renewal application for Labette Health.
Motion #19 Brown/Rieschick. Adopted UYVV.

It was moved to approve the Long-Term 5 yr. renewal application for University of Kansas Health System St Francis.
Motion #20 Brown/Sander. Adopted UYVV.

It was moved to approve the Long-Term 5 yr. renewal application for Stormont Vail Health.
Motion #21 Brown/Struble. Adopted. One abstention Carol Bragdon.

It was moved to deny the Long-Term 5 yr. renewal applications for Accredo, Overland Park Regional Medical Center, and Omnicare.
Motion #22 Brown/Struble. Adopted UYVV.

It was moved to approve the Long-Term 5 yr. renewal application for ARJ Infusion Services.
Motion #23 Brown/Sewester. Adopted UYVV.

It was moved to approve the Long-Term 5 yr. renewal application for Girard Medical Center.
Motion #24 Brown/Struble. Adopted UYVV.

It was moved to approve the Long-Term 5 yr. renewal application for Shawnee Mission Public Schools with submission of a summary of planning and license number of the participant.
Motion #25 Brown/Rieschick. Adopted UYVV.

It was moved to approve the new providership application for William Newton Memorial Hospital.
Motion #26 Brown/Karstetter. Adopted UYVV.

It was consensus of the Board to let CNE committee conduct their meeting at 1:00 p.m. instead of 8:30 a.m.

APRN Report:

C. Bragdon, chairperson gave the APRN Committee report. (See Committee Report) The APRN Committee Report was accepted by consensus of the Board.

It was moved to approve the following out of state schools and their below noted programs as meeting the board's criteria:

- a. Binghamton University – Community Health NP
- b. Louisiana State University Health Sciences Center at New Orleans – RNA
- c. Spring Arbor University – Family NP

Motion #27 Bragdon/Karstetter. Adopted UYVV.

Break:

10:19 a.m.

Open session:

10:33 a.m.

Cara Busenhardt and Tucker Poling discussed the pending CNM-I proposed regulations.

K.A.R 100-28b-1	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-2	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-3	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-4	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-5	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-6	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-7	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-8	Roll call vote Adopted (0 Yea) (8 Nay)
K.A.R 100-28b-9	Roll call vote Adopted (0 Yea) (8 Nay)
K.A.R 100-28b-11	Roll call vote Adopted (0 Yea) (8 Nay)
K.A.R 100-28b-12	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-14	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-15	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-16	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-17	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-19	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-20	Roll call vote Adopted (8 Yea) (0 Nay)
K.A.R 100-28b-21	Roll call vote Adopted (0 Yea) (8 Nay)

Practice/IV Therapy Report: M. Struble, Chair gave the Practice/IV Therapy Committee report. (See Committee Report) The Practice/IV Therapy Committee Report was accepted by consensus of the Board.

It was moved to approve K.A.R. 60-7-110 without revision.
Motion #28 Struble/Brown. Adopted UYVV.

It was moved to approve K.A.R. 60-7-111.
Motion #29 Struble/Karstetter. Adopted UYVV.

Finance Report: C. Bragdon, chairperson gave the Finance Committee report. (See Committee Report) The Finance Committee Report was accepted by consensus of the Board.

It was moved that we accept the flat rate for the services of Assistant Attorney General for FY20.
Motion #30 Bragdon/Sander. Adopted UYVV.

Unfinished Business:

Enhanced Nurse
Licensure Compact: K.A.R. 60-4-101 fee regulation was reviewed, and changes were made.
I move to accept the fee schedule 60-4-101.
Motion #31 Rieschick/Brown. Adopted UYVV.

Executive session: I move that, pursuant to K.S.A. 2018 Supp. 75-4319(b)(12), the Board recess into executive session for 18 minutes to discuss matters relating to strengthening the security measures that protect the Board's information technology system and could jeopardize such security measures if discussed in an open meeting and that the following persons be invited to attend the executive to aid the Board in its discussion: Carol Moreland, the Board's Executive Administrator; Adrian Guerrero, the Board's Director of Operations; and Rodney Blunt, the State's Deputy Chief Information Security officer.
The Committee will reconvene the open meeting in this same location at 12:30 p.m.
Motion #32 Sander/Struble. Adopted UYVV.

Lunch: 12:30 p.m.

Open session: 1:03 p.m.

Retired Nurse: It was discussed to recognize retiring nurses with some kind of an ID card and/or certificate. Staff is to collect information and bring back in December.

New Business:

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

It was consensus of the Board to make no changes to the mission statement.

Delegate Assembly: C. Moreland, J. Klaassen, C. Bragdon, P. Zeller and A. Guerrero attended Delegate Assembly August 15-17, 2018 in Minneapolis, MN and reported to the board.

Executive session: I move that, pursuant to K.S.A. 2018 Supp. 75-4319(b)(2), the Board recess into executive session for 15 minutes to seek legal advice regarding pending litigation that is privileged information in the attorney-client relationship from Assistant Attorneys General Janet Arndt, Bryce Benedict and M. J. Willoughby.
The Committee will reconvene the open meeting in this same location at 1:35 p.m.
Motion #33 Rieschick/Struble. Adopted UYVV.

Election of Officers: It was consensus of the Board that if you are not re-elected you will continue in your position until today's meeting is adjourned.

President: Carol Bragdon nominated Jo Klaassen for president. Nominations cease. Jo Klaassen was elected President.

Vice President: Mandy Karstetter nominated Carol Bragdon for vice president. Nominations cease. Carol Bragdon was elected Vice President.

