



Kansas State Board of **NURSING**

Fiscal Year 2025 Annual Report
(July 1, 2024 – June 30, 2025)

Message from the Executive Administrator

Welcome to the Kansas State Board of Nursing Annual Report for FY 2025.



I hope you find this annual report to be helpful. It is a snapshot of the accomplishments of KSBN during FY 25.

We had a few changes in Board members and have a variety of expertise among the Board members. We currently have one vacant public member position.

The number of licensees in Kansas increased during FY 25.

KSBN Board members approved a new Strategic Plan for July 1, 2025 – June 30, 2028.

“The mission of the Board of Nursing is to protect and promote the welfare of the people of Kansas.”

I hope you find the information included in this annual report helpful. If you have feedback, I can be contacted at: carol.moreland@ks.gov.

Carol Moreland, MSN, RN

Carol Moreland, MSN, RN
Executive Administrator



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KANSAS STATE BOARD OF NURSING STRATEGIC PLAN

BOARD MEMBERS

7/1/2024 – 6/30/2025

Andrea Watson, RN, BSN, OCN, CCRP, President
07/01/2020 – 06/30/2028 (second term)

Michaela Hysten, MSN, BSN, RN, Vice President (9/11/25 – 5/31/25)
7/1/2019 – 5/31/25 (second term)

Amy Hite, EdD(c), DNP, FNP-C, Vice President (6/11/25 – 9/10/25)
7/1/24 – 6/30/28

Michelle Terry, Public Member, Secretary
07/01/2022 – 06/30/2026

Julianna Rieschick, RN, MSN, NEA-BC
07/01/2017 – 06/30/2025 (second term)

Adri Gouldsmith, LPN
07/01/2019 – 06/30/2027 (second term)

Melissa Oropeza, DNP, APRN-BC, CGRN
07/01/2021 – 06/30/2029 (second term)

Lori Owen, LPN
07/01/2021 – 06/30/2025

Ruth L. M. Burkhart , DNP, MSN, MA, RN-BC, LPCC
7/1/2022 – 6/30/26

Brenda Sharpe, Public Member
07/01/2019 – 06/30/2027 (second term)

Vacant Public Member

KANSAS STATE BOARD OF NURSING STAFF

7/1/23 – 6/30/24

Administration:

Carol Moreland, MSN, RN, CPM, Executive Administrator
Adrian Guerrero, CPM, Director of Operations
Jill Simons, Executive Assistant
Andrew Martin, MHSA, JD, Public Information Officer
Sharon Oxby, Senior Administrative Assistant

Education:

Janelle Martin, MHSA, RN, Nursing Education Compliance Officer
Vacant, Education Specialist, C.N.E.
Stacy Johnson, Senior Administrative Assistant

Discipline:

Rachel Kenney-Townsend, Assistant Attorney General
Sydney Winslow, Assistant Attorney General
Samantha Harrington, Assistant Attorney General
Megan Barber, Senior Administrative Assistant

Investigative:

Linda Davies, MSN, BNS, RN, Practice Specialist
Stephanie Wiley, Senior Administrative Specialist
Ruth Humbert, RN, Investigator (Part-time)
Sara Busby, BSN, RN, Investigator
Debra Quintanilla, RN, CPM, Investigator
Abbie Stutzman, BSN, RN, Investigator (Part time)
Vacant, RN, Investigator
Susanne Forman, BSN, MBA, RN, Investigator (Part-Time)
Evan Faulkner, Special Investigator Senior
Mara Hurley, Special Investigator
Christy Ryan, LPN, Investigator (Part-Time)

Licensure:

RaeAnn Byrd, CPM, Licensing Supervisor
Karen McGill, Senior Administrative Assistant
Barbara Bigger, Senior Administrative Assistant
Jackie Mercer, Senior Administrative Assistant

Online Assistance:

Anthony Blubaugh, Program Developer III
Kolton Colhouer, eGov Support Analyst/Technology Support Consultant

