

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

**Kansas State Board of Nursing  
Landon State Office Building, Room 509  
Practice Committee Agenda  
December 10, 2024**

**NOTE:** The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

**Time:** 3:00 p.m. – 4:00 p.m.

**Committee Members:** Lori Owen, LPN, Chair  
Michelle Terry, Public Member, V. Chair  
Melissa Oropeza, DNP, APRN-BC, CGRN  
Amy Renn, MSN, RN  
Gregg Morris, BSN, RN, CWCN, OMS  
Brian Feldt, BSN, RN  
Melanie Burnett, MSN, RN  
Patty Palmietto, DNP, MSN, RN

**Staff:** Linda Davies, MSN, BSN, RN, Practice Specialist  
Stephanie Wiley, Sr. Administrative Assistant  
Jill Simons, Executive Assistant

- I. Quorum (minimum of 5 members present) – Yes or No
- II. Call to Order
- III. Review Onsite Packet
- IV. Additions/Revisions to Agenda
- V. Announcements
- VI. Approval of Minutes – September 10, 2024

**Consent Item Agenda**

1. Practice Calls Report

**VII. Unfinished Business**

1. New Regulations Review Process to be completed by March 2025 (13 of 27 completed)

Review for Final comments:

- a. K.A.R. 60-15-101 – Definitions and functions
- b. K.A.R. 60-15-102 – Delegation procedures
- c. K.A.R. 60-15-103 – Supervision of delegated tasks
- d. K.A.R. 60-15-104 – Medication administration in a school

Review for Initial comments:

- a. K.A.R. 60-7-101 – Licensure

- b. K.A.R. 60-7-102 – Duplicate of initial license
- c. K.A.R. 60-7-103 – Change of name
- d. K.A.R. 60-7-104 – Reinstatement of license
- e. K.A.R. 60-7-105 – Standards of practice
- f. K.A.R. 60-7-106 – Unprofessional conduct
- g. K.A.R. 60-7-108 – Inactive license
- h. K.A.R. 60-7-109 – Exempt license
- i. K.A.R. 60-7-110 – Expiration dates of licenses / applications
- j. K.A.R. 60-7-111 – Reporting certain misdemeanor convictions

VIII. New Business

- 1. K.A.R. 60-7-105
- 2. Certified Nurse Midwife and Certified Professional Midwife

IX. Agenda for March 2025 Committee meeting

X. Adjournment

**Committee Responsibilities:**

To review and recommend revisions in RN, LPN and LMHT statutes and regulations. To provide nonbinding guidance on the scope of nursing and LMHT practice in response to written inquiries. To make recommendations to amend the practice act that reflect current nursing and mental health technician practice.

**Please Note:** Additional items, which have come to the attention of the Board, 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 committees 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/89010661681?pwd=ej6FEEVSIHeJbp7otvLhToDeNwAobU.1>

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Or One tap mobile :

+17193594580,,89010661681#,,,,\*1317310760# US

+12532050468,,89010661681#,,,,\*1317310760# US

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+1 719 359 4580 US

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+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 876 9923 US (New York)

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Kansas Board of Nursing  
**Practice Call Data – December 2024**  
 2023-2024

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Month	Total 2023	Total 2024
Jan 2023	68	58
Feb	62	61
March	69	65
April	73	82
May	75	105
June	81	87
July	49	149
Aug	132	108
Sept	107	51
Oct	83	80
Nov	39	
Dec	53	
<b>Total</b>	<b>891</b>	<b>846</b>
Avg/month	74	70

Inquiries Received by KSBN Staff:

APRN's:

- Scope of practice
  - o referred to K.S.A. 65-1130 (education, training, certification) specific role and population focus;
- Starting a business guidance
  - o referred to scope of practice and KSBN staff are not licensed attorneys, refer to Secretary of State's Office and their own attorney;
- Licensing in Kansas, Independent practice – referred to KSBN website
- How to report medical malpractice
- Death certificates
- Pain management, lumbar punctures, hormone injections
- Collaborative practice agreement and Full practice authority
- Tele-health
- Sign guardianship
- Women's Health NP, treat males