Secretary: Mandy Karstetter nominated Patsy Zeller for secretary. Nominations cease. Patsy Zeller was elected Secretary.

Agency Head/Presiding Officer:

I move that, pursuant to 77-527 of the Kansas Administrative Procedure Act, the Board designate and delegate to Carol Bragdon its authority as agency head to review, decide, and issue any orders concerning petitions for review, petitions for reconsideration, and motions for stay filed with the Board and taking any other action related thereto until further action by the Board.
Motion #34 Struble/Rieschick. Adopted UYVV.

I move that, should Carol Bragdon be unable to serve as agency head, the Board designate Mandy Karstetter to serve as an alternate agency head and, in such circumstances, the Board delegate to Mandy Karstetter its authority pursuant to 77-527 of the Kansas

Administrative Procedure Act to review, decide, and issue any orders concerning petitions for review, petitions for reconsideration, and motions for stay filed with the Board and taking any other action related thereto until further action by the Board.

Motion #35 Sewester/Struble. Adopted UYVV.

I move that the Board designate and delegate to the Board President the Board's authority to:

(1) Make a reasonable grounds determination pursuant to K.S.A. 65-1120(b), and amendments thereto, of the Kansas Nurse Practice Act regarding matters that have been recommended for emergency proceedings by staff or counsel; and

(2) Act as Presiding Officer pursuant to K.S.A. Supp. 2016 Supp. 77-514(g) and 77-551(a) and (c) and amendments thereto, of the Kansas Administrative Procedures Act, to conduct emergency proceedings and issue an order as required by K.S.A. 2016 Supp. 77-536 on all matters that are being or have been investigated for any alleged violation of or compliance with the Kansas Nurse Practice Act or regulations adopted thereunder, unless the President determines the emergency proceeding should be conducted and decided by the Investigative Committee; and I further move that if the President be unavailable to act as described above, the Vice President of the Board is so designated and delegated to act as described above.

Motion #36 Sander/Rieschick. Adopted UYVV.

Subject to motion number 36 regarding delegation to the Board President, I move that if the President is not available to act as described in motion number 36, the Vice President of the Board is so designated and delegated to act as described in motion number 36.

Motion #37 Rieschick/Struble. Adopted UYVV.

I move that the Board designate and delegate to the Chair of the Investigative Committee the Board's authority to:

(1) Issue to an applicant meeting the qualifications and requirements of the Kansas Nurse Practice Act any initial, renewal, endorsement, or reinstatement license, certificate of qualification or authorization to practice nursing;

(2) Conduct hearings, enter into settlements, issue decisions, and assess fines pursuant to K.S.A. 74-1110 and amendments thereto, regarding an allegation that a person granted a license, certificate of qualification or authorization to practice nursing has violated or not complied with the Kansas Nurse Practice Act and or regulations adopted thereunder;

(3) Make a reasonable grounds determination pursuant to K.S.A. 65-1120(b), and amendments thereto, of the Kansas Nurse Practice Act regarding applications that are being investigated or have been investigated for any alleged violation of or compliance with the

Kansas Nurse Practice Act or regulations promulgated thereunder by the Board; and

(4) Act as Presiding Officer pursuant to K.S.A. 2016 Supp. 77-514(g) and 77-551(a) and (c) and amendments thereto, of the Kansas Administrative Procedures Act, to review, decide and issue any orders on matters involving all applications whether initial, renewal, endorsement, or reinstatement for any license, certificate of qualification or authorization to practice nursing that have been investigated for any alleged violation of or compliance with the Kansas Nurse Practice Act or regulations adopted thereunder; such delegation includes, but is not limited to:

- sending warning or reprimand letters;
- entering into settlement agreements;
- conducting KAPA proceedings and hearings;
- issuing prehearing orders;
- issuing initial orders denying or imposing limitations on any license, certificate, or authorization to practice nursing under the Kansas Nurse Practice Act; and
- taking any other action related thereto

unless the President determines the matter should be sent to the Office of Administrative Hearings for further proceedings or considered and decided by the Investigative Committee; and

I further move that if the Chair be unavailable, the Vice Chair of the Investigative Committee is so designated and delegated to act as described above.

Motion #38 Brown/Sewester. Adopted UYVV.

Subject to motion number 38 regarding delegation to the Chair of the Investigative Committee, I move that if the Chair is not available, the Vice Chair of the Investigative Committee is so designated and delegated to act as described in motion number 38.

Motion #39 Sander/Brown. Adopted UYVV.

Subject to motion number 38 regarding delegation of Applications and motion number 36 regarding delegation of emergency proceedings, I move that the Board designate and delegate to the Investigative Committee its authority to:

(1) Conduct hearings, enter into settlements, issue decisions, and assess fines pursuant to K.S.A. 74-1110 and amendments thereto, regarding an allegation that a person granted a license, certificate of qualification or authorization to practice nursing has a violated or not complied with the Kansas Nurse Practice Act and or regulations adopted thereunder:

(2) Make a reasonable grounds determination pursuant to K.S.A. 65-1120(b), and amendments thereto, of the Kansas Nurse Practice Act regarding applications that are being investigated or have been investigated for any alleged violation of or compliance with the Kansas Nurse Practice Act or regulations adopted thereunder; and

(3) Act as Presiding Officer pursuant to K.S.A. 2016 Supp. 77-514(g) and 77-551(a) and (c) and amendments thereto, of the Kansas Administrative Procedures Act, to review, decide and issue any orders on all matters in cases that have been investigated for any alleged violation of or compliance with the Kansas Nurse Practice Act or regulations adopted thereunder; such delegation includes, but is not limited to:

- sending warning or reprimand letters;
- entering into settlement agreements;
- conducting reviews, proceedings and hearings;
- issuing prehearing orders;
- issuing initial orders that censure, revoke, limit, or suspend any license, certificate, or authorization to practice nursing under the Kansas Nurse Practice Act; and
- taking any other action related thereto

unless the Investigative Committee determines that the matter should be sent to the Office of Administrative Hearings for conducting further proceedings and issuing an initial order or considered by the Board.

