



## Kansas State Board of Nursing Special Board Meeting Notice

Date: January 8, 2025 @ 9:00 a.m.

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

### AGENDA:

#### Final Board action on proposed regulations:

- K.A.R. 60-17-101 – Definitions
- K.A.R. 60-17-102 – Requirements for initial approval
- K.A.R. 60-17-103 – Reapproval requirements
- K.A.R. 60-17-104 – Administrator, faculty and preceptor qualifications
- K.A.R. 60-17-105 – Curriculum requirements
- K.A.R. 60-17-106 – Clinical resources
- K.A.R. 60-17-107 – Educational facilities
- K.A.R. 60-17-108 – Student policies
- K.A.R. 60-17-109 – Reports

You are invited to a Zoom webinar.

When: Jan 8, 2025 09:00 AM Central Time (US and Canada)

Topic: Kansas State Board of Nursing - Special Board Meeting

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**Webinar ID: 828 1899 2208**  
**Passcode: 110686721**

### **Public Comments Received**

- 1) Joint Committee on Administrative Rules and Regulations
- 2) Michelle Van Der Wege, DNP, APRN, FNP-C (email)
- 3) Letter from Tracy Davies, DNP, APRN, ANP, GNP-BC, PMHNP-C, Lucinda Whitney, DNP, APRN, PMHNP-BC and Kayla Roecker, DNP, APRN, PMHNP-BC
- 4) Jill Peltzer, PhD, RN (email)
- 5) Two letters from Dr Jenny Manry, DNP, APRN, FHP-BC, Dr. Janelle Harding, DNP, APRN, FNP-BC and Dr. Michelle Van Der Wege, DNP, APRN, FNP-C
- 6) Letter from Kansas Affiliate of the American College of Nurse-Midwives

SHIRLEY MORROW  
Director  
MELISSA RENICK  
Assistant Director for Research  
DYLAN DEAR  
Assistant Director for Fiscal Affairs



STAFF  
LEGISLATIVE COORDINATING  
INTERIM COMMITTEES  
STANDING COMMITTEES  
LEGISLATIVE INQUIRIES

## KANSAS LEGISLATIVE RESEARCH DEPARTMENT

Room 68-West — State Capitol Building — 300 SW Tenth Avenue — Topeka, Kansas 66612-1504  
PHONE (785) 296-3181 ♦ [www.KLRD.gov](http://www.KLRD.gov) ♦ [kslegres@klrd.ks.gov](mailto:kslegres@klrd.ks.gov)

November 6, 2024

Carol Moreland, Executive Administrator  
Board of Nursing  
900 SW Jackson Street, Ste 1051  
Topeka, KS 66612-1230

Re: Rules and Regulations on page 2

Dear Executive Administrator Moreland:

At its meeting on October 28, the Joint Committee on Administrative Rules and Regulations reviewed for public comment the rules and regulations listed above. The enclosed Committee report from that meeting does not contain comments for which a response from your agency is expected.

The enclosed report should be part of the public record required by KSA 77-421 on these rules and regulations. An electronic version of this report has been sent to the agency representative who presented the proposed rules and regulations and is available on the Kansas Legislative Research Department (KLRD) website <https://klrd.gov/committees/joint-committee-on-administrative-rules-and-regulations/>. The Committee may review the regulations the agency ultimately adopts, and it reserves any expression of legislative concern to that review (KSA 77-436). To assist in that final review, agencies are expected to respond to each question or comment of the Committee and to inform the Committee and its KLRD staff, in writing, at the time the rules and regulations are adopted and filed with the Secretary of State, of any and all changes that have been made following the public hearing. Agencies are expected to notify the Committee and KLRD, in writing, when the agency has adopted the regulations as permanent, delayed implementation of the regulations, or decided not to adopt any of the regulations. Please direct any response to me or to the Chairperson with copies to me, the Vice-chairperson, and the Ranking Member. An emailed pdf of the response letter or response packet to me works well. KLRD staff ensure all members are sent a copy and record the response to each comment.

Thank you for your attention to this matter. Please let us know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jordan Milholland". The signature is fluid and cursive, written over a light background.

Jordan Milholland,  
Managing Research Analyst



KAR 60-3-114, satisfactory completion of a refresher course approved by the board.

KAR 60-17-101, definitions; KAR 60-17-102, requirements for initial approval; KAR 60-17-103, reapproval requirements; KAR 60-17-104, administrator, faculty, and preceptor qualifications; KAR 60-17-105, curriculum requirements; KAR 60-17-106, clinical resources; KAR 60-17-107, educational facilities; KAR 60-17-108, student policies; KAR 60-17-109, reports.



**Kansas Legislative Research Department**

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<https://klrd.gov/>

November 6, 2024

**To:** Kansas Legislature

**From:** Jordan Milholland, Managing Research Analyst

**Re:** Report of the October 28, 2024, Meeting of the Joint Committee on Administrative Rules and Regulations

With this report, the Joint Committee on Administrative Rules and Regulations provides its comments on rules and regulations reviewed at its meeting on October 28, 2024. 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.

**State Board of Pharmacy**

KAR 68-7-20a, delivery of prescriptions dispensed to an alternate site for administration.

**Request.** The Committee requests the agency provide additional information, including the results of the survey conducted by the Kansas Hospital Association regarding the prevalence of "white bagging" shipments either within or into Kansas by specialty pharmacies and the proportion of spoiled medications among all such shipments due to negligence by any party.

**Kansas Corporation Commission**

KAR 82-4-1, definitions; KAR 82-4-3b, procedures for transportation workplace drug and alcohol testing programs; KAR 82-4-3c, testing for controlled substances and alcohol use; KAR 82-4-3i, parts and accessories necessary for safe operation; KAR 82-4-30a, applications for interstate registration.

The Committee had no comments.

**Board of Nursing**

Article 3, Requirements for licensure and standards of practice: KAR 60-3-114, satisfactory completion of a refresher course approved by the board.

Article 17, Advanced nursing education program: KAR 60-17-101, definitions; KAR 60-17-102, requirements for initial approval; KAR 60-17-103, re-approval requirements; KAR 60-17-104, administrator, faculty, and preceptor qualifications; KAR 60-17-105, curriculum requirements; KAR 60-17-106, clinical resources; KAR 60- 17-107, educational facilities; KAR 60-17-108, student policies; KAR 60-17-109, reports.

The Committee had no comments.

### **Kansas Real Estate Commission**

KAR 86-1-5, fees; KAR 86-1-10, approved courses of instructions; procedure.

The Committee had no comments.

### **Department for Children and Families**

KAR 30-46-10, definitions; KAR 30-46-13, right to interview; KAR 30- 46-15, notice of decision.

**Requests.** The Committee requests the agency provide information on the due process rights of alleged perpetrators under both the Kansas Administrative Procedure Act and the Kansas Judicial Review Act, to include the stages at which an alleged perpetrator could present evidence through counsel, and whether judicial review rights exist for substantiated perpetrators, as determined by the agency.

**KAR 30-46-10.** The Committee questions why the rule and regulation, in subsection (k), contains a single definition for the terms “substantiated perpetrator” and “perpetrator.” The Committee requests an agency statement as to why both terms should be defined in the same manner and why it is necessary to also define “perpetrator” in this rule and regulation.

The Committee requests information on the reason for and the potential impact on children of removing the definition of “affirmed perpetrator.”

### **Department of Agriculture**

KAR 4-15-5, live plant dealer license fee; KAR 4-15-7, special event live plant dealer registration; KAR 4-15-8, fees for the inspection of live plants, plant products, bees, beekeeping equipment, and regulated articles; KAR 4-15-9, fees for the certification of live plants, plant products, bees, beekeeping equipment, and regulated articles; KAR 4-15-10, pest freedom standards.

**Request.** The Committee requests the agency provide information concerning the applicability of these rules and regulations to nonprofit or charitable organizations, specifically at what point such an organization would be subject to regulation as a live plant dealer and associated regulatory fees.