RNs / LPNs:

- Reinstatement of license
- License verification
- Supervision of unlicensed professionals
- Facility report of malpractice
- How many hours can a nurse work

- School nurse Questions
- Billing and insurance claims/issues

Other:

- Anonymous reports of misconduct
  - o KSBN does not take verbal complaints
  - o Refer caller to KSBN website to file complaint

Standard Response includes:

*The Kansas State Board of Nursing (“KSBN”) staff cannot and does not provide legal advice to members of the public. KSBN staff may provide assistance to the public by providing reference to the Kansas Nurse Practice Act. The Kansas Nurse Practice Act is available at <https://ksbn.kansas.gov/npa/>. This assistance should never be taken as legal advice, or as a complete reference to all relevant laws or regulations governing a particular situation. Any response given by KSBN staff is not binding on the Board and should not be taken as an official KSBN decision. If you believe you need legal advice, you should consult, at your own expense, a licensed attorney.*

*Determinations as to whether a nurse has violated the KNPA and whether disciplinary action is taken against a licensee, is a power granted to the Board. The Board does not make any determinations until after an investigation has been completed and evidence gathered has been presented to the Board. Therefore, agency staff are unable to provide an opinion as to whether there is a violation of the KNPA (see K.S.A. 65-1120, K.A.R. 60-3-110, and K.S.A. 65-1166 Art. III(c)(1)-(11).*

*The mission of the KSBN is to assure safe and competent practice.*

KSBN Practice Committee

December 10, 2024

Regulations to Approve



## KSBN Regulation Review Form

**Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 15 - Performance of Selected Nursing Procedures in School Settings

Rule and Reg Title: 101 - Definitions and functions

Type (New/Amended):

Effective Date (history): May 27, 1988

Authorizing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129

Implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165

**Part 2 (completed by committee members):**

**Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

**Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
These definitions and functions give guidance and direction regarding nursing care that is delivered in the school setting. Gives clear guidance for school nurses for delegation to unlicensed healthcare providers for students during school hours while also addressing before and after school hours' needs. Gives guidance on what can be delegated. Gives direction for maintaining records. This promotes safe patient care in schools.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
N/A

**Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:

Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 15 - Performance of Selected Nursing Procedures in School Settings

Rule and Reg Title: 102 - Delegation procedures

Type (New/Amended):

Effective Date (history): May 27, 1988

Authorizing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129

Implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
This regulation ensures the registered nurse is accountable for care provided in the school setting and outlines how and which tasks can be delegated to unlicensed persons. This is necessary for safe patient care in schools. Gives direction for maintaining records.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
N/A

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee: Practice

Chair:

Date:

## KSBN Regulation Review Form

**Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 15 - Performance of Selected Nursing Procedures in School Settings

Rule and Reg Title: 103 - Supervision of delegated tasks or procedures

Type (New/Amended):

Effective Date (history): May 27, 1988

Authorizing K.S.A. 2007 Supp. 65-1124

Implementing K.S.A. 2007 Supp. 65-1124

**Part 2 (completed by committee members):**

**Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

**Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
This provides guidance for supervising delegated tasks for the care of students by an LPN and unlicensed person in the school setting. This outlines how the RN will supervise tasks that are delegated to unlicensed persons. This provides guidance related to determining the aspects of the nursing care needed, training considerations, etc.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

**Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee: Practice

Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 15 - Performance of Selected Nursing Procedures in School Settings

Rule and Reg Title: 104 - Medication administration in a school setting

Type (New/Amended):

Effective Date (history): May 27, 1988

Authorizing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129

Implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
This provides guidance for clear direction on delegation of medications administered in a school setting. These guidelines state what can and what cannot be delegated to an LPN and/or unlicensed persons which is necessary to ensure safe medication administration in the school setting.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
N/A

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee: Practice

Chair:

Date:



KSBN Practice Committee

December 10, 2024

Regulations Review for Final Comments

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 101 Licensure

Type (New/Amended): Amended

Effective Date (history): January 29, 1999

Authorizing K.S.A. 1997 Supp. 65-4203 and 1997 Supp. 74-1106

Implementing K.S.A. 1997 Supp. 65-4203; modified, L. 1975, Ch. 302, Sec. 8, May 1, 1975

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
Gives clear guidelines for expectations of obtaining license, retesting if needed how long an applicator can test post-graduation. Provides guidance for failure of examination and possible avenues to ensure passage. Gives clear guidelines to new nursing graduates and expectations for examination need prior to licensing
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Without clear guidelines as to what is expected of new graduates for licensure this would cause a potential safety issue to the Kansas public.

Committee:

Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 102 Duplicate of initial license

Type (New/Amended): Amended

Effective Date (history): April 29, 2016.

Authorizing K.S.A. 65-4203

Implementing K.S.A. 65-4208; modified, L. 1975, Ch. 302, Sec. 9, May 1, 1975

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
Since technology has moved forward, I do not believe this reg is needed.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
Not necessarily sure this is needed anymore give the technology age we live in and how licenses are stored via data bases?? Looked up KSA 65-4208 it talks about fees I guess this would be less fees but not sure that would impact the KSBN since nurse are able to be verified via NURSEY.

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Revoked 12/14/2021 - Practice Committee minutes; Tabled in June, Sept; 2021. Minutes approved 3/29/2022 (see 12142021 Prac Comm Minutes.).

Committee:

Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 103 Change of name

Type (New/Amended):

Effective Date (history): May 1, 1975

Authorizing K.S.A. 65-4201 et seq., K.S.A. 1974 Supp. 74-1106 et seq

Implementing K.S.A.

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
Needed to ensure safety for the citizens of Kansas and to ensure those who are caring for Kansans are who they say they are. We need to ensure those nurses that are working in Kansas have their legal names on their nursing license.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:

Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 104 Resinstatement of license

Type (New/Amended): Amended

Effective Date (history): May 1, 1975; amended May 9, 1994; amended Feb. 16, 1996

Authorizing K.S.A. 1994 Supp. 65-4203, as amended by L. 1995, Ch. 97, Sec. 4

Implementing K.S.A. 1994 Supp. 65-4205, as amended by L. 1995, Ch. 97, Sec. 5

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
Need to give all opportunities to those individuals who have decided to return to nursing especially in the state of Kansas to ensure all opportunities are available for our healthcare workforce. Revocation could potentially impact the nursing workforce in the state of Kansas
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:



Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 105 Standards of practice

Type (New/Amended): New

Effective Date (history): May 1, 1975

Authorizing K.S.A. 65-4201 et seq., K.S.A. 1974 Supp. 74-1106 et seq, modified, L. 1975, Ch. 302, Sec 10.

Implementing K.S.A.

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
It is important to spell out expectations of healthcare providers in the state of Kansas, and important to have language that shows the public what is expected of their healthcare providers shows clear delineation of needs for populations in the mental health care setting. Revocation would not be in the public best interests especially with regard to mental health technician needs to be familiar with their scope of practice
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:

Chair:

Date:

## KSBN Regulation Review Form

**Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 108 Inactive License

Type (New/Amended): Amended

Effective Date (history): April 26, 1993; amended April 20, 2001.

Authorizing K.S.A. 1999 Supp. 65-4203

Implementing K.S.A. 1999 Supp. 65-4205 and K.S.A. 1999. 1999 Supp. 65-4208

**Part 2 (completed by committee members):**

**Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

**Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
Need to give all opportunities to those individuals who have decided to take an inactive license an opportunity to return to healthcare especially in the state of Kansas to ensure all opportunities are available for our healthcare workforce if they need to step away from mental healthcare settings. Revocation would impact getting those mental healthcare providers back at the bedside in a timely manner, you never know what an individuals situation is and why they might have to step away.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

**Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:

Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 109 Exempt license

Type (New/Amended): New

Effective Date (history): April 3, 1998

Authorizing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8

Implementing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
revocation would be unwise in this situation especially with those mental healthcare providers who are willing to provide charitable healthcare. Need to encourage those who are giving of their time and expertise for mental health care in a charitable setting should be encourage in the state of Kansas
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:

Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 110 Expiration dates of licenses; applications.