Motion #40 Karstetter/Struble. Adopted UYVV.

Announcement:

The Alumni Fellows program was implemented in 1992 to recognize alumni who have distinguished themselves in their career field. Fellows must be graduates of Washburn University or Washburn Institute of Technology and have achieved notable success in their chosen field. The School of Business, Nursing, Law, Washburn Institute of Technology and Applied Studies each nominate one Alumni Fellow, while the College of Arts and Sciences nominates up to three Fellows due to the size and number of departments. Diane Glynn was nominated as the 2018 Alumni Fellow by the School of Nursing.

Presentation:

Leslie Sewester was presented a certificate of appreciation thanking her for her years of service on the Board.

Adjourn:

The Board meeting adjourned at 2:01 p.m.

JoAnn Klaassen, Board President

Date

Patricia Zeller, Secretary

Date

Carol Moreland, Executive Administrator

Date

Senate Substitute for HOUSE BILL NO. 2279

AN ACT concerning health professions and practices; relating to advanced practice registered nurses; licensure thereof; authorizing the prescribing of drugs without a supervising physician; requiring malpractice insurance coverage; rules and regulations; amending K.S.A. 65-1130 and K.S.A. 2021 Supp. 65-1626 and 65-4101 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 65-1130 is hereby amended to read as follows: 65-1130. (a) No professional nurse shall announce or represent to the public that such person is an advanced practice registered nurse unless such professional nurse has complied with requirements established by the board and holds a valid license as an advanced practice registered nurse in accordance with the provisions of this section.

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

(2) (A) *On and after July 1, 2023, an applicant for initial licensure as an advanced practice registered nurse shall have a current advanced practice registered nurse certification in such applicant's specific role and population focus that has been granted by a national certifying organization recognized by the board and whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board; and*

(B) an advanced practice registered nurse whose initial licensure is prior to July 1, 2023, may submit evidence of such certification to the board upon renewal.

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

(1) Establish roles and identify titles and abbreviations of advanced practice registered nurses ~~which that~~ are consistent with nursing practice specialties recognized by the nursing profession.

(2) Establish education and qualifications necessary for licensure for each role of advanced practice registered nurse established by the board at a level adequate to assure the competent performance by advanced practice registered nurses of functions and procedures which advanced practice registered nurses are authorized to perform. Advanced practice registered nursing is based on knowledge and skills acquired in basic nursing education, licensure as a registered nurse and graduation from or completion of a master's or higher degree in one of the advanced practice registered nurse roles approved by the board of nursing.

(3) Define the role of advanced practice registered nurses and establish limitations and restrictions on such role. The board shall adopt a definition of the role under this paragraph ~~which that~~ is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse, ~~which that~~ protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and ~~which that~~ authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider:

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

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

(C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations *in accordance*

prior to the effective date of this act shall be processed as an application for licensure under this act.

(g) An advanced practice registered nurse certified in the role of certified nurse-midwife and engaging in the independent practice of midwifery under the independent practice of midwifery act with respect to prescribing drugs shall be subject to the provisions of the independent practice of midwifery act and shall not be subject to the provisions of this section.

(h) *This section shall not supersede the requirements outlined in K.S.A. 65-4a08(b), and amendments thereto.*

Sec. 2. K.S.A. 2021 Supp. 65-1626 is hereby amended to read as follows: 65-1626. As used in the pharmacy act of the state of Kansas:

(a) "Address" means, with respect to prescriptions, the physical address where a patient resides, including street address, city and state.

(b) "Administer" means the direct application of a drug, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

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

(2) the patient or research subject at the direction and in the presence of the practitioner; or

(3) a pharmacist as authorized in K.S.A. 65-1635a, *and amendments thereto*, or K.S.A. 2021 Supp. 65-16,129, and amendments thereto.

(c) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, repackager, wholesale distributor, third-party logistics provider or dispenser but does not include a common carrier, public warehouseman or employee of the carrier or warehouseman when acting in the usual and lawful course of the carrier's or warehouseman's business.

(d) "Automated dispensing system" means a robotic or mechanical system controlled by a computer that:

(1) Performs operations or activities, other than compounding or administration, relative to the storage, packaging, labeling, dispensing or distribution of drugs;

(2) collects, controls and maintains all transaction information; and

(3) operates in accordance with the board's rules and regulations.

(e) "Biological product" means the same as defined in 42 U.S.C. § 262(i), as in effect on January 1, 2017.

(f) "Board" means the state board of pharmacy created by K.S.A. 74-1603, and amendments thereto.

(g) "Brand exchange," in the case of a drug prescribed, means the dispensing of a different drug product of the same dosage form and strength and of the same generic name as the brand name drug product prescribed, and in the case of a biological product prescribed, means the dispensing of an interchangeable biological product.

(h) "Brand name" means the registered trademark name given to a drug product by its manufacturer, labeler or distributor.