**KAR 4-15-8.** The Committee expresses its concern for the impact on licensees of the 50 percent increase in the hourly inspection fee for inspection, diagnostic, or identification services, to \$45 per hour. The Committee acknowledges that the former statutory maximum rate of \$30 was established in 2002 and not increased to \$45 until 2022, but it is concerned with the impact on licensees and notes a more gradual rate change could have been accomplished with less immediate impact on licensees.

**Department of Wildlife and Parks**

KAR 115-25-8, elk; open season, bag limit, and permits; KAR 115-25- 9a, deer; open season, bag limit, and permits; additional considerations; military subunits.

The Committee had no comments.

## Carol Moreland [KSBN]

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**From:** Janelle Martin [KSBN]  
**Sent:** Monday, October 21, 2024 9:19 AM  
**To:** Carol Moreland [KSBN]  
**Subject:** FW: APRN Education Regulations

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**dummymailid:** 00000000663698D1753E6D4C8B08798DDFFFC5EF40700406FF463DEEB8C45BD8821E161E8BF980000000010B0000406FF463DEEB8C45BD8821E161E8BF9800035575FF960000

Carol, below is a response on the APRN regs from a faculty/director at FHSU.

*Thanks,*

**Janelle B. Martin MHA, RN**  
Kansas State Board of Nursing  
Nursing Education Compliance Officer  
(785) 296-5036

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

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**From:** Michelle VanDerWege <mlvanderwege@fhsu.edu>  
**Sent:** Friday, October 18, 2024 3:09 PM  
**To:** Janelle Martin [KSBN] <janelle.martin@ks.gov>  
**Subject:** RE: APRN Education Regulations

*EXTERNAL:* This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Ms. Martin,

I just wanted to let you know how much I appreciate your work on this! Secondly, I wanted to say I think it is very well clearly written and a necessary and appropriate change.

Thanks,

Michelle Van Der Wege, DNP, APRN, FNP-C  
She/Her/Hers  
Associate Professor of Nursing  
DNP Program Coordinator  
Stroup Hall #161  
Fort Hays State University

Office: 785-628-4209  
Email: [mlvanderwege@fhsu.edu](mailto:mlvanderwege@fhsu.edu)

December 10, 2024

To the Kansas Board of Nursing:

The faculty of the three psychiatric mental health graduate nursing programs in the state, including the University of Kansas, Washburn University, and Wichita State University appreciate the opportunity to provide our collective and unified comments regarding the proposed regulation changes that directly impact our respective programs.

- I. We propose the following change to the current proposed regulation K.A.R. 60-17-101 Definitions.

Current:

(k) "Preceptor" means an advanced practice registered nurse or a physician supervising a student in the clinical setting and is not employed as nursing faculty. Any practice hours over 750 may be precepted with a licensed interdisciplinary professional with a health science degree at a master's level or above. The preceptor provides oversight of each student's patients and gives feedback to the student and clinical instructor. The nursing program faculty shall not be required to be in the affiliating agency's facilities but shall be immediately available.

Proposed change:

(k) "Preceptor" means an advanced practice registered nurse, a physician, or a licensed interdisciplinary professional with a health science degree at a master's level or above. The preceptor provides oversight of each student's patients and gives feedback to the student and clinical instructor. The nursing program faculty shall not be required to be in the affiliating agency's facilities but shall be immediately available.

Rationales:

1. This language change aligns with the proposed language in 60-17-104 Administrator, faculty and preceptor qualifications. (b): "Each preceptor can be a physician, advanced practice registered nurse, or licensed interdisciplinary professional with a health science degree at a master's level or above."
2. We do not support the language "not employed as faculty" in this definition. We have concerns about the lack of clarity regarding the reason for prohibiting employed faculty serving as a preceptor. This seemingly contradicts other requirements for supervising students and providing them with appropriate clinical experiences to meet their learning needs and course objectives. There is a shortage of qualified preceptors to meet educational demands. Faculty are employees in their advanced nursing clinical practices to maintain professional practice and may arrange to precept the student even when not in the affiliating agency's facilities but are immediately available which is permitted by this regulation. We are aware of the trend that some APRN preceptors charge for providing this



service. As employed faculty, we acknowledge the potential conflict of interest associated with compensating preceptors. We do not support the practice of faculty preceptors receiving payment from students from within their academic institutions for precepting services. We therefore propose removal of the language “and is not employed as nursing faculty” or revising it to include that employed faculty who serve as preceptors, cannot accept payment for this service from students within their own programs.

3. Including clinical hours within the definition of a preceptor does not further clarify what constitutes a qualified preceptor and may inadvertently restrict the pool of eligible professionals. Maintaining a clear and distinct definition ensures alignment with national standards and facilitates effective program implementation. We recommend separating the definition of a preceptor from the allocation of clinical hours by removing the following language from this section: “Any practice hours over 750 may be precepted by” and revise the definition of a preceptor as “an advanced practice registered nurse, a physician, or a licensed interdisciplinary professional with a health science degree at a master’s level or above supervising a student in a clinical setting.”

- II. We propose the following change to the current proposed regulation 60-17-105.  
Curriculum requirements (8)(c)(2)

Current:

(2) ... “After March 1, 2025, the clinical component shall consist of at least 750 practice hours in each clinical track. The advanced nursing program shall provide documentation if any clinical track consists of less than 750 practice hours. Practice hours of 750 or less must be precepted with a physician or advanced practice registered nurse. Any practice hours over 750 may be precepted with a licensed interdisciplinary professional with a health science degree at a master's level or above.”

Proposed Change:

(2) The program shall determine the maximum number of practice hours precepted with licensed interdisciplinary professionals as defined in K.A.R. 60-17-101 (k) to meet curriculum requirements as set forth in 60-17-105 (a 1-4) and (b 1-4, 8 A-C).

If the BON believes it is necessary to impose a specific limit on interdisciplinary preceptor practice hours, we recommend setting it as a percentage of the total hours. For example, the statement could be further amended to include, “and shall not exceed 30% of total practice hours.” This approach allows greater flexibility for faculty to adjust the ratio of practicum hours to course credit hours as needed to align with program goals.

Rationales:

1. The Board of Nursing is proposing to adopt the NTF recommendation of 750 practice hours. However, the 50% increase from the previous requirement of 500 hours is not supported by evidence (National League of Nursing, 2024) and is not required by national

certifying boards (ANCC, AANP) whose requirements remain at 500 hours. The increase in clinical hours will require additional faculty teaching load and increase costs to students by increasing program credit hours to accommodate this change. Students already face challenges in securing clinical placements due to a shortage of qualified preceptors. The increased hours will serve as a deterrent for students interested in pursuing an advanced degree or post graduate certification, which slows the growth of the qualified psychiatric mental health nurse practitioner workforce.

2. Limiting interdisciplinary preceptors to any hours over 750 hours creates a significant barrier to interdisciplinary education, particularly in postgraduate certificate programs, where 750 hours often constitute the total required practice hours. This restriction lacks evidence and imposes an unnecessary constraint on curriculum development.

The proposed limitations on interdisciplinary preceptor hours jeopardize the accessibility and quality of psychotherapeutic training for PMHNP students. According to the American Psychiatric Nurses Association (2024), supervised psychotherapeutic training is essential for preparing students for advanced practice.

Faculty require flexibility to design competency-based curricula that align with program goals and resources. Restrictive limits on interdisciplinary preceptor hours hinder this adaptability and reduce opportunities for diverse, high-quality training. Any limits on preceptor hours must be evidence-based and allow programs the autonomy to tailor clinical education to meet unique programmatic needs while adhering to competency and certification standards.

Given the PMHNP shortage, interdisciplinary preceptors are vital to meeting educational standards, enhancing training diversity, and preparing graduates to address the complex mental health needs of the populations they serve.