Type (New/Amended): New

Effective Date (history): April 3, 1998

Authorizing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8 and 1996 Supp 74-1106, as amended by L. 1997, Ch. 146, Sec 5

Implementing K.S.A. 1996 Supp. 65-4203, as amended by L. 1997, Ch. 158, Sec. 8 and K.S.A. 1996 Supp. 65-4205, as amended by L. 1997, Ch. 146, Sec 3.

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
Need clear guidelines on expiration dates of licenses / applications. Revocation would be unwise we need to have guidelines of licenses /applications
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:



Chair:

Date:

## KSBN Regulation Review Form

### **Part 1 (completed by agency staff):**

Regulation Number: 60

Article Title: 7

Rule and Reg Title: 111 Reporting of certain misdemeanor convictions by the licensee

Type (New/Amended): New

Effective Date (history): Nov. 7, 2008.

Authorizing K.S.A. 65-4203 and K.S.A. 2007 Supp. 65-4205

Implementing K.S.A. 2007 Supp. 65-4205

### **Part 2 (completed by committee members):**

#### **Necessity:**

1. Is the rule and regulation necessary for the implementation and administration of state law? Y  or N
2. Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N

#### **Potential for Revocation:**

1. Briefly describe how revocation would affect Kansans (max. 800 characters)  
Ensures convictions are being reported to the KSBN and what types of convictions need to be reported. Revocation would not be warranted in this type of reporting as we need to ensure we are keeping the public safe with our healthcare providers.
2. Is the rule and regulation being revoked? Y  or N
3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N
4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)  
NA

#### **Additional information:**

Additional information necessary to understanding the necessity of the rule and regulation (max. 1,200 characters)

Committee:

Chair:

Date:

**Requested revision:**

**60-7-105. Standards of practice.** (a) The licensed mental health technician shall:

- (1) Be familiar with the mental health technician's licensure act;
- (2) ~~Function~~ function primarily in a psychiatric ~~mental retardation setting, and shall not substitute for registered nurses or licensed practical nursing in adult care facilities~~ facility that provides services in caring for and treatment of the mentally ill, emotionally disturbed, or people with an intellectual disability; and

(3) not substitute for registered nurses or licensed practical nurses. (Authorized by K.S.A. 65-4201-et seq.; implementing K.S.A. 1974 Supp. 74-1106 et seq.; modified, L. 1975, Ch. 302, Sec. 10, effective May 1, 1975;; amended P- \_\_\_\_\_.)

**Possible revision:**

**60-7-105. Standards of practice.** (a) The licensed mental health technician shall:

- (1) ~~Be familiar with the mental health technician's licensure act.~~ Lawfully practice mental health technology as defined in the mental health technician's licensure act; (*KSA 65-4202*)
- (2) ~~Function~~ function primarily in a psychiatric ~~mental retardation setting, and shall not substitute for registered nurses or licensed practical nursing in adult care facilities~~ provides services in caring for and treatment of the mentally ill, emotionally disturbed, or people with an intellectual disability; and (*KSA 65-4202*)

(3) not substitute for registered nurses or licensed practical nurses. (Authorized by K.S.A. 65-4201-et seq.; implementing K.S.A. 1974 Supp. 74-1106 et seq.; modified, L. 1975, Ch. 302, Sec. 10, effective May 1, 1975;; amended P- \_\_\_\_\_.)