ADMINISTRATION

FY 25 was the sixth year since implementation of the Nurse Licensure Compact (NLC) in Kansas. LPNs and RNs who reside in Kansas have the option to obtain a multistate nursing license if they apply and meet the eleven uniform licensure requirements. Applicants also have the choice of a single state nursing license. Licensees who currently hold a nursing license in Kansas can continue to have a single state license or apply for a conversion to a multistate nursing license. The number of member states in the NLC is presently at 43 states. More states are putting forth legislation to join the NLC. The multi-state nursing license makes it possible to mobilize nurses faster. We are seeing the number of multistate licenses increase and the number of single state licenses decrease. There continues to be an opportunity for more education to our licensees regarding the NLC, the advantages of having a multistate license, and the process to obtain a multistate license. There are two resources to learn more about the NLC, <https://ksbn.kansas.gov/nlc/> and <https://www.nursecompact.com/>

The number of licensees increased in the last fiscal year:

- 1,472 more RNs
- 24 more LPNs
- 1,099 more APRNs

The quarterly KSBN Committee and Board meetings are in-person. These continue to be streamed so they are more accessible to our licensees and the public. Observers of the committee and Board meetings have the option of watching the meetings live on YouTube and recordings of the meetings are placed on our website after the meetings have ended.

Congratulations to the CRNAs upon obtaining prescriptive authority! Substitute for Senate Bill No. 67 was passed by the Legislature and signed into law by Governor Kelly during the 2025 Legislative Session. It amended K.S.A. 65-1158 in the Kansas Nurse Practice Act to include prescriptive authority to the scope of practice for CRNAs in Kansas. They may prescribe durable medical equipment and prescribe, procure and administer any drug consistent with their education and qualifications, except for the exemptions listed in K.S.A. 65-1158. To prescribe controlled substances, a registered nurse anesthetist must register with the federal drug enforcement administration and comply with federal drug enforcement administration requirements related to controlled substances. These changes are effective on July 1, 2025.

The Board members and leadership staff participated in a strategic retreat to plan for July 1, 2025, through June 30, 2028. The mission of the Board of Nursing is to protect and promote the welfare of the people of Kansas. The vision is to uphold the highest standards and secure public trust. The core values include integrity, transparency, respect, collaboration and growth. There continue to be challenges for the Board of Nursing, but we continue to strive to make improvements to better meet the needs of our customers. The staff is dedicated to public protection. Thank you for everyone's support during FY 25. We are very proud and grateful to the nurses who continue to provide care for the citizens of Kansas.

FY 25 PERFORMANCE MEASURES

Licensure Core Functions:

1. Provide licenses and license renewals to eligible practical nurses, registered nurses, advanced practice registered nurses, registered nurse anesthetists, and mental health technicians.
2. Issue a license to practice or authorization to practice within 3 business days after receipt of all required information.
3. Enter information into the licensing software accurately.

Performance measures for Licensure:

- 95% of licensure applications will be processed within 3 business days after receipt of all required information and entered accurately into the licensing database
- Enter information into the licensing software with 95% accuracy.

Measure	FY21	FY 22	FY 23	FY 24	FY 25
Percentage of renewal licensure applications processed within 3 business days after receipt of required information	100%	100%	100%	100%	100%
Percentage of initial through examination licensure applications processed within 3 business days after receipt of required information	99.8%	99.8%	100%	100%	99%
Percentage of reinstatement licensure applications processed within 3 business days after receipt of required information	100%	100%	100%	100%	100%
Percentage of endorsement licensure applications processed within 3 business days after receipt of required information	100%	99.8%	100%	100%	95%
Percentage of advanced practice licensure applications processed within 3 business days after receipt of required information	100%	100%	100%	100%	100%
Percentage of licensure application information entered accurately into licensing software	99.9%	99.9%	100%	99.9%	99%

Education Core Functions:

1. Review and approve continuing education providers and programs that meet the Board's rules and regulations
2. Oversee the nursing programs, which includes surveying each nursing program once every 5-10 years
3. Receive an annual report from each nursing program by June 30, 2025 (as per regulation)
4. Receive an annual report from each continuing education provider by July 31, 2025 (as per regulation)
5. Ensure continuing nursing provider submit five-year renewals as per schedule
6. Review single nursing continuing education provider applications within 2 weeks of date received in the agency

Performance measures for Education:

- 100% of the nursing programs will be surveyed as per schedule
- 100% of the nursing programs will submit an annual report
- 80% of long-term continuing nursing education providers submit an annual report
- 80% of long-term continuing nursing education providers submit five-year renewals as per schedule
- 80% of single nursing continuing education provider applications are reviewed within 2 weeks of the date received in agency

Measure	FY 21	FY 22	FY 23	FY 24	FY 25
Percentage of nursing programs surveyed per schedule (see note below)	87.5%	94%	100%	100%	100%
Percentage of nursing programs submitting an annual report as per regulation	100%	97%	100%	100%	100%

Note: FY 21: A survey from one nursing program was delayed per the Board's request to gather more information to aid in decision making.

Measure	FY 21	FY 22	FY 23	FY 24	FY 25
Percentage of long-term continuing nursing education providers submitting an annual report as per regulation	92%	79.5%	84%	81%	83%
Percentage of long-term continuing nursing education providers submitting five-year renewals as per schedule	100%	85%	87%	85%	88%
Percentage of applications for single nursing continuing education providers reviewed within 2 weeks of receiving	100%	100%	100%	100%	100%

Investigative Core Functions:

1. Review of complaints received in the agency for possible violations of the Nurse Practice Act and assign a priority within 2 weeks of date received
2. Review applications with legal history before license is granted
3. Investigate possible violations of the Nurse Practice Act in a timely manner and present them to the Board

Performance measures for Investigative:

- Professional staff will review 90% of complaints received in agency within 2 weeks of the date received in agency
- 60% of investigations will be completed within 9 months of opening the case
- Number of unlicensed individuals practicing nursing will decrease

Measure	FY 21	FY 22	FY 23	FY 24	FY 25
Number of complaints received in agency and reviewed by Professional Staff	419	513	641	766	714
Cases opened related to drug diversion, impairment (new for FY 25)	137	165	112	101	
Cases opened related to abuse allegations (new for FY 25)	15	29	49	48	
Percentage of complaints received are sworn (new for FY 25)	25%	20%	20%	21%	
Number of applications with legal history reviewed	1908	1,902	1,548	1,368	1,607
Percentage of complaints received in the agency that are reviewed by Professional Staff within 2 weeks of date received	7%	91.9%	95%	96%	74%
Number of investigations opened	597	715	690	638	458
Percentage of investigations completed within 9 months of opening the case	29.2%	48%	53%	93%	89%
Number of nurses practicing without a current nursing license	44	121	48	100	85
Number of individuals presenting themselves as a nurse but no nursing license (impostor)	1	5	3	5	4
Number of CNE audits (new for FY 25)	18	50	69	56	

Discipline Core Function:

1. Discipline licensees who violate the Nurse Practice Act via initial orders, consent orders, evidentiary hearings, denied licenses, revoked licenses, limited and/or suspended licenses or diversion agreements

Performance measures for Discipline:

- Licensees who violate the Nurse Practice Act are disciplined via initial orders, consent orders, evidentiary hearings, denied licenses, revoked licenses, limited and/or suspended licenses or diversion agreements

Measure	FY21	FY 22	FY 23	FY 24	FY 25
Number of initial orders, consent orders and evidentiary hearings	29	18	14	24	104
Number of denied licenses	6	10	3	10	7
Number of revoked licenses	8	7	18	6	3
Number of limited and/or suspended licenses	27	31	18	13	28
Number of Diversion agreements	20	13	5	1	0
Total fines deposited in general fund for violations of Nurse Practice Act	\$17,546	\$2,000	\$6,500	\$3,900	\$25,883

Note: FY 21: The number of hearings were affected by COVID-19, which impacted the number of denied, revoked, limited and/or suspended licenses. We had an open position of one Disciplinary Counsel from July until November 2020, so that also impacted the number of disciplinary proceedings.