(i) "Co-licensed partner" means a person or pharmaceutical manufacturer that has entered into an agreement with another pharmaceutical manufacturer or an affiliate of the manufacturer to engage in a business activity or occupation related to the manufacture or distribution of a product.

(j) "Common carrier" means any person who undertakes, whether directly or by any other arrangement, to transport property, including drugs, for compensation.

(k) (1) "Compounding" means the combining of components into a compounded preparation under either of the following conditions:

(A) As the result of a practitioner's prescription drug order or initiative based on the practitioner-patient-pharmacist relationship in the course of professional practice to meet the specialized medical need of an individual patient of the practitioner that cannot be filled by an FDA-approved drug; or

title but not possession of such prescription drug and the wholesale distributor invoices the dispenser, and the dispenser receives delivery of the prescription drug directly from the manufacturer, repackager, third-party logistics provider or exclusive distributor, of such prescription drug.

(w) "Drug" means *articles*:

(1) ~~Articles~~—Recognized in the official United States pharmacopeia, or other such official compendiums of the United States, or official national formulary, or any supplement to any of them;

(2) ~~articles~~—intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in human or other animals;

(3) ~~articles~~—other than food, intended to affect the structure or any function of the body of human or other animals; and

(4) ~~articles~~—intended for use as a component of any articles specified in paragraph (1), (2) or (3); but does not include devices or their components, parts or accessories, except that the term "drug" *shall does* not include amygdalin (laetrile) or any livestock remedy, if such livestock remedy had been registered in accordance with the provisions of article 5 of chapter 47 of the Kansas Statutes Annotated, prior to its repeal.

(x) "Durable medical equipment" means equipment that:

(1) Provides therapeutic benefits or enables an individual to perform certain tasks that the individual is unable to otherwise undertake due to certain medical conditions or illnesses;

(2) is primarily and customarily used to serve a medical purpose;

(3) generally is not useful to a person in the absence of an illness or injury;

(4) can withstand repeated use;

(5) is appropriate for use in the home, long-term care facility or medical care facility, but may be transported to other locations to allow the individual to complete instrumental activities of daily living that are more complex tasks required for independent living; and

(6) may include devices and medical supplies or other similar equipment determined by the board in rules and regulations adopted by the board.

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

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

(aa) "Electronic signature" means a confidential personalized digital key, code, number or other method for secure electronic data transmissions that identifies a particular person as the source of the message, authenticates the signatory of the message and indicates the person's approval of the information contained in the transmission.

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

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

(dd) "Exclusive distributor" means the wholesale distributor that directly purchased the product from the manufacturer and is the sole distributor of that manufacturer's product to a subsequent repackager, wholesale distributor or dispenser.

(ee) "FDA" means the United States department of health and human services, food and drug administration.

(ff) "Facsimile transmission" or "fax transmission" means the transmission of a digital image of a prescription from the prescriber or the prescriber's agent to the pharmacy. "Facsimile transmission" includes, but is not limited to, transmission of a written prescription

of the practitioner's professional practice;

(2) a practitioner, by a practitioner's authorized agent or under a practitioner's supervision for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale; or

(3) a pharmacist or the pharmacist's authorized agent acting under the direct supervision of the pharmacist for the purpose of, or incident to, the dispensing of a drug by the pharmacist.

(qq) "Manufacturer" means:

(1) A person that holds an application approved under section 505 of the federal food, drug and cosmetic act or a license issued under section 351 of the federal public health service act for such drug or, if such drug is not the subject of an approved application or license, the person who manufactured the drug;

(2) a co-licensed partner of the person described in paragraph (1) that obtains the drug directly from a person described in paragraph (1) or (3); or

(3) an affiliate of a person described in paragraph (1) or (2) that receives the product directly from a person described in paragraph (1) or (2).

(rr) "Medication order" means a written or oral order by a prescriber or the prescriber's authorized agent for administration of a drug or device to a patient in a Kansas licensed medical care facility or in a Kansas licensed nursing facility or nursing facility for mental health, as such terms are defined by K.S.A. 39-923, and amendments thereto.

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

(tt) "Nonresident pharmacy" means a pharmacy located outside of Kansas.

(uu) "Outsourcing facility" means a facility at one geographic location or address that is engaged in the compounding of sterile drugs and has registered with the FDA as an outsourcing facility pursuant to 21 U.S.C. § 353b.

(vv) "Person" means individual, corporation, government, governmental subdivision or agency, partnership, association or any other legal entity.

(ww) "Pharmacist" means any natural person licensed under this act to practice pharmacy.

(xx) "Pharmacist-in-charge" means the pharmacist who is responsible to the board for a registered establishment's compliance with the laws and regulations of this state pertaining to the practice of pharmacy, manufacturing of drugs and the distribution of drugs. The pharmacist-in-charge shall supervise such establishment on a full-time or a part-time basis and perform such other duties relating to supervision of a registered establishment as may be prescribed by the board by rules and regulations. Nothing in this definition shall relieve other pharmacists or persons from their responsibility to comply with state and federal laws and regulations.

(yy) "Pharmacist intern" or "intern" means:

(1) A student currently enrolled in and in good standing with an accredited pharmacy program;

(2) a graduate of an accredited pharmacy program serving an internship; or

(3) a graduate of a pharmacy program located outside of the United States that is not accredited and who has successfully passed equivalency examinations approved by the board.