## Comparison of Certified Nurse Midwives, Certified Midwives, and Certified Professional Midwives

*Clarifying the distinctions among professional midwifery credentials in the United States*

<b>International Confederation of Midwives' Definition of MIDWIFE</b>	<p><b>While the profession of midwifery has developed differently in each country, we share a common understanding of the midwife internationally. The International Confederation of Midwives' definition is:</b></p> <p>The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labor, and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare. A midwife may practice in any setting including the home, community, hospitals, clinics, or health units.</p>
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NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA	CERTIFIED NURSE-MIDWIFE (CNM)	CERTIFIED MIDWIFE (CM )	CERTIFIED PROFESSIONAL MIDWIFE (CPM )
<b>EDUCATION</b>			
Minimum Degree Required for Certification	Graduate Degree		Certification does not require an academic degree but is based on demonstrated competency in specified areas of knowledge and skills.
Minimum Education Requirements for Admission to Midwifery Education Program	Bachelor's Degree or higher from an accredited college or university AND		High School Diploma or equivalent
	Earn RN license prior to or within midwifery education program.	Successful completion of required science & health courses and related health skills training prior to or within midwifery education program.	Prerequisites for accredited programs vary, but typically include specific courses such as statistics, microbiology, anatomy and physiology, and experience such as childbirth education or doula certification.  There are no specified requirements for entry to the North American Registry of Midwives (NARM) Portfolio Evaluation Process (PEP) pathway: an apprenticeship process that includes verification of knowledge and skills by qualified preceptors.
Clinical Experience Requirements	Attainment of knowledge, skills, and professional behaviors as identified by the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Education.		Attainment of knowledge and skills, identified in the periodic job analysis conducted by NARM.

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	<p>Clinical education must occur under the supervision of an American Midwifery Certification Board (AMCB)-certified CNM/CM or other qualified preceptor who holds a graduate degree, has preparation for clinical teaching, and has clinical expertise and didactic knowledge commensurate with the content taught; &gt;50% of clinical education must be under CNM/CM supervision.</p>		<p>NARM requires that the clinical component of the educational process must be at least two years in duration and include a minimum of 55 births in three distinct categories. Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized and who has practiced for at least three years and attended 50 out-of-hospital births post certification.</p> <p>CPMs certified via the PEP may earn a Midwifery Bridge Certificate (MBC) to demonstrate they meet the International Confederation of Midwives (ICM) standards for minimum education.</p>
<b>EDUCATION PROGRAM ACCREDITING ORGANIZATION</b>			
	<p>The Accreditation Commission for Midwifery Education (ACME) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. Midwifery education programs must be located within or affiliated with a regionally accredited institution.</p>		<p>The Midwifery Education Accreditation Council (MEAC) is authorized by the U.S. Department of Education to accredit midwifery education programs and institutions. The scope of recognition includes certificate and degree-granting institutions, programs within accredited institutions, and distance education programs.</p>
<b>SCOPE OF PRACTICE</b>			
Range of care provided	<p>Midwifery as practiced by CNMs and CMs encompasses the independent provision of care during pregnancy, childbirth, and the postpartum period; sexual and reproductive health; gynecologic health; and family planning services, including preconception care. Midwives also provide primary care for individuals from adolescence throughout the lifespan as well as care for the healthy newborn during the first 28 days of life. Midwives provide care for all individuals who seek midwifery care, inclusive of all gender identities and sexual orientations.</p> <p>CNMs/CMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. They conduct physical examinations; independently prescribe medications including but not limited to controlled substances, treatment of substance use disorder, and expedited partner therapy; admit, manage, and discharge patients; order and interpret laboratory and diagnostic tests; and order medical devices, durable medical equipment, and home health services.</p> <p>Midwifery care as practiced by CNMs and CMs includes health promotion, disease prevention, risk assessment and management, and individualized wellness education and counseling. These services are provided in partnership with individuals and families in diverse settings such as ambulatory care clinics, private offices, telehealth and other methods of remote care delivery, community and public health systems, homes, hospitals, and birth centers.</p>		<p>Midwifery as practiced by CPMs offers care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. CPMs provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period, as well as maternal and well-baby care through the 6-8 week postpartum period.</p> <p>CPMs provide initial and ongoing comprehensive assessment, diagnosis, and treatment. CPMs are trained to recognize abnormal or dangerous conditions requiring consultation with and/or referral to other healthcare professionals. They conduct physical examinations, administer medications, and use devices as allowed by state law, order and interpret laboratory and diagnostic tests.</p>
Practice Settings	All settings - hospitals, homes, birth centers, and offices. The majority of CNMs and CMs attend births in hospitals.		Homes, birth centers, and offices. The majority of CPMs attend births in homes and/or birth centers.