Administration Core Function:

1. Board and committee members are oriented to their roles and responsibilities

Performance measures for Administration:

- 100% of Board members and committee members are oriented to their roles and responsibilities

Measure	FY21 (Actual)	FY 22 (Actual)	FY 23 (Actual)	FY 24 (Actual)	FY 25 (Actual)
Percentage of new Board members oriented to their role and responsibilities	100%	No new Board members	100%	100%	100%
Percentage of new committee members oriented to their role and responsibilities	100%	100%	100%	100%	100%
Percentage of Board members who attend annual KOMA training	100%	100%	100%	100%	100%

KSBN KORA Metrics

	Total Requests	Mailing Addresses	Open Records	# In Process (Pending)	# Referred to Another Agency	#Cancelled	# Completed
1st Qtr. (7/1/24 – 9/30/24)	59	30	29	3	0	11	45
2nd Qtr. (10/1/24 – 12/31/24)	56	21	35	1	0	3	52
3rd Qtr. (1/1/25 – 3/31/25)	61	27	34	2	1	0	58
4th Qtr. (4/1/25 – 6/30/25)	62	28	42	16	0	1	53

Average Days to Produce		
	Open	Addresses
1st Qtr. (7/1/24 – 9/30/24)	14.97	17.10
2nd Qtr. (10/1/24 – 12/31/24)	15.37	7.19
3rd Qtr. (1/1/25 – 3/31/25)	8.59	12.85
4th Qtr. (4/1/25 – 6/30/25)	6.78	7.68

FY 2025 BUDGET OVERVIEW (7/1/24 – 6/30/25)

The Kansas State Board of Nursing (KSBN) is a fee funded agency. This means the agency operates on the revenue received from licensees and receives no revenue from the State General Fund. KSBN contributed \$100,000 to the State General Fund in FY 25. Any disciplinary fines received are deposited in the State General Fund, not KSBN Fee Fund. The Legislature appropriates to KSBN the amount that can be spent from the fee fund. The Board of Nursing raised the licensure fees effective July 1, 2019 (beginning of FY 20) to include the multi-state license option and to cover the anticipated revenue loss from licensees who would not be renewing their license because of having a multistate license from another member state of the Nurse Licensure Compact.

KSBN receives revenues from four sources:

1. Clerical Services (issuing verifications, name changes, etc)
2. Other Services (continuing nursing education and nursing program annual fees)
3. Licensing Services (licensure fees for initial licenses, renewals, reinstatements, endorsements, etc)
4. Fingerprints (fee charged by the KBI for processing of fingerprints and issuing a criminal background report)

KSBN expenditures include four areas:

1. Salaries and Wages (includes salaries and benefits for 27 FTE positions)
2. Contractual Services (includes office rent, peer assistance program, hearings conducted by a hearing officer in the Office of Administrative Hearings, legal counsel through the Attorney General's Office, communication, copy machines and maintenance of software programs)
3. Commodities (includes office supplies)
4. Capital Outlay (includes technology plan and hardware to keep Board Members and agency functioning efficiently via electronic means)

KSBN Fee Fund includes:

1. Beginning fund balance (amount carried over from the prior fiscal year)
2. Total revenue received
3. Total expenditures
4. Ending fund balance (amount at the end of the fiscal year that will be the starting balance for the next fiscal year)

Fee Fund Balance Guidelines Purpose: The Board has established these guidelines to ensure that the agency maintain a sufficient balance in the fee fund to ensure continuous operation of the agency if there was a decrease in revenue or an emergency in which all equipment, furniture, supplies, office space, etc. were destroyed by a natural or manmade disaster. The State of Kansas is self-insured and the agency is a fee funded agency which receives no state general funds.