In conclusion, our proposed modifications emphasize the need for flexibility, evidence-based policies, and interdisciplinary collaboration in PMHNP education. By advocating for inclusive preceptor definitions, rejecting unnecessary restrictions on clinical hours, and supporting faculty autonomy in curriculum design, we aim to ensure high-quality, competency-based education that aligns with national standards. We urge the Kansas Board of Nursing to make thoughtful, evidence-informed decisions that enhance PMHNP education and address the mental health needs of diverse populations.

Dilks, S., Campbell, C., Convoy, S., Lusk, PI, Marcus, P., Oleck., L., Phoenix, B., & Wesemann, D. (2024.) *APNA position: Psychotherapy and the scope of the psychiatric-mental health advanced practice registered nurse role*. American Psychiatric Nurses Association. <https://www.apna.org/news/psychotherapy-and-the-psychiatric-mental-health-advanced-practice-registered-nurse-role/>



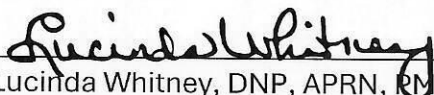
National League of Nursing (2024 April 24). *Increase in clinical education hours for nursing practitioner programs harms efforts to address the nursing shortage*. <https://www.nln.org/detail-pages/news/2024/04/24/increase-in-clinical-education-hours-for-nurse-practitioner-programs-harms-efforts-to-address-the-nursing-shortage>

Respectfully submitted,




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Tracy Davies, DNP, APRN, ANP, GNP-BC, PMHNP-BC  
Associate Professor  
Director Post Graduate PMHNP Certificate Program  
Washburn School of Nursing  
1700 SW College Ave.  
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Lucinda Whitney, DNP, APRN, PMHNP-BC  
Clinical Assistant Professor / PMHNP Program Coordinator  
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Kayla Roecker, DNP, APRN, PMHNP-BC  
Assistant Teaching Professor  
Graduate School of Nursing  
Wichita State University  
1845 Fairmont St.  
Wichita, KS 67260  
[Kayla.roecker@wichita.edu](mailto:Kayla.roecker@wichita.edu)



## Carol Moreland [KSBN]

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**From:** Janelle Martin [KSBN]  
**Sent:** Friday, December 13, 2024 4:56 PM  
**To:** Carol Moreland [KSBN]  
**Subject:** FW: APRN regs

**dummymailid:** 00000000663698D1753E6D4C8B08798DDFFC5EF40700406FF463DEEB8C45BD8821E161E8BF980000000010B0000406FF463DEEB8C45BD8821E161E8BF980003557614BD0000

I also received this from KU's Graduate Director. thanks

Regards,  
Janelle B. Martin, MHSA, RN  
Kansas State Board of Nursing  
Nursing Education Compliance Officer  
785-296-5036

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

-----Original Message-----

From: Jill Peltzer <JPELTZER2@kumc.edu>  
Sent: Friday, December 13, 2024 4:46 PM  
To: Janelle Martin [KSBN] <janelle.martin@ks.gov>  
Cc: Jean Giddens <jgiddens@kumc.edu>  
Subject: RE: APRN regs

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good afternoon Janelle,

Thank you for your email. The letter that was sent to you was not sent on behalf of or from the School of Nursing, nor was Dean Giddens aware.

To respond to your question about my and KU's opinion about the need to make the changes mentioned in the letter, KUSON has no position on the issues raised by those writing the letter. We understand that this issue is being raised at the eleventh hour, and while we might have engaged in this conversation a year ago, we understand that it is much too late to add anything at this time.

I appreciate your understanding. I am new in my role and have consulted with others (including the Dean) at KU, and feel that the response above is our best action.

Sincerely, Jill

Jill Peltzer, PhD, RN  
Associate Professor



# FORT HAYS STATE UNIVERSITY

*Forward thinking. World ready.*

NURSING

December 13, 2024

Ms. Janelle Martin:

We are writing in support of changing the required minimum number of clinical hours for nurse practitioner students in the state of Kansas. We support requiring a minimum of 750 clinical hours for all nurse practitioner students. This change is important to achieve the highest level of care for patients. This is consistent with National Task Force (NTF) recommendations.

- NTF Criterion III.H states that “a minimum of 750 direct patient care clinical hours are required to prepare the graduate with competencies for full scope of NP population focused practice.”  
[https://cdn.vtaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs\\_final.pdf](https://cdn.vtaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs_final.pdf)

Nurse practitioners are an integral part of healthcare in rural areas as they ensure all residents have access to care. As Kansas has successfully moved to independent practice for nurse practitioners, it is important to ensure that graduates have exceptional training because they often practice with few resources which adds to the complexity of care in rural and underserved areas.

Our physician colleagues often argue that nurse practitioners do not obtain adequate clinical hours and experiences. This change will help to address these concerns. The importance of clinical hours with licensed Advanced Practice Nurse Practitioners and physicians cannot be overlooked, and therefore the majority of clinical hours should be done with those providers.

We have also requested the definition of preceptor to be expanded. This request is specific to hours in excess of this 750-hour requirement. We strongly believe the minimum hour requirement should be focused within the student’s specialty, but additional experiences will make the clinical competence of those serving our state even higher.

Dr. Jenny Manry, DNP, APRN, FNP-BC  
Department of Nursing Chair  
Fort Hays State University

Dr. Janelle Harding, DNP, APRN, FNP-BC  
Associate Professor  
Fort Hays State University

Dr. Michelle Van Der Wege, DNP, APRN, FNP-C  
Associate Professor of Nursing  
Fort Hays State University



# FORT HAYS STATE UNIVERSITY

*Forward thinking. World ready.*

NURSING

December 13, 2024

Ms. Janelle Martin:

We are writing in support of changing the definition of a preceptor for Advanced Practice Registered Nurse (APRN) students in the Kansas Nurse Practice Act (NPA). The American Association of the Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculty (NONPF) highlight the importance of interprofessional education experiences, and we feel this change in the NPA more thoroughly aligns with these values. In order for APRN students in Kansas to obtain these experiences, the definition of a preceptor in the Nurse Practice Act needs to be updated.

We support this change based on the following:

- The World Health Organization (WHO) encourages collaboration among healthcare disciplines to ensure the highest level of coordinated patient care (WHO, 2010).
- The AACN Strategic Plan includes "team-based, interprofessional care" as a goal for nursing education (AACN, n.d.).
- AACN includes principles of interprofessional collaboration in the Essentials, including Domains 1-10. Domain 6 is dedicated entirely to interprofessional collaboration (AACN, 2021).
- NONPF includes principles of interprofessional collaboration in several areas of their Core Competencies, including leadership, quality, practice inquiry, policy, and home delivery system (NONPF, n.d.).

As discussed in our original request, all healthcare disciplines must work together to achieve the highest level of care for patients—this is especially true in rural and underserved areas. It is imperative to have interprofessional experiences with students and educators during pre-licensure education to develop effective interprofessional collaboration skills. For these reasons, we ask the definition of preceptor for APRN students be updated to include other healthcare disciplines, including but not limited to licensed professionals who work in the population foci of the student. The importance of clinical hours with licensed Advanced Practice Nurse Practitioners and physicians cannot be overlooked, and therefore the majority of clinical hours should be done with those providers. This change would allow for additional, supplemental experiences to improve preparation for practice.

Dr. Jenny Manry, DNP, APRN, FNP-BC  
Department of Nursing Chair  
Fort Hays State University

Dr. Janelle Harding, DNP, APRN, FNP-BC  
Associate Professor  
Fort Hays State University

Dr. Michelle Van Der Wege, DNP, APRN, FNP-C  
Associate Professor of Nursing  
Fort Hays State University





December 16, 2024

Carol Moreland, MSN, RN, Executive Administrator  
Kansas State Board of Nursing  
Landon State Office Building, 900 SW Jackson Street, Suite 1051  
Topeka, KS 66612-1230

RE: Written Comments for Public Hearing Related To Regulations, KAR 60-17-101 through 60-17-109

Hello. My name is Cara Busenhart, and I am writing on behalf of the Kansas Affiliate of the American College of Nurse-Midwives, the professional practice organization for Certified Nurse-Midwives that live in and/or practice in Kansas. Our organization would like to voice some concerns with the proposed regulations, which I will outline below.