Prescriptive Authority	All US jurisdictions	Maine, Maryland, New York, Rhode Island, Virginia, and Washington, DC	CPMs do not maintain prescriptive authority; however, they may obtain and administer certain medications in select states.
Third Party Reimbursement	Most private insurance; Medicaid coverage mandated in all states; Medicare, TRICARE	Most private insurance; Medicaid coverage in Maine, Maryland, New York, Rhode Island, and Washington, DC	Private insurance mandated in 6 states; coverage varies in other states; 13 states include CPMs in state Medicaid plans
<b>CERTIFICATION</b>			
<b>NATIONAL MIDWIFERY CREDENTIALS IN THE UNITED STATES OF AMERICA</b>	<b>CERTIFIED NURSE-MIDWIFE (CNM )</b>	<b>CERTIFIED MIDWIFE (CM )</b>	<b>CERTIFIED PROFESSIONAL MIDWIFE (CPM )</b>
Certifying Organization	American Midwifery Certification Board (AMCB)		North American Registry of Midwives (NARM)
	AMCB and NARM are accredited by the National Commission for Certifying Agencies		
Requirements Prior to Taking National Certification Exam	Graduation from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME); AND Verification by program director of completion of education program AND Verification of master's degree or higher  <i>*CNMs must also submit evidence of an active RN license at time of initial certification</i>		Graduation from a midwifery education program accredited by the Midwifery Education Accreditation Council (MEAC) OR Completion of NARM's Portfolio Evaluation Process (PEP) OR AMCB-Certified CNM/CM with at least ten community-based birth experiences OR Completion of an equivalent state licensure program  All applicants must also submit evidence of current adult CPR and neonatal resuscitation certification or course completion
Recertification Requirement	Every 5 years		Every 3 years
<b>LICENSURE</b>			
Legal Status	Licensed in 50 states plus the District of Columbia and U.S. territories as midwives, nurse-midwives, advanced practice registered nurses, or nurse practitioners.	Licensed in Delaware, Hawaii, Maine, Maryland, New Jersey, New York, Oklahoma, Rhode Island, Virginia, and the District of Columbia.	Licensed in 35 states and the District of Columbia.
Licensure Agency	Boards of Midwifery, Medicine, Nursing or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers or Departments of Health	Boards of Midwifery, Medicine, Nursing, Complementary Health Care Providers; Departments of Health or Departments of Professional Licensure or Regulation
<b>PROFESSIONAL ASSOCIATION</b>			
	American College of Nurse-Midwives (ACNM)		National Association of Certified Professional Midwives (NACPM)
<i>Note: This document does not address individuals who are not certified and may attend births with or without legal recognition.</i>			

Updated: ACNM Government Affairs | April 2022

## NARM – North American Registry of Midwives

- <http://narm.org/about/>
- Mission Statement
- Annual Reports (2001-2023)
- Certified Professional Midwife (CPM) Credential
  - o Accredited by National Commission for Certifying Agencies (NCCA)
- Candidate Information Booklet (CIB)
  - o NARM wants CPM reported
  - o Won't start investigation unless patient authorizes release of records
    - Only patient can file complaint
    - Patient has to authorize release of records with/in 2 weeks of the complaint being submitted or received
- CPM Practice Guidelines
  - o “reflect Midwifery Model of Care”
    - Drafted by CFM – Citizens for Midwifery
    - <https://www.citizensformidwifery.org/mmoc>
  - o (Pages no longer exist in CFM for data)
    - Route to: Midwives Alliance North America
    - <https://mana.org/>
    - Last updated 2018
    - (now all NARM?)