Fee Fund Balance Guidelines Policy: The agency is required to submit a biennial budget. During the budget process, the fee fund is reviewed. The fee fund balance should be reviewed by the Board after the budget has been submitted to the Governor and receiving the Governor's recommendations. The following criteria will be applied to determine the balance to be maintained in the fee fund:

1. The replacement cost of all physical assets
2. The cost for temporary relocation of office for up to six months of expenses
3. Six months of operating expense

FY 25 Revenue:

Licensing Services (fees): \$3,542,696
 Clerical Services: \$13,746
 Other Services: \$26,460.00
 TOTAL: \$3,582,902

FY 25 Expenditures:

Salaries and Wages: \$1,918,519
 Contractual Services: \$1,517,387
 Commodities: \$20,941
 Capital Outlay: \$111,293
 TOTAL: \$3,568,140

FY 24 Fee Fund:

Beginning Fund Balance: \$4,707,451
 Total Revenue Received: \$3,582,902
 Total Expenditures: \$3,568,140
 Ending Fund Balance: \$4,722,213

LICENSING

At its core, Nursing is a healthcare profession focused on providing individualized care to people of all ages. Kansas Board of Nursing licensure department has a commitment to continuous improvement, to show not only a dedication to better serving the nurses but also acknowledging that the regulatory landscape is always evolving.

Regulatory bodies often find themselves in the crosshairs because of the decisions they must make, the rules they enforce, and the gray area in between. Licensing and regulatory bodies are always walking a fine line—trying to ensure safety and professionalism while also being fair and transparent, and the Kansas Board of Nursing is no different.

The licensing department understands these challenges but also strives to remain true to our values. We seek to find the balance between responsibility and empathy. In the nursing profession, there's a huge emphasis on the care and respect shown to patients, but there's also a need for that same care and respect to be directed inward, especially within the regulatory and administrative bodies that support those nurses. We strive for mutual respect and accountability, asking for consistency and professionalism from nurses while holding ourselves to the same standards. That means not just following protocols, but also approaching every interaction with understanding, patience, and a willingness to listen. The staff of the Kansas Board of Nursing's licensure department—are crucial in shaping this process. Our role goes beyond just processing applications; we also help maintain the integrity and quality of the nursing profession in Kansas. But just like nurses, we also need support, respect, and sometimes understanding.

By ensuring that our rules, procedures, and processes are clearly communicated and are backed up by the Nurse Practice Act and strategic goals, we are making it easier

for nurses to understand why certain rules exist and how they can meet expectations. It shows that we are committed to transparency and responsiveness, which is key in maintaining trust, especially when dealing with such important matters as nursing licensure and regulation.

By focusing on these strategies, we will not only support the nurses but also create a system where licensing professionals are motivated, equipped, and confident in their roles. We will remain committed to the state of Kansas to ensure that nursing professionals are qualified, ethical, and up to date on the best practices, which directly impact patient care, safety, and trust. And that, in turn, makes the entire system work better for everyone—nurses, patients, and the broader healthcare community.