**KAR 60-17-101:** The definition of preceptor is problematic in this proposed regulation. There is ambiguity in the definition related to program faculty serving as a preceptor, which is a common practice within many programs and is ideal when faculty practice opportunities exist within a School of Nursing. While we appreciate the expanded definition for precepting to include interprofessional/interdisciplinary preceptors, we would like to see interprofessional precepting hours be counted for any clinical practice hours as appropriate for program accreditation. For nurse-midwifery accreditation, there is no requirement for a minimum number of clinical hours as the curriculum standard is competency-based, but accreditation does require that at least 51% of experiences be completed with a Certified Nurse-Midwife (CNM) or Certified Midwife (CM). Interprofessional preceptors may be used if the preceptor has appropriate education and preparation for precepting an interprofessional team of health care learners.

**KAR 60-17-102:** No comment.

**KAR 60-17-103:** No comment.

**KAR 60-17-104:** No comment.

**KAR 60-17-105:** The requirement of 750 practice hours for graduates of any advanced practice program after March 1, 2025, may lead to qualified, competent providers being excluded from practice in Kansas. Currently, there is no stated minimum number of clinical hours to sit for certification as a CNM or CM by the American Midwifery Certification Board (AMCB). Many nurse-midwifery programs, though, are housed within academic institutions that also prepare nurse practitioners (NP) and meet the requirements for NP certification through AANP, ANCC, or NCC. The current practice hours requirement for these certifying bodies is 500. While the nurse practitioner faculty organization and the National Task Force (NTF) have recommended 750 practice hours, nurse-midwifery is not a field of NP practice and is not required to adhere to these criteria.

For graduates of many DNP programs, the 750-practice hour requirement is not problematic, as these programs have expanded clinical experiences during the doctoral preparation. For graduates of accredited MS or MSN programs that prepare learners for advanced practice, the 750-practice hour requirement may exclude them from practice in Kansas. Given the shortage of primary care providers across our state, and particularly stark shortage in rural communities, restricting practice for graduates of accredited programs that have achieved certification from a nationally recognized certifying board would be short-sighted and inconsistent with the needs of our state.

As noted above in KAR 60-17-101, we would like to reiterate our concerns about the preceptor definition and requirement for more than 750 hours for interprofessional precepted experiences.

**KAR 60-17-106:** No comment.

**KAR 60-17-107:** No comment.

**KAR 60-17-108:** No comment.

**KAR 60-17-109:** No comment.

Sincerely,  
Kansas Affiliate of the American College of Nurse-Midwives  
Christy Evers, DNP, APRN, CNM, CNE, President  
Cara Busenhart, PhD, APRN, CNM, FACNM, FAAN,  
Secretary

Chantee Redding, MS, APRN, CNM, Treasurer  
Mary Leite, BSN, RN, SNM, Student Representative  
Amber Clark, DNP, APRN, CNM, Board Member

## Proposed Regulations

K.A.R. 60-17-101 Definitions

K.A.R. 60-17-102 Requirements for initial approval

K.A.R. 60-17-103 Reapproval requirements

K.A.R. 60-17-104 Administrator, faculty and preceptor qualifications

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K.A.R. 60-17-107 Educational facilities

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K.A.R. 60-17-109 Reports

Public Hearing Notice

Economic Impact Statement

# Proposed

**60-17-101. Definitions.** Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

(a) An "advanced nursing education program" may be housed within a part of any of the following organizational units within an academic institution:

- (1) A college;
- (2) a school;
- (3) a division;
- (4) a department; or
- (5) an academic unit.

(b) "Academic equivalent" means the proportionate credit for formal academic coursework if that coursework is completed on the basis of trimester or quarter credit hours rather than semester credit hours.

(c) "Affiliating agency" means an agency that cooperates with the advanced nursing education program to provide clinical facilities and resources for selected student experiences.

~~(e)~~ (d) "Clinical learning experience" means an active process in which the student participates in advanced nursing activities while being guided by a member of the faculty.

~~(d)~~ (e) "Contractual agreement" means a written contract or letter signed by the legal representatives of the advanced nursing education program and the affiliating agency.

~~(e)~~ "Preceptor" means an advanced practice registered nurse or a physician who provides clinical supervision for advanced practice registered nurse students as a part of nursing courses taken during the advanced nursing education program.

~~(f)~~ "Satellite program" means an existing, accredited advanced nursing education program provided at a location geographically separate from the parent program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and each credential shall be conferred by the parent institution.

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(f) “Criteria for unscheduled survey or site visit” means indications that the advanced nursing program no longer meets the requirements in the nurse practice act or the board’s regulations.

(g) “Debriefing” means an activity that follows simulation and is led by a facilitator. Participants’ reflective thinking is encouraged and feedback is provided regarding the participants’ performance while various aspects of the completed simulation are discussed. Participants are encouraged to explore emotions and question, reflect, and provide feedback to one another in order to facilitate the transfer of learning to future situations.

(h) “Loss of approval” means the status that results when the board withdraws its approval of an advanced nursing program.

(i) “Online or distance learning” means the acquisition of knowledge and skills through information and instruction provided by means of a variety of technologies.

(j) “Practice hour” means 60 minutes of clinical learning experience.

(k) “Preceptor” means an advanced practice registered nurse or a physician supervising a student in the clinical setting and is not employed as nursing faculty. Any practice hours over 750 may be precepted with a licensed interdisciplinary professional with a health science degree at a master’s level or above. The preceptor provides oversight of each student’s patients and gives feedback to the student and clinical instructor. The nursing program faculty shall not be required to be in the affiliating agency’s facilities but shall be immediately available.

(l) “Program evaluation plan” means an advanced nursing program’s written systematic methodology or plan for measuring and analyzing student learning outcomes and program outcomes against defined standards and timelines to determine effectiveness and provide for ongoing program improvement.

(m) “Satellite program” means an existing, approved advanced nursing program that is offered at a location geographically separate from the parent advanced nursing program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and each credential shall be conferred by the parent institution.

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(n) “Semester credit hours” means at least 13 clock-hours of formal, didactic classroom instruction that occurs over the course of an academic semester and for which the applicant receives formal academic credit.

(o) “Simulation” means a teaching strategy utilizing technology to replace or amplify clinical situations with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.

(p) “Survey or site visit” means an in-person assessment of all components of an advanced nursing program to validate information submitted by the advanced nursing program or to follow up on the board’s determination that there is consistent evidence reflecting deficiencies in meeting the requirements.

(q) “Student learning outcomes” means the achievement of expected knowledge, skills, and attributes demonstrated by students at course and program levels. Student learning outcomes are measured in classroom and experiential settings and are reported in individual and aggregate formats, including retention and graduation rates, performance on certification examinations, and employment rates.

(~~g~~) (r) “Transfer student” means an individual who is permitted to apply advanced nursing courses completed at another institution to a different advanced nursing education program.

(s) “Quarter credit hour” means two-thirds of a semester credit hour. Quarter credit hours shall be rounded as follows:

(1) One quarter credit hour equals .7 semester hours.

(2) Two quarter credit hours equal 1.3 semester hours.

(3) Three quarter credit hours equal 2.0 semester hours.

(4) Four quarter credit hours equal 2.7 semester hours.

(5) Five quarter credit hours equal 3.3 semester hours. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 2023 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended May 18, 2012; amended P-\_\_\_\_\_.)

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**60-17-102. Requirements for initial approval.** (a) ~~Each hospital and agency serving as an affiliating agency and providing facilities for clinical experience shall be licensed or accredited by the appropriate credentialing groups.~~ Administration and organization.

(b)(1) ~~The Each~~ advanced nursing education program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide the financial support for the advanced nursing education program.