(lll) "Professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of pharmaceutical care to a degree that constitutes gross negligence, as determined by the board;

(2) repeated instances involving failure to adhere to the applicable standard of pharmaceutical care to a degree that constitutes ordinary negligence, as determined by the board; or

(3) a pattern of pharmacy practice or other behavior that demonstrates a manifest incapacity or incompetence to practice pharmacy.

(mmm) "Readily retrievable" or "readily available" means that records kept in hard copy or by automatic data processing applications or other electronic or mechanized record-keeping systems can be separated out from all other records quickly and easily during an inspection or investigation, or within a reasonable time not to exceed 48 hours of a written request from the board or other authorized agent.

(nnn) "Repackage" means changing the container, wrapper, quantity or label of a drug to further the distribution of the drug.

(ooo) "Repackager" means a person who owns or operates a facility that repackages.

(ppp) "Retail dealer" means a person selling at retail nonprescription drugs that are prepackaged, fully prepared by the manufacturer or distributor for use by the consumer and labeled in accordance with the requirements of the state and federal food, drug and cosmetic acts. Such nonprescription drugs shall not include: (1) A controlled substance; (2) a prescription-only drug; or (3) a drug intended for human use by hypodermic injection.

(qqq) "Reverse distributor" means a person who owns or operates an establishment that disposes of or otherwise processes saleable or nonsaleable products received from an authorized trading partner such that the product may be processed for credit to the purchaser, manufacturer or seller or disposed of for no further distribution.

(rrr) "Secretary" means the executive secretary of the board.

(sss) "Third-party logistics provider" means an entity that provides or coordinates warehousing or other logistic services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor or dispenser, but does not take ownership of the product or have responsibility to direct the sale or disposition of the product.

(ttt) "Trading partner" means:

(1) A manufacturer, repackager, wholesale distributor or dispenser from whom a manufacturer, repackager, wholesale distributor or dispenser accepts direct ownership of a product or to whom a manufacturer, repackager, wholesale distributor or dispenser transfers direct ownership of a product; or

(2) a third-party logistics provider from whom a manufacturer, repackager, wholesale distributor or dispenser accepts direct possession of a product or to whom a manufacturer, repackager, wholesale distributor or dispenser transfers direct possession of a product.

(uuu) "Transaction" means the transfer of product between persons in which a change of ownership occurs.

(vvv) "Unprofessional conduct" means:

(1) Fraud in securing a registration or permit;

(2) intentional adulteration or mislabeling of any drug, medicine, chemical or poison;

(3) causing any drug, medicine, chemical or poison to be adulterated or mislabeled, knowing the same to be adulterated or mislabeled;

(4) intentionally falsifying or altering records or prescriptions;

(5) unlawful possession of drugs and unlawful diversion of drugs to others;

(6) willful betrayal of confidential information under K.S.A. 65-1654, and amendments thereto;

(7) conduct likely to deceive, defraud or harm the public;

(8) making a false or misleading statement regarding the licensee's

(7) the sale or transfer from a retail pharmacy of expired, damaged, returned or recalled prescription drugs to the original manufacturer, originating wholesale distributor or to a reverse distributor registered in accordance with the board's rules and regulations.

Sec. 3. K.S.A. 2021 Supp. 65-4101 is hereby amended to read as follows: 65-4101. As used in this act:

(a) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

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

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

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

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

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

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

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

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

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

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

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

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

(A) A controlled substance;

(B) a substance for which there is an approved new drug application; or

(C) a substance with respect to which an exemption is in effect for investigational use by a particular person under section 505 of the federal food, drug and cosmetic act, 21 U.S.C. § 355, to the extent conduct with respect to the substance is permitted by the exemption.

(h) "Counterfeit substance" means a controlled substance that, or the container or labeling of which, without authorization bears the trademark, trade name or other identifying mark, imprint, number or device or any likeness thereof of a manufacturer, distributor or dispenser other than the person who in fact manufactured, distributed or dispensed the substance.

(i) "Cultivate" means the planting or promotion of growth of five or more plants that contain or can produce controlled substances.

(j) "DEA" means the U.S. department of justice, drug enforcement

pharmacy.

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

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

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

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

(aa) "Marijuana" means all parts of all varieties of the plant *Cannabis* whether growing or not, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin. It does not include:

(1) The mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, except the resin extracted therefrom, fiber, oil or cake or the sterilized seed of the plant that is incapable of germination;

(2) any substance listed in schedules II through V of the uniform controlled substances act;

(3) cannabidiol (other trade name: 2-[(3-methyl-6-(1-methylethenyl)-2-cyclohexen-1-yl)-5-pentyl-1,3-benzenediol]; or

(4) industrial hemp as defined in K.S.A. 2021 Supp. 2-3901, and amendments thereto, when cultivated, produced, possessed or used for activities authorized by the commercial industrial hemp act.

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

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

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

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

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

(3) opium poppy and poppy straw;

(4) coca leaves and any salt, compound, derivative or preparation of coca leaves, and any salt, compound, isomer, derivative or preparation thereof that is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or

Sec. 4. K.S.A. 65-1130 and K.S.A. 2021 Supp. 65-1626 and 65-4101 are hereby repealed.

Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.

I hereby certify that the above BILL originated in the House, and passed that body

HOUSE concurred in
SENATE amendments _____

Speaker of the House.

Chief Clerk of the House.

Passed the SENATE
as amended _____

President of the Senate.

Secretary of the Senate.

APPROVED _____

Governor.