## AMCB – American Midwifery Certification Board

- National certifying body for CNM and CM
- Mission: “to protect and serve the public by leading the certification standards in midwifery”
- Responsible for any disciplinary action against a CNM or CM's certificate
- Grounds for disciplinary action: “Limitation or sanction by a federal, state, or private licensing board, administrative agency, association or health care organization relating to public health or safety, or midwifery practice”
- Send all discipline cases to:
  - o AMCB
  - o Attn: Linda Hunter, President
  - o 8825 Stanford Boulevard, Suite 150
  - o Columbia, MD 21045



## NACPM – National Association of Certified Professional Midwives

- Vision: NACPM envisions a primary birth care system in our country where all birthing people access care through a midwife, where birth place is the choice of the family, and where all childbearing people and their babies have the same chance to be healthy.
- Strategic Plan, 2020-2023
- NACPM Core Documents - (<https://www.nacpm.org>)
  - o NACPM Philosophy and Principles of Practice
  - o Scope of Practice for the NACPM  
The NACPM Scope of Practice is founded on the NACPM Philosophy. NACPM members offer expert care, education, counseling and support to women and their families throughout the caregiving partnership, including pregnancy, birth and the postpartum period. NACPM members work with women and families to identify their unique physical, social and emotional needs. They inform, educate and support women in making choices about their care through informed consent. NACPM members provide on-going care throughout pregnancy and continuous, hands-on care during labor, birth and the immediate postpartum period. NACPM members are trained to recognize abnormal or dangerous conditions needing expert help outside their scope. NACPM members each have a plan for consultation and referral when these conditions arise. When needed, they provide emergency care and support for mothers and babies until additional assistance is available. NACPM members may practice and serve women in all settings and have particular expertise in out-of-hospital settings.
  - o Standards of Practice for NACPM Members
- Legislative & Policy – state by state variation
  - o **Kansas** - “CPMs have legal status in Kansas but, as yet, there is (a) no designated regulatory agency, (b) no state law governing their relationship with physicians, nor (c) any requirement for their continuing education.”(see KDHE Kansas Laws and Regulations of Licensing Birth Centers, July 2014)
  - o **K.S.A. 65-502** (repealed 7/1/2012)
    - K.S.A. 65-503 (g) "Maternity center" means a facility which provides delivery services for normal, uncomplicated pregnancies but does not include a medical care facility as defined by K.S.A. [65-425](#), and amendments thereto.
  - o **K.A.R. 28-4-1300** through **K.A.R. 28-4-1318**
    - (d) “Certified midwife” means an individual who is educated in the discipline of midwifery and who is currently certified by the American college of nurse-midwives or the American midwifery certification board, inc.
    - (e) “Certified nurse-midwife” means an individual who meets the following requirements:

- (1) Is educated in the two disciplines of nursing and midwifery;
- (2) is currently certified by the American college of nurse-midwives or the American midwifery certification board, inc; and
- (3) has a current nursing license in Kansas.
- (f) “Certified professional midwife” means an individual who is educated in the discipline of midwifery and who is currently certified by the North American registry of midwives.
- Initiative: Interstate Compact Agreement Development
  - NACPM is spearheading an initiative to create interstate compact agreements for midwifery licensure portability. This move is to address the state-specific licensure restrictions that limit access to maternal health services and contributes to health inequities.

ACNM - American College of Nurse Midwives

- Chart Comparison of CNM, CM, CPM
- Position Statement, 2016, Planned Home Birth

Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse Midwives/Certified Midwives, 2022

ACOG – American College of Obstetricians and Gynecologists

- Position Statement, 2017, Planned Home Birth

Data:

- # CPM’s in KS = 34 (2023 NARM Annual Report)
- #CNM’s in KS (licensed by KSBN) = 108 (as of 8/21/2024)