(2) Authority and responsibility for administering the advanced nursing education program shall be vested in the dedicated nurse administrator of the advanced nursing education program who has sufficient administrative time and support to achieve and maintain positive program and student outcomes.

(3) The advanced nursing program shall be accredited, be part of an institution that is accredited, or be in the process of being accredited by an agency that is approved by the United States department of education.

(e)(b) Application. Each ~~new proposed~~ advanced nursing education program shall submit, an initial application at least 60 days before a scheduled Kansas state board of nursing board meeting, ~~an initial application.~~ The application which shall include all of the following:

- (1) The course of study and credential to be conferred;
- (2) the name and title of the ~~nurse~~ administrator of the advanced nursing education program;
- (3) the name of the controlling body;
- (4) the name and title of the administrator ~~for~~ of the controlling body;
- (5) the organizational chart;
- (6) all sources of financial support, including a three-year budget;
- (7) a proposed curriculum, indicating the total number of hours of both theoretical and clinical instruction;
- (8) the program objectives or outcomes;
- (9) the number, qualifications, and assignments of faculty members;
- (10) the faculty policies;

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(11) the admission requirements;

(12) a copy of the current school bulletin or catalog;

(13) a description of clinical facilities and client census data;

(14) each contractual agreements by affiliating agencies for clinical facilities agreement, which shall be signed at least three months before the first date on which students may enroll. Each hospital and agency serving as an affiliating agency providing facilities for clinical experience shall be licensed or accredited by the appropriate credentialing groups;

(15) the program evaluation plan; and

(16) a proposed date of initial admission of students to the advanced nursing program.

~~(d)~~(c) Each advanced nursing ~~education~~ program shall ~~be surveyed for approval by the board~~ have a site visit to validate information submitted in the program's application before granting approval, with the exception of nurse anesthesia programs, as determined by K.A.R. 60-13-103.

(1) During a ~~survey~~ each site visit, the nurse administrator ~~of the program~~ shall make available all of the following:

(A) Administrators, prospective faculty and students, affiliating agencies, representatives, preceptors, and support services personnel to discuss the advanced nursing ~~education~~ program;

(B) ~~minutes of faculty meetings~~ meeting minutes;

(C) faculty and student handbooks;

(D) policies and procedures;

(E) curriculum materials;

(F) a copy of the advanced nursing ~~education~~ program's budget; and

(G) ~~affiliating agency~~ contractual agreements.

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(2) The nurse administrator of the ~~advanced nursing education program~~ or designated personnel shall take the survey site visit team to inspect the nursing educational facilities, including satellite program facilities and library facilities.

(3) Upon completion of the survey site visit, the nurse administrator shall be asked to correct any inaccurate statements contained in the survey site visit report, limiting these comments to errors, unclear statements, or omissions.

~~(e)~~(d) Each institution ~~contemplating the establishment of~~ wanting to establish an advanced nursing education program shall ~~be surveyed~~ have a site visit and ~~accredited~~ be approved by the board before the admission of any students.

~~(f)~~(e) If an advanced nursing ~~education~~ program fails to meet the requirements of the board within a designated period of time, the advanced nursing program shall be notified by the board's designee of the board's intent to deny approval. (Authorized by ~~and~~ K.S.A. 2023 Supp. 74-1106; implementing K.S.A. 2015-Supp. 65-1133; effective March 31, 2000; amended April 20, 2007; amended April 29, 2016; amended P-

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**60-17-103. Reapproval requirements.** (a) ~~Based on the annual report required by K.A.R. 60-17-109, each~~  
Each advanced nursing education program shall be reviewed for reapproval by the board every two years.

(b) ~~Each advanced nursing education program shall be resurveyed~~ have a survey or site visit every five to  
10 years.

(1) A survey or site visit may be conducted if there is ~~consistent~~ evidence indicating ~~deficiencies~~ any  
deficiency in meeting requirements.

(2) A survey or site visit of each nurse anesthesia program shall be conducted as required by K.A.R. 60-13-  
103-~~(d)~~(4).

(3) If the advanced nursing program is accredited by a national nursing accreditation agency, the ~~resurvey~~  
survey or site visit may be made in coordination with a national nursing accreditation agency visit. Each  
advanced nursing program without national nursing accreditation shall ~~be resurveyed~~ have a survey or site visit  
every five years.

(c) The nurse administrator of each advanced nursing ~~education~~ program shall make available all of the  
following information during a survey or site visit:

(1) Data about the advanced nursing program, including the following:

(A) The number of students;

(B) the legal body responsible for establishing advanced nursing program policies ~~and for support of the~~  
program;

(C) an organizational chart; and

(D) a description of the budgetary process;

(2) a description of the nurse administrator's responsibilities;

(3) information about the faculty and preceptors, including the following:

(A) A description of the responsibilities of each position;

(B) the selection policies;

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(C) the orientation plan;

(D) faculty organization by-laws; and

(E) the number of full-time and part-time faculty and nonnursing faculty with academic credentials and assignments;

(4) the faculty degree plan, if applicable;

(5) a copy of the current curriculum with the date of last revision;

(6) a description of education facilities, including classrooms, offices, library, and computers;

(7) a list of clinical facilities;

(8) the number of students enrolled; and

(9) policies for students as listed in K.A.R. ~~60-2-107~~ 60-17-108.

(d) During a survey or site visit, the nurse administrator of the advanced nursing education program shall make available all of the following:

(1) Educational institution administrators, faculty, support services personnel, preceptors, and students;

(2) staff at selected clinical facilities;

(3) faculty meeting minutes for at least the previous three years;

(4) faculty and student handbooks;

(5) student records;

(6) policies and procedures;

(7) curriculum materials;

(8) a copy of the advanced nursing education program's budget; and

(9) ~~affiliating agency~~ contractual agreements;:

(10) an audited fiscal report covering the previous two years, including a statement of income and expenditures; and

(11) the testing process, with test analysis and the written test procedure.

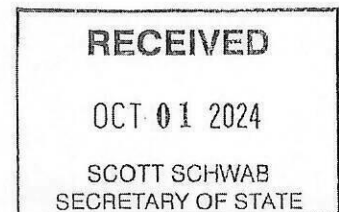
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(e) The nurse administrator of the advanced nursing education program or designated personnel shall take the survey or site visit team to the nursing educational facilities, including satellite program facilities, library facilities, and affiliating or clinical facilities.

(f) Upon completion of the survey or site visit, the nurse administrator shall correct any inaccurate statements contained in the survey or site visit report, limiting these comments to errors, unclear statements, or omissions.

(g) If an advanced nursing education program fails to meet requirements of the board within a designated period of time, the advanced nursing program shall be notified by the board's designee of the board's intent to deny reapproval. ~~This notification shall be made pursuant to K.S.A. 77-512, and amendments thereto, and shall inform the program of its right to a hearing pursuant to the Kansas administrative procedures act.~~ (Authorized by and K.S.A. 2023 Supp. 74-1106; implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007; amended P-\_\_\_\_\_.)

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**60-17-104. Administrator, faculty ~~Faculty~~ and preceptor qualifications.** (a) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(b) Each preceptor shall be licensed in the state in which the preceptor is currently practicing. Each preceptor can be a physician, advanced practice registered nurse, or licensed interdisciplinary professional with a health science degree at a master's level or above. Each preceptor shall complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship and course information.

(c) For advanced nursing ~~education~~ programs in the role of nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The dedicated nurse administrator who is responsible for the development and implementation of the advanced nursing ~~education~~ program shall have had successful experience in administration or teaching and shall have a graduate degree in nursing. The program administrator shall have sufficient administrative time and support to achieve and maintain positive program/student outcomes.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree in nursing.

(3) Each nurse faculty member responsible for clinical instruction shall possess a license as an advanced practice registered nurse and a graduate degree in nursing.