CAMPAIGN FOR APRN CONSENSUS

Feb. 3, 2012

Requirements for Accrediting Agencies and Criteria for APRN Certification Programs

Preface

Purpose

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

Definitions

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

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

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

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

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

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

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

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

Requirements for Accrediting Agencies

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

Criteria for Evaluating Certification Programs

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

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

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

Criteria	Elaboration
XII. A retake policy is in place.	<ul style="list-style-type: none"> A. Failing candidates permitted to be reexamined at a future date. B. Failing candidates informed of procedures for retakes. C. Test for repeating examinees should be equivalent to the test for first time candidates. D. Repeating examinees should be expected to meet the same test performance standards as first time examinees. E. Failing candidates are given information on content areas of deficiency. F. Repeating examinees are not exposed to the same items when taking the exam previously.
XIII. Certification maintenance program, which includes review of qualifications and continued competence, is in place.	<ul style="list-style-type: none"> A. Certification maintenance requirements are specified (e.g., continuing education, practice, examination, maintenance of an active RN license, etc). B. Certification maintenance procedures include: <ul style="list-style-type: none"> 1. Procedures for assuring match between continued competency measures and APRN role and population(s); 2. Procedures for validating information provided by candidates; and 3. Procedures for issuing re-certification. C. Professional staffs oversee credential review. D. Certification maintenance is required a minimum of every 5 years.
XIV. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.	<ul style="list-style-type: none"> A. Communication mechanisms address: <ul style="list-style-type: none"> 1. Permission obtained from candidates to share information regarding the certification process; 2. Procedures to provide verification of certification and scores to boards of nursing; 3. Procedures for timely notification to boards of nursing regarding changes of certification status, including testing without passing [notification to BON within 30 days]; and 4. Procedures for notification of changes in certification programs (qualifications and/or test plan) to boards of nursing and to NCSBN.
XV. An evaluation process is in place to provide quality assurance in its certification program.	<ul style="list-style-type: none"> A. Internal review panels are used to establish quality assurance procedures, annually. <ul style="list-style-type: none"> 1. Composition of these groups (by title or area of expertise) is described; 2. Procedures are reviewed; and 3. Frequency of review, as defined. B. Procedures are in place to insure adherence to established QA policy and procedures. <ul style="list-style-type: none"> 1. Procedures for review of quality assurance are publically posted.

Revised 2- 12



NCSBN

National Council of State Boards of Nursing

111 E. Wacker Drive, Ste. 2900, Chicago, IL 60601 ■ 312.525.3600 ■ www.ncsbn.org

Approved APRN Licensure Certification Organizations and Exams							
APRN Role	Green = Exam focus population aligns with APRN Consensus Model Purple = Exam population is Pre-alignment APRNs certified using "Pre-alignment" exams shall maintain practice aligning with that exam; they may maintain certification for licensure by endorsement/renewal. All certification programs offer a renewal option for exams that retired or that will retire.*						
	AANPCB American Academy of Nurse Practitioners Certification Board	AACN American Association of Critical-Care Nurses	AMCB American Midwifery Certification Board	ANCC American Nurses Credentialing Center	NBCRNA National Board of Certification & Recertification for Nurse Anesthetists	NCC National Certification Corporation	PNCB Pediatric Nursing Certification Board
CNM Certified Nurse Midwife			CNM- Women's Health / Gender Specific				
CNP Certified Nurse Practitioner	FNP-Family Across the Lifespan, Primary Care	CNP-Adult- Gerontology Acute Care		CNP-Adult-Gerontology Acute Care		CNP-Women's Health /Gender Specific	CNP-Pediatric Primary Care
	CNP-Adult-Gerontology Primary Care			CNP-Adult-Gerontology Primary Care		NNP-Neonatal	CNP-Pediatric Acute Care
	CNP-Adult (Retired)	CNP-Adult Acute Care (Retired)		FNP-Family Across the Lifespan, Primary Care			
				PNP-Pediatric Primary Care [exam will be offered by PNCB is being discontinued by ANCC] Candidates deemed eligible for the ANCC PPCNP board certification examination were able to test or retest through December 31, 2019.			
	CNP-Gerontology (Retired)			CNP-Psychiatric-Mental Health Across the Lifespan (Formerly known as Family Psychiatric- Mental Health)			
				CNP-Acute Care	All in purple are retired.		
				CNP-Adult			
				CNP-Gerontology			
				CNP-Adult Psychiatric-Mental Health			
CRNA Certified Registered Nurse Anesthetist					CRNA-Family Across the Lifespan		
CNS Clinical Nurse Specialist		CNS-Adult- Gerontology		CNS-Adult-Gerontology			
		CNS-Neonatal		CNS-Pediatric			
		CNS-Pediatric		CNS-Gerontology			
		CCNS - Critical Care (Retired)		CNS-Adult Health	All in purple are retired.		
				CNS-Adult Psych- Mental Health			
				CNS- Child/Adolescent Psych-Mental Health			

Unfinished Business

4 a – h

Five Year Legislative
Review Update

65-1131. Advanced practice registered nurse; licensure; fees; license with temporary permit; exempt license; inactive license. (a) (1) *Licensure*. Upon application to the board by any professional nurse in this state and upon satisfaction of the standards and requirements established by the board under K.S.A. [65-1130](#), and amendments thereto, the board may issue a license to such applicant authorizing the applicant to perform the duties of an advanced practice registered nurse as defined by the board under K.S.A. [65-1130](#), and amendments thereto.