Kansas Nurse License Totals for FY 2025

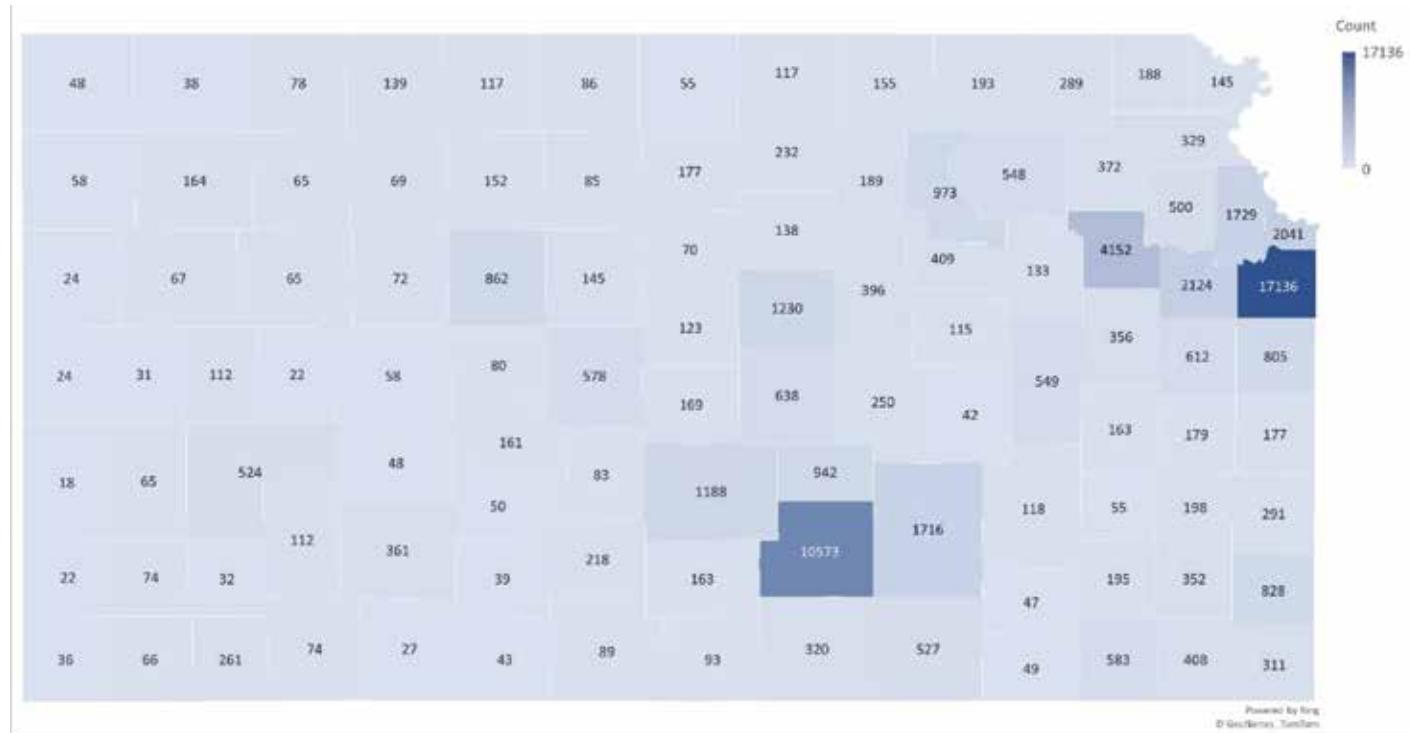
License Type	Count
Registered Nurse - Multi-State	21068
Registered Nurse - Single-State	32018
Registered Nurse - Temporary	38
Licensed Practical Nurse - Multi-State	2639
Licensed Practical Nurse - Single-State	6453
Licensed Practical Nurse - Temporary	8
Nurse Practitioner	8649
Nurse Practitioner - Temporary	30
Clinical Nurse Specialist	315
Nurse Midwife	131
Nurse Midwife - Temporary	1
Registered Nurse Anesthetist	1352
Registered Nurse Anesthetist - Temporary	5
Licensed Mental Health Technician	32
Total	72739

Kansas Nurse Applications Processed in FY 2025

Type	Initial	Renewal	Reinstatement	Total
Registered Nurse - Multi-State	3,282	8,611	207	12,100
Registered Nurse - Single-State	736	15,286	595	16,617
Licensed Practical Nurse - Multi-State	504	953	44	1,501
Licensed Practical Nurse - Single-State	322	2,864	168	3,354
Nurse Practitioner	1,135	3,676	138	4,949
Clinical Nurse Specialist	4	148	4	156
Nurse Midwife	28	34	3	65
Registered Nurse Anesthetist	108	602	31	741
Licensed Mental Health Technician:	1	31	0	32
Total	6,120	32,205	1,190	39,515

FY 25 Licenses By County

Total Nurses by County



County	Total	RN	LPN	Nurse Practitioner	Registered Nurse Anesthetist
Allen	198	157	22	17	1
Anderson	179	131	39	8	1
Atchison	329	194	112	19	3
Barber	89	68	16	5	
Barton	578	434	101	35	6
Bourbon	291	244	23	21	1
Brown	188	123	52	11	1
Butler	1716	1355	187	127	29
Chase	42	30	11	1	
Chautauqua	49	28	18	3	
Cherokee	311	233	46	28	3
Cheyenne	48	38	6	3	1
Clark	27	21	5	1	
Clay	189	145	30	13	
Cloud	232	170	53	8	1
Coffey	163	113	40	8	2
Comanche	43	27	13	3	
Cowley	527	358	133	26	8
Crawford	828	637	91	83	10
Decatur	78	54	21	3	
Dickinson	396	267	108	18	3
Doniphan	145	94	43	5	1
Douglas	2125	1658	234	179	30
Edwards	50	36	10	4	
Elk	47	34	5	7	
Ellis	862	634	155	59	8
Ellsworth	123	89	22	11	
Finney	524	381	91	45	4
Ford	361	300	36	21	2
Franklin	612	458	115	35	1
Geary	409	281	87	32	5

County	Total	RN	LPN	Nurse Practitioner	Registered Nurse Anesthetist
Gove	65	42	16	5	2
Graham	69	52	16	1	
Grant	74	55	18	1	
Gray	112	80	23	9	
Greeley	24	19	5		
Greenwood	118	79	31	7	
Hamilton	18	14	1	3	
Harper	93	74	11	8	
Harvey	942	748	127	55	7
Haskell	32	24	5	3	
Hodgeman	48	38	5	5	
Jackson	372	265	74	31	1
Jefferson	500	363	99	35	1
Jewell	55	40	14		1
Johnson	17136	13721	1176	1738	367
Kearny	65	51	7	6	1
Kingman	163	127	23	12	1
Kiowa	39	32	6	1	
Labette	408	315	59	24	6
Lane	22	14	8		14
Leavenworth	1729	1377	223	109	1
Lincoln	70	51	14	4	
Linn	177	138	30	7	
Logan	67	48	16	3	
Lyon	549	348	169	22	6
Marion	250	187	44	15	2
Marshall	193	133	50	9	1
McPherson	638	457	153	24	4
Meade	74	63	10		1
Miami	805	680	65	42	9
Mitchell	177	133	36	6	1

County	Total	RN	LPN	Nurse Practitioner	Registered Nurse Anesthetist
Montgomery	583	439	96	42	3
Morris	115	82	28	4	1
Morton	36	27	6	2	
Nemaha	289	225	50	12	2
Neosho	352	262	56	28	2
Ness	58	43	8	7	
Norton	139	78	57	1	2
Osage	356	232	99	20	1
Osborne	85	56	28	1	
Ottawa	138	99	27	10	2
Pawnee	161	117	28	13	
Phillips	117	77	32	8	
Pottawatomie	548	393	106	44	3
Pratt	218	173	17	19	6
Rawlins	38	27	10	1	
Reno	1188	871	248	55	9
Republic	117	86	26	4	1
Rice	169	120	38	9	1
Riley	973	708	161	73	28
Rooks	152	100	46	5	1
Rush	80	61	14	5	

County	Total	RN	LPN	Nurse Practitioner	Registered Nurse Anesthetist
Russell	145	101	32	12	
Saline	1230	912	246	60	8
Scott	112	85	16	7	3
Sedgwick	10573	8055	1443	805	187
Seward	261	204	32	19	4
Shawnee	4152	3066	712	309	30
Sheridan	65	46	15	4	
Sherman	58	43	13	2	
Smith	86	61	15	8	1
Stafford	83	60	14	6	
Stanton	22	16	4	2	
Stevens	66	53	12	1	
Sumner	320	234	60	15	8
Thomas	164	120	30	11	1
Trego	72	55	14	3	
Wabaunsee	133	98	7	6	
Wallace	24	19	27		
Washington	155	118	10	12	1
Wichita	31	28	20	1	
Wilson	195	150	29	16	
Woodson	55	45	9	1	
Wyandotte	2041	1585	314	120	15

EDUCATION - FY 2025

"An approved school of nursing is one which has been approved as such by the board as meeting the standards of this act, and the rules and regulations of the board. An institution desiring to conduct an approved school of professional or practical nursing shall apply to the board for approval and submit satisfactory proof that it is prepared to and will maintain the standards and basic professional nursing curriculum or the required curriculum for practical nursing, as the case may be, as prescribed by this act and by the rules and regulations of the board."

K.S.A. 65-1119(a)

Nursing Education Key Processes:

1. Oversee the nursing programs, which includes surveying each nursing program once every 5-10 years
2. Receive an annual report from each nursing program by June 30, 2025 (as per regulation)

Performance measures for Education:

- 100% of the nursing programs will be surveyed as per schedule
- 100% of the nursing programs will submit an annual report

Measure	FY21	FY 22	FY 23	FY 24	FY 25
Percentage of nursing programs surveyed per schedule	87.5%	94%	100%	100%	100%
Percentage of nursing programs submitting an annual report as per regulation	100%	97%	100%	100%	100%

In 2024 and beyond, nursing education is striving to balance hard and soft skills education, as well as support for increasing mental health needs in all populations. In a healthcare environment that is facing higher workloads for nurses, increasing acuity, rapidly changing technological processes and all of this with an aging and diverse population. Nursing programs are continuing to face faculty shortages as retirements increase and the pay differential increase between practice and education. Healthcare partnerships between education and practice are increasingly necessary to keep enrollments in nursing programs increasing and clinical education at an optimal level.

In the National Institute of Health's "Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity," they state that nursing curricula needs to be strengthened so nurses are prepared to help promote health equity, reduce health disparities, and improve health and well-being for everyone. This means that nursing students need to learn to understand and identify social determinants of health, have expanded experiences in the community and have competencies to care for an aging and more diverse population; many with declining mental and physical health.

In the 2024-25 FY, KSBN continued to provide oversight and approval for nursing programs in Kansas with onsite survey visits. Twelve site visits were done during this period:

- Three Initial visits; one for a new BSN program, one for an LPN to ADN bridge program, and one for a new PN level for a traditional ADN program that is changing to a bilevel program;
- Three standard reapproval visits; one PN, one ADN, and one BSN level;
- Two ADN follow up after first graduation visits - these are site visits done at the end of the initial approval cycle;
- Three board ordered follow up visits for programs with recommendations / concerns; and
- One unscheduled visit for cause. Three of the site visits were completed in conjunction with national accreditation teams from ACEN.

Another concern raised in the 2023-24 FY was the issue of number of open positions for nurses, and the perceived issue of not enough seats in nursing programs to help the nursing shortage. KSBN responded to legislative questions with a look at what was really happening in nursing programs.

- In the last 5 years, approved seats in all nursing programs increased by 867 for all program types. It is a combination of new programs and increased seat numbers for existing programs.
- Seats are primarily (689 of the 867) in urban areas (KC, Wichita).
- Breakdown by program type:
 - BSN – 318
 - ADN – 404
 - PN - 145

Stand Alone Practical Nursing Programs

Allied Health Career Training – Wichita

Donnelly College –
Kansas City (*KSBN Conditional Approval*)

Flint Hills Technical College - Emporia

Hutchinson Community College - McPherson

Johnson County Community College – Olathe

Kansas City Kansas Community College

Mid-America College of Health Sciences –
Merriam (*KSBN Conditional Approval*)

Washburn Institute of Technology - Topeka

Wichita State University,
Campus of Applied Sciences & Technology

One + One - First Level (PN) and Second Level (ADN)

In a 1+1 nursing program, the school offers an approved PN program in the first year and then a one-year LPN to RN “bridge” program. These programs have two separate Admissions, and admission to the second level of these programs is dependent on passing the PN level and obtaining an LPN license as a condition to admission to the bridge program.

Barton County Community College – Great Bend

Coffeyville Community College

Colby Community College

Donnelly College (RN bridge program) –
Kansas City (*KSBN Conditional approval*)

Fort Hays Tech | North Central -