(d) For advanced nursing ~~education~~ programs in any role other than nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing ~~education~~ program shall have had experience in administration or teaching and shall have a graduate degree in nursing.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

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(3) Each nurse faculty member responsible for coordinating clinical instruction shall possess a license as an advanced practice registered nurse in the role for which clinical instruction is provided and shall have a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(4) Each ~~preceptor or adjunct faculty~~ member shall be licensed as an advanced practice registered nurse or shall be licensed as a physician in the state in which the individual is currently practicing. ~~Each preceptor shall complete a preceptor orientation including information about the pedagogical aspects of the student preceptor relationship.~~

(e) The nonnursing faculty of each advanced nursing ~~education~~ program shall have graduate degrees in the area of expertise.

(f) The nurse administrator of each advanced nursing ~~education~~ program shall submit to the board a faculty qualification report for each faculty member who is newly employed by the advanced nursing program.

(Authorized by K.S.A. 65-1129 and K.S.A. 2010 2023 Supp. 74-1106 and K.S.A. 65-1164; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47 and K.S.A. 65-1152; effective March 31, 2000; amended April 20, 2007; amended May 18, 2012; amended P-\_\_\_\_\_.)

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# Proposed

**60-17-105. Curriculum requirements.** (a) The faculty in each advanced nursing education program shall fulfill these requirements:

- (1) Identify the competencies of the graduate for each role of advanced nursing practice for which the advanced nursing program provides instruction;
- (2) determine the approach and content for learning experiences;
- (3) direct clinical instruction as an integral part of the advanced nursing program; and
- (4) provide for learning experiences of the depth and scope needed to fulfill the objectives or outcomes of advanced nursing courses.

(b) The curriculum in each advanced nursing education program shall include all of the following:

(1) Role alignment related to the distinction between practice as a registered professional nurse and the advanced role of an advanced practice registered nurse as specified in K.A.R. 60-11-101;

(2) theoretical instruction in the role or roles of advanced nursing practice for which the program provides instruction;

(3) the health care delivery system;

(4) the ethical and legal implications of advanced nursing practice;

(5) three college semester credit hours or the academic equivalent hours in advanced pharmacology ~~or the equivalent~~;

(6) three college semester credit hours or the academic equivalent hours in advanced pathophysiology ~~or its equivalent~~ and three college semester credit hours or the academic equivalent hours in advanced health assessment ~~or its equivalent~~ for licensure as an advanced practice registered nurse in a role other than nurse anesthesia and nurse midwifery;

(7) ~~if completing an~~ for any advanced practice registered nurse nursing program completed after July 1, 2009, three college semester credit hours or the academic equivalent hours in advanced pathophysiology ~~or its~~

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~~equivalent and three college semester credit hours or the academic equivalent hours~~ in advanced health assessment ~~or its equivalent~~; and

- (8) clinical instruction in the area of specialization, which shall include the following:
- (A) Performance of or ordering diagnostic procedures;
  - (B) evaluation of diagnostic and assessment findings; and
  - (C) the prescription of medications and other treatment modalities for client conditions.

(c)(1) Each advanced nursing program shall consist of at least 45 semester credit hours or the academic equivalent. ~~As used in this regulation, "academic equivalent" shall mean the prorated proportionate credit for formal academic coursework if that coursework is completed on the basis of trimester or quarter hours rather than semester hours.~~

(2) The clinical component shall consist of at least 260 practice hours of clinical learning. After January 1, 2003, the clinical component shall consist of at least 500 practice hours of clinical learning. After July 1, 2009, the clinical component shall consist of at least 500 practice hours of clinical learning in each clinical track, or the advanced nursing program shall provide documentation of the overlap if any clinical track consists of less than 500 clinical practice hours. After March 1, 2025, the clinical component shall consist of at least 750 practice hours in each clinical track. The advanced nursing program shall provide documentation if any clinical track consists of less than 750 practice hours. Practice hours of 750 or less must be precepted with a physician or advanced practice registered nurse. Any practice hours over 750 may be precepted with a licensed interdisciplinary professional with a health science degree at a master's level or above.

(d) Each nurse administrator shall meet the following requirements:

(1) Develop and implement a ~~written plan for~~ program evaluation plan; and

(2) submit any major revision to the curriculum of advanced nursing courses for board approval at least 30

days before a meeting of the board. The following shall be considered major revisions to the curriculum:

(A) Any significant change in the plan of curriculum organization; and

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(B) any change in content.

(e) Each nurse administrator shall submit all revisions that are not major revisions, as defined in paragraph (d)(2), to the board or the board's designee for approval. (Authorized by ~~K.S.A. 65-1129~~ and K.S.A. ~~2010~~ 2023 Supp. 74-1106; implementing K.S.A. 65-1133, ~~as amended by L. 2011, ch. 114, sec. 47;~~ effective March 31, 2000; amended April 20, 2007; amended May 18, 2012; amended P-\_\_\_\_\_.)

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**60-17-106. Clinical resources.** (a) Each advanced nursing education program shall have appropriate written contractual agreements with each affiliating agency. Each signed contract contractual agreement shall be kept on file in the advanced nursing education program office.

(b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve the advanced nursing education program objectives or student learning outcomes.

(c) Faculty shall facilitate and evaluate student learning experiences in the clinical area.

(d) Preceptors shall be responsible for assessing performance in the clinical setting.

(e) The advanced nursing education program shall provide verification that each agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the program objectives or student learning outcomes.

(f) The advanced nursing education program shall contract with an adequate number of appropriate affiliating agencies so that there will be appropriate clinical learning experiences to meet curriculum objectives or outcomes. The advanced nursing education program faculty shall provide the affiliating agency staff with the organizing curriculum framework and either the objectives or outcomes for that clinical learning experience. A sufficient number and variety of patients representing appropriate age groups shall be available to provide clinical learning experiences to meet curriculum objectives or student learning outcomes. If more than one advanced nursing education program uses the same affiliating agency, each advanced nursing education program shall document the availability of appropriate clinical learning experiences for all of its students. (Authorized by ~~and~~ K.S.A. 2023 Supp. 74-1106; implementing K.S.A. 65-1133; effective March 31, 2000; amended P-\_\_\_\_\_.)

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# Proposed

**60-17-107. Educational facilities.** (a) Classrooms, laboratories, and conference rooms shall be available at the time needed and shall be adequate in size, number, and type, according to the number of students and the educational purposes for which the rooms are to be used.

(b) The advanced nursing education program shall provide all of the following:

(1) A physical facility that is safe and conducive to learning;

(2) space for counseling students in private that is available and adequate in size, ~~amount,~~ and number type to provide faculty with privacy in counseling students;

(3) secured space for nursing student records; and

(4) current technological resources and student support services for online or distance learning if online or distance learning is provided.

(c) Library holdings, instructional media, and materials shall be of sufficient recency, pertinence, level of content, and quantity as indicated by the curriculum to meet the needs of nursing students and faculty and shall be available to online or distance learning students. (Authorized by ~~and~~ K.S.A. 2023 Supp. 74-1106; implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007; amended P-

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# Proposed

60-17-108. Student policies. (a) Each advanced nursing education program shall have clearly defined written student policies for all of the following:

(a) (1) Admission, including a requirement that each student in the advanced nursing program must have a current license to practice as a registered professional nurse in the United States or any of its territories;

(b) (2) transfer students;

(c) (3) readmission;

(d) (4) counseling and guidance;

(e) (5) progression criteria;

(f) (6) student representation in faculty governance; and

(g) (7) graduation;

(8) oral and written English proficiency as specified in K.A.R. 60-3-106;

(9) the difference between the student role and the employee role;

(10) refund policies governing all fees and tuition paid by the student; and

(11) ethical practices for the performance of activities, including recruitment, admission, and advertising.

(b) Each advanced nursing program shall have a written policy providing information to all students regarding licensure denial pursuant to K.S.A. 65-1120, and amendments thereto. The information shall be provided to each student before admission to the advanced nursing program. (Authorized by and K.S.A. 2023 Supp. 74-1106; implementing K.S.A. 65-1133; effective March 31, 2000; amended April 20, 2007; amended P-\_\_\_\_\_.)