(2) The board may issue a license to practice nursing as an advanced practice registered nurse to an applicant who has been duly licensed or certified as an advanced practice registered nurse under the laws of another state or territory if, in the opinion of the board, the applicant meets the licensure qualifications required of an advanced practice registered nurse in this state. Verification of the applicant's licensure or certification status shall be required from the original state of licensure or certification.

(3) An application to the board for a license, a license with temporary permit, renewal of a license and reinstatement of a license shall be upon such form and contain such information as the board may require and shall be accompanied by a fee, to be established by rules and regulations adopted by the board, to assist in defraying the expenses in connection with the issuance of licenses as advanced practice registered nurses, in an amount fixed by the board under K.S.A. [65-1118](#), and amendments thereto.

(4) An application for initial licensure or endorsement will be held awaiting completion of meeting qualifications for a time period specified in rules and regulations.

(5) The executive administrator of the board shall remit all moneys received pursuant to this section to the state treasurer as provided by K.S.A. [74-1108](#), and amendments thereto.

(b) The board may grant a one-time temporary permit to practice as an advanced practice registered nurse for a period of not more than 180 days pending completion of the application for a license.

(c) *Exempt license*. The board may issue an exempt license to any advanced practice registered nurse as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. [65-1118](#), and amendments thereto, and who is not regularly engaged in advanced practice registered nursing in Kansas but volunteers advanced practice registered nursing services or is a charitable healthcare provider as defined by K.S.A. [75-6102](#), and amendments thereto. Each exempt advanced practice registered nurse shall be subject to all provisions of the nurse practice act. Each exempt license may be renewed biennially subject to the provisions of this section. To convert an exempt license to an active license, the exempt advanced practice registered nurse shall meet all the requirements of subsection (a) or K.S.A. [65-1132](#), and amendments thereto. An advanced practice registered nurse who has been granted an exempt license pursuant to this subsection shall be exempt from the requirements of K.S.A. [40-3402](#) and [40-3404](#), and amendments thereto.

(d) *Inactive license*. The board may issue an inactive license to any advanced practice registered nurse as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. [65-1118](#), and amendments thereto, and who is not regularly engaged in advanced practice registered nursing in Kansas. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education required by K.S.A. [65-1117](#) and [65-1132](#), and amendments thereto. An inactive license shall not entitle the holder to engage in advanced practice registered nursing in this state. Each inactive license may be renewed subject to the provisions of this section. An inactive licensee may apply for a license to regularly engage in advanced practice registered nursing upon filing a written reinstatement application with the board. The application shall be on a form provided by the board and shall be accompanied by the license fee established pursuant to K.S.A. [65-1118](#), and amendments thereto. An applicant for a license to practice as an advanced practice registered nurse who has not been licensed to practice advanced practice registered nursing for five years preceding application shall be required to successfully complete a refresher course as defined by the board. The board shall by rules and regulations establish appropriate continuing education requirements for inactive licensees to become licensed to regularly engage in advanced practice registered nursing in this state. An advanced practice registered nurse who has been granted an inactive license pursuant to this subsection shall be exempt from the requirements of K.S.A. [40-3402](#) and [40-3404](#), and amendments thereto.

(e) The board shall have authority to adopt rules and regulations to carry out the provisions of this section.

History: L. 1983, ch. 206, § 3; L. 1992, ch. 135, § 3; L. 1997, ch. 158, § 6; L. 1999, ch. 84, § 3; L. 2011, ch. 114, § 45; L. 2017, ch. 35, § 5; July 1.

65-1132. Renewal of license for advanced practice registered nurse; reinstatement of lapsed license. (a)

All licenses issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by rules and regulations of the board. The board shall send a notice for renewal of a license to every advanced practice registered nurse at least 60 days prior to the expiration date of such person's license. Every person who desires to renew such license shall file with the board, on or before the date of expiration of such license:

(1) A renewal application together with the prescribed biennial renewal fee;

(2) evidence of completion of continuing education in the advanced practice registered nurse role, which has met the continuing education requirement for an advanced practice registered nurse as developed by the board or by a national organization whose certifying standards are approved by the board as equal to or greater than the corresponding standards established by the board. These continuing education credits approved by the board may be applied to satisfy the continuing education requirements established by the board for licensed professional nurses under K.S.A. [65-1117](#), and amendments thereto, if the board finds such continuing education credits are equivalent to those required by the board under K.S.A. [65-1117](#), and amendments thereto; and

(3) proof of evidence of current licensure as a professional nurse.

Upon receipt of such application and payment of any applicable fee, and upon being satisfied that the applicant for renewal of a license meets the requirements established by the board under K.S.A. [65-1130](#), and amendments thereto, in effect at the time of initial qualification of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any person who fails to secure a renewal license prior to the expiration of the license may secure a reinstatement of such lapsed license by making application therefor on a form provided by the board, upon furnishing proof that the applicant is competent and qualified to act as an advanced practice registered nurse and upon satisfying all of the requirements for reinstatement including payment to the board of a reinstatement fee as established by the board.

History: L. 1983, ch. 206, § 4; L. 1993, ch. 194, § 14; L. 2007, ch. 99, § 2; L. 2011, ch. 114, § 46; January 1, 2012.

65-1133. Same; educational and training programs for advanced practice registered nurses; approval; survey; nationally accredited programs. (a) An approved educational and training program for advanced practice registered nurses is a program conducted in Kansas which has been approved by the board as meeting the standards and the rules and regulations of the board. An institution desiring to conduct an educational and training program for advanced practice registered nurses shall apply to the board for approval and submit satisfactory proof that it is prepared to and will maintain the standards and the required curriculum for advanced practice registered nurses as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The approval of an educational program for advanced practice registered nurses shall not exceed 10 years after the granting of such approval by the board. An institution desiring to continue to conduct an approved educational program for advanced practice registered nurses shall apply to the board for the renewal of approval and submit satisfactory proof that it will maintain the standards and the required curriculum for advanced practice registered nurses as prescribed by this act and by the rules and regulations of the board. Applications for renewal of approval shall be made in writing on forms supplied by the board. Each program shall submit annually to the board an annual fee fixed by the board's rules and regulations to maintain the approved status.

(b) A program to qualify as an approved educational program for advanced practice registered nurses must be conducted in the state of Kansas, and the school conducting the program must apply to the board and submit evidence that: (1) It is prepared to carry out the curriculum prescribed by rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by law and the rules and regulations of the board.

(c) The board shall prepare and maintain a list of programs which qualify as approved educational programs for advanced practice registered nurses whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for licensure as advanced practice registered nurses. A survey of the institution or school applying for approval of an educational program for advanced practice registered nurses shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for approval are met, it shall so approve the program. The board shall resurvey approved programs on a periodic basis as determined by rules and regulations. If the board determines that any approved program is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such program, shall be given. A program which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of approved programs until such time as the program shall comply with such standards. All approved programs shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

(d) The board may accept nationally accredited advanced practice registered nurse programs as defined by rules [and] regulations adopted by the board in accordance with K.S.A. [65-1130](#), and amendments thereto:

(1) Advanced practice registered nurse programs which have received accreditation from a board recognized national nursing accreditation agency shall file evidence of initial accreditation with the board, and thereafter shall file all reports from the accreditation agency and any notice of any change in school accreditation status.

(2) Advanced practice registered nurse programs holding approval based upon national accreditation are also responsible for complying with all other requirements as determined by rules and regulations of the board.

(3) The board may grant approval to an advanced practice registered nurse program with national accreditation for a continuing period not to exceed 10 years.

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

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Agency 60

State Board of Nursing

Article 11.—Advanced Practice Registered Nurses (APRN)

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60-11-102. Roles of advanced practice registered nurses. The four roles of advanced practice registered nurses licensed by the board of nursing shall be the following:

- (a) Clinical nurse specialist;
- (b) nurse anesthetist;
- (c) nurse-midwife; and
- (d) nurse practitioner. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended Sept. 4, 2009; amended May 18, 2012.)

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Agency 60
State Board of Nursing

Article 11.—Advanced Practice Registered Nurses (APRN)

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60-11-106. Functions of the advanced practice registered nurse; nurse anesthetist. The functions that may be performed by any advanced practice registered nurse functioning in the advanced role of registered nurse anesthetist shall be those functions defined in K.S.A. 65-1158, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch.114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended March 31, 2000; amended May 18, 2012.)

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Agency 60

State Board of Nursing

Article 11.—Advanced Practice Registered Nurses (APRN)

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60-11-118. Temporary permit to practice. (a) A temporary permit to practice as an advanced practice registered nurse may be issued by the board for a period of not more than 180 days to an applicant for licensure as an advanced practice registered nurse who meets the following requirements:

- (1) Was previously licensed in this state; and
- (2) is enrolled in a refresher course required by the board for reinstatement of a license that has lapsed for more than five years.

(b) A one-time temporary permit to practice as an advanced practice registered nurse may be issued by the board for a period of not more than 180 days pending completion of the application for a license. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 45; effective Sept. 2, 1991; amended April 26, 1993; amended May 18, 2012.)

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Agency 60
State Board of Nursing

Article 11.—Advanced Practice Registered Nurses (APRN)

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60-11-120. Expiration dates of licenses; applications. The expiration dates of all licenses and applications shall be in accordance with K.A.R. 60-3-107 and 60-3-108. (Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45, and K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 46; effective April 3, 1998; amended July 29, 2005; amended May 18, 2012.)

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Agency 60

State Board of Nursing

Article 11.—Advanced Practice Registered Nurses (APRN)

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60-11-121. Exempt license. (a) An exempt license shall be granted only to an advanced practice registered nurse who meets these requirements:

(1) Is not regularly engaged as an advanced practice registered nurse in Kansas, but volunteers advanced practice registered nurse services or is a charitable health care provider, as defined by K.S.A. 75-6102 and amendments thereto; and

(2) (A) Has been licensed in Kansas for the five years previous to applying for an exempt license; or

(B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.

(b) The expiration date of the exempt license shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-11-119. (Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45; effective April 3, 1998; amended Oct. 25, 2002; amended July 29, 2005; amended May 18, 2012.)

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Advanced Practice Programs Approved for Licensure February 2022 through May 2022

Program	Role/Specialty	Degree	Advanced Pathophysiology Credit Hrs	Advanced Health Assessment Credit Hours	Advanced Pharmacology Credit Hours	Total Clinical Hrs	Accreditation	Meets Requirements
American Sentinel College	FNP	MSN	3	3	3	540	CCNE	Yes
Florida Southern University	FNP	MSN	3	4	3	660	CCNE	Yes
George Washington University	Nurse Midwifery	MSN	3	4	3	720	ACME	Yes
NSU Florida (Southeastern College)	FNP	MSN	3	3	3	700	CCNE	Yes
Tennessee Technological University	FNP	MSN	3	4	3	540	CCNE	Yes