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**60-17-109. Reports.** (a) Each advanced nursing education program shall submit an annual report to the board on or before June 15 30 of each year, which shall include all of the following data:

(1) Any changes in advanced nursing program policies, the organizing framework for the curriculum, and advanced nursing program objectives or outcomes and any all curriculum changes as specified in K.A.R. 60-17-105;

(2) ~~a description of~~ faculty responsibilities for required advanced nursing courses;

(3) the name, license number, academic credentials, employment date, and ~~full-~~ full-time or part-time status of each member of the advanced nursing program faculty;

(4) the name, license number, academic credentials, professional experience, and place of practice for each preceptor;

(5) ~~a description of~~ the nurse administrator's teaching responsibilities;

(6) the name and address of each affiliating agency;

(7) student enrollment, retention, and graduation statistics;

(8) faculty hiring, retention, and separation statistics;

(9) the total number of library holdings and the number of holdings regarding nursing;

(10) for the most recent year, ~~either a list of new library and audiovisual acquisitions or~~ the budget spent on library and audiovisual acquisitions for the advanced nursing program;

(11) a response to the recommendations and requirements identified by the board based on the advanced nursing program's last annual report or the last survey site visit; and

(12) any proposed changes to the advanced nursing program-;

(13) an audited fiscal report covering the previous two years, including a statement of income and expenditures;

(14) any complaints involving KSBN educational statutes and regulations;

(15) a description of the practices used to safeguard the health and well-being of students; and

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(16) a copy of the school's current catalog.

(b) If the advanced nursing education program fails to meet requirements of the board or to submit required reports within a designated period of time, the advanced nursing program shall be removed from notified and given the opportunity for a hearing regarding the board's intent to remove the program from the list of accredited approved advanced nursing education programs after it has received notice and has been given an opportunity to be heard. These proceedings shall be conducted in accordance with the provisions of K.S.A. 77-512 and amendments thereto. (Authorized by and K.S.A. 2023 Supp. 74-1106; implementing K.S.A. 65-1133; effective March 31, 2000; amended P-\_\_\_\_\_.)

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JUL 30 2024

DEPT. OF ADMINISTRATION

APPROVED

SEP 11 2024

ATTORNEY GENERAL

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Proposed

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson St., Suite 1051  
Topeka, KS 66612-1230



Phone: 785-296-4929  
Fax: 785-296-3929  
www.ksbn.org

Carol Moreland, MSN, RN  
Executive Administrator

Kansas State Board of Nursing

Laura Kelly, Governor

September 30, 2024

A public hearing will be conducted at 2:00 P.M. Tuesday, December 17, 2024, in Room 560 on the 5<sup>th</sup> floor of the Landon State Office Building, 900 S.W. Jackson St., Topeka, KS to consider the adoption of proposed changes in nine existing regulations: K.A.R. 60-17-101, 60-17-102, 60-17-103, 60-17-104, 60-17-105, 60-17-106, 60-17-107, 60-17-108 and 60-17-109, relating to graduate nursing education and programs that offer the education.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed regulations. All interested parties may submit written comments prior to the hearing to the Executive Administrator of the Kansas State Board of Nursing, 900 S.W. Jackson St., Suite 1051, Topeka, KS 66612 or by email to [carol.moreland@ks.gov](mailto:carol.moreland@ks.gov). All interested parties will be given a reasonable opportunity to present their views orally regarding the adoption of the proposed regulations during the public hearing. Phone comments will be taken by calling 1-877-278-8686 (access code 185877) at the time of the hearing. To provide all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentation to five minutes.

Any individual with a disability may request an accommodation to participate in the public hearing and may request the proposed regulations and economic impact statement in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Carol Moreland at (785) 296-5752. The north entrance to the Landon State Office Building is handicapped accessible. Handicapped parking is located at the north end of the Landon State Office Building, across the street from the north entrance to the building, and on Ninth Street, just around the corner from the north entrance to the building.

Summaries of the proposed regulations and their economic impact follow. Copies of the proposed regulations and associated economic impact statement may be obtained by accessing the Kansas State Board of Nursing website at <https://ksbn.kansas.gov> or by contacting the Executive Administrator of the Kansas State Board of Nursing, Landon State Office Building, 900 S.W. Jackson St., Suite 1051, Topeka, KS 66612, (785) 296-5752, or [carol.moreland@ks.gov](mailto:carol.moreland@ks.gov) prior to the date of the hearing.

**K.A.R. 60-17-101. Definitions.** This proposed regulation provides clarity and updating with current educational practices. Language for the following definitions are added: academic equivalent, criteria for unscheduled survey or site visit, debriefing, loss of approval, online or distance learning, practice hours, program evaluation plan, semester credit hours, simulation, survey or site visit, student learning outcomes and quarter credit hour. This proposed regulation changes the current definition of preceptor to include a licensed interdisciplinary professional with a health science degree at a master's level or above for practice hours over 750.

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**K.A.R. 60-17-102. Requirements for initial approval.** This proposed regulation provides clarity to the requirements for initial approval. The changes to this regulation align more with the national accrediting agencies that accredit graduate nursing programs. This change makes it easier for the graduate nursing programs as it is alignment with their national accreditation agency's requirements and elevates our requirements to a national benchmark.

**K.A.R. 60-17-103. Reapproval requirements.** This proposed regulation provides clarity to the requirements for reapproval of the graduate nursing education program. It adds the requirements to have an audited fiscal report for the previous two years and the testing process available during the site visit for reapproval of the program.

**K.A.R. 60-17-104. Administrator, faculty and preceptor qualifications.** The proposed regulation provides clarity to the qualifications for the program administrator, faculty and preceptors. The preceptor requirements are expanded to include a licensed interdisciplinary professional with a health science degree at a master's level or above for any practice hours greater than 750 in the program curriculum.

**K.A.R. 60-17-105. Curriculum requirements.** This proposed regulation clarifies the curriculum requirements for any graduate nursing program in Kansas. College hours has been changed to semester credit hours or the academic equivalent. The number of practice hours required after March 1, 2025, will increase to at least 750.

**K.A.R. 60-17-106. Clinical resources.** This proposed regulation clarifies some of the language for clinical resources in a graduate nursing program.

**K.A.R. 60-17-107. Educational facilities.** This proposed regulation clarifies requirements for the educational facility in an advanced nursing program.

**K.A.R. 60-17-108. Student policies.** This proposed regulation adds the following language for required student policies in an advanced nursing program: oral and written English proficiency, difference between the student and employee role, refund policies, ethical practices for the performance of activities and the requirement for written policy providing information to all students regarding licensure denial before admission to the program.

**K.A.R. 60-17-109. Reports.** This proposed regulation clarifies the requirements for the annual report submitted to the Kansas State Board of Nursing. This proposed revision adds the following requirements: an audited fiscal report for the previous two years, any complaints received involving KSBN educational statutes and regulations, policies used to safeguard students and a copy of the school's current catalog.

These revisions were requested by the advanced practice graduate programs in Kansas and provide clarity to requirements in the regulations. There will be no additional cost to the programs with these proposed revisions. A benefit to the programs and students is the availability to have interdisciplinary preceptors for practice hours greater than 750 in the curriculum. These proposed revisions align more with national accreditation guidelines for advanced practice nursing programs than current regulations. The cost to KSBN in the current fiscal year will be absorbed and no

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additional costs in the next fiscal year. The long-range economic impact for businesses and small employers will be minimal, if any. There will be no long-range economic impact for the general public. The businesses impacted by these revisions are the nine educational institutions in Kansas that offer the graduate nursing programs.

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**Kansas Administrative Regulations  
Economic Impact Statement (EIS)**

**Proposed**

Kansas State Board of Nursing  
Agency

Carol Moreland  
Agency Contact

785-296-3068  
Contact Phone Number

60-17-101, 60-17-102, 60-17-103, 60-17-104, 60-17-105, 60-17-106, 60-17-107, 60-17-108, 60-17-109

K.A.R. Number(s)

Permanent     Temporary

Is/Are the proposed rule(s) and regulation(s) mandated by the federal government as a requirement for participating in or implementing a federally subsidized or assisted program?

- Yes    If yes, continue to fill out the remaining form to be included with the regulation packet submitted in the review process to the Department of Administration and the Attorney General. Budget approval is not required; however, the Division of the Budget will require submission of a copy of the EIS at the end of the review process.
- No    If no, do the total annual implementation and compliance costs for the proposed rule(s) and regulation(s), calculated from the effective date of the rule(s) and regulation(s), exceed \$1.0 million or more in implementation and compliance costs that are reasonably expected to be incurred by or passed along to businesses, local governmental units and individuals as a result of the proposed rule and regulation over the initial five-year period following adoption of such rule(s) and regulation(s) (as calculated in Section III, F)?
  - Yes    If "Yes," then the agency shall not adopt the rule(s) and regulation(s) until the rule(s) and regulation(s) has been ratified by the Legislature with a bill, unless the proposed rule(s) and regulation(s) are: 1) mandated by the federal government as a requirement for participating in or implementing a federally subsidized or assisted program, as described in K.S.A. 77-416(b)(1)(B), and amendments thereto; 2) temporary rule(s) and regulation(s) adopted pursuant to K.S.A. 77-722, and amendments thereto; or 3) rules and regulations adopted pursuant to K.S.A. 2-3710 (Kansas Agricultural Remediation Board). Continue to fill out the remaining EIS form to be included with the regulation packet in the review process to the Department of Administration and the Attorney General. The submitted EIS will be independently analyzed by the Division of the Budget for approval.
  - No    If no, continue to fill out the remaining form to be included with the regulation packet submitted in the review process to the Department of Administration and the Attorney General. The submitted EIS will be analyzed by the Division of the Budget for approval.

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## Section I

Analysis, brief description, and cost and benefit quantification of the proposed rule(s) and regulation(s). If the approach chosen by the Kansas agency to address the policy issue is different from that utilized by agencies of contiguous states or of the federal government, the economic impact statement shall include an explanation of why the Kansas agency's rule and regulation differs.

K.A.R. 60-17-101 through 60-17-109 contain information relating to graduate nursing education and programs that offer the education. It includes definitions, requirements for initial approval, reapproval requirements, administrator, faculty and preceptor qualifications, curriculum requirements, clinical resources, educational facilities, student policies, and reports. These revisions were requested by the advanced practice graduate programs in Kansas and provide clarity to requirements in the regulations. There will be no additional cost to the programs with these proposed revisions. A benefit to the programs and students is the availability to have interdisciplinary preceptors for clinical hours greater than 750 in the curriculum. This is also a benefit for the student as they can explore the interdisciplinary management of the public. These revisions are more in alignment with national accreditation guidelines for advanced practice nursing programs.

## Section II

Explain whether the proposed rule and regulation is mandated by federal law as a requirement for participating in or implementing a federally subsidized or assisted program and whether the proposed rules and regulations exceed the requirements of applicable federal law.

Not mandated by federal law

## Section III

Agency analysis specifically addressing the following:

- A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

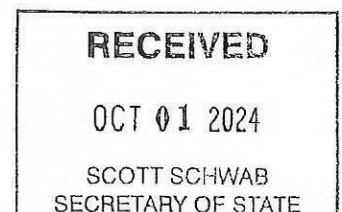
These proposed revisions will not restrict business activities and will enhance the academic activities of the advanced practice nursing programs.

- B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that will be affected by the proposed rule(s) and regulation(s) and on the state economy as a whole;

These revisions are requested by the advanced practice nursing programs and will not have implementation and compliance costs as they are meeting these guidelines for the national accreditation agencies from which they have chosen to have national accreditation.

- C. Businesses that would be directly affected by the proposed rule(s) and regulation(s);

There are nine educational institutions that offer advanced practice nursing education in Kansas. They will be directly affected by these proposed regulations.



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D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

The benefits are these proposed regulations provide more clarity to the advanced practice nursing programs about the requirements of the Kansas State Board of Nursing to operate an approved program in Kansas. They also provide clarity to students regarding the requirements for approved advanced practice nursing programs in Kansas.

E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;

We researched the changes requested by the advanced practice nursing programs. They are all accredited nationally and meet those requirements. Since they are meeting those requirements, there will be no additional cost and impact to the advanced practice nursing programs with these proposed regulations.

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F. An estimate of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to businesses, local governments, or individuals. *Note: Do not account for any actual or estimated cost savings that may be realized. Implementation and compliance costs determined shall be those additional costs reasonably expected to be incurred and shall be separately identified for the affected businesses, local governmental units, and individuals.*

Costs to Affected Businesses – \$<\$0 based on business model

Costs to Local Governmental Units – \$0

Costs to Individuals – \$ 0

**Total Annual Costs – \$0**  
(sum of above amounts)

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

Looked at the number of nurses completing a refresher course in the last two FYs, which is <10.

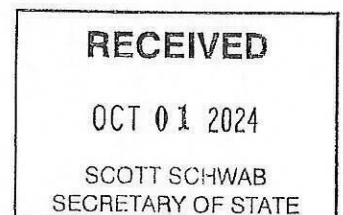
- Yes    If the total implementation and compliance costs exceed \$1.0 million or more in implementation and compliance costs over the initial five-year period following adoption of such rule(s) and regulation(s) that are reasonably expected to be incurred by or passed along to businesses, local governmental units and individuals as a result of the proposed rule and regulation, did the agency hold a public hearing to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.
- No
- Not Applicable

Provide an estimate to any changes in aggregate state revenues and expenditures for the implementation of the proposed rule(s) and regulation(s), for both the current fiscal year and next fiscal year.

The cost to the agency to publish the changes in the Kansas Register in the current fiscal year will be absorbed. There will be no costs in the next fiscal year.

Provide an estimate of any immediate or long-range economic impact of the proposed rule(s) and regulation(s) on any individual(s), small employers, and the general public. If no dollar estimate can be given for any individual(s), small employers, and the general public, give specific reasons why no estimate is possible.

The long-range economic impact for businesses and small employers will be minimal, if any. There will be no long-range economic impact for the general public. The businesses impacted by these revisions are the educational institutions that offer the graduate nursing programs. They have implemented these changes for their national accreditation.



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G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.

NA

H. Describe how the agency consulted and solicited information from businesses, business associations, local governmental units, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s) or may provide relevant information.

Talked to the program administrators from the nine advanced practice nursing programs in Kansas who are representation from their education institutions.

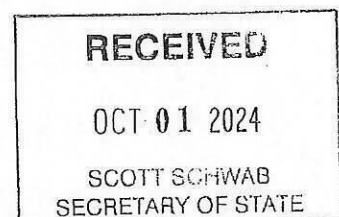
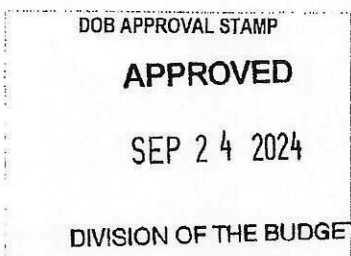
## Section IV

Does the Economic Impact Statement involve any environmental rule(s) and regulation(s)?

Yes If yes, complete the remainder of Section IV.

No If no, skip the remainder of Section IV.

- A. Describe the capital and annual costs of compliance with the proposed rule(s) and regulation(s), and the individuals or entities who would bear the costs.
- B. Describe the initial and annual costs of implementing and enforcing the proposed rule(s) and regulation(s), including the estimated amount of paperwork, and the state agencies, other governmental agencies, or other individuals who will bear the costs.
- C. Describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, the individuals or entities who will bear the costs and who will be affected by the failure to adopt the rule(s) and regulation(s).
- D. Provide a detailed statement of the data and methodology used in estimating the costs used.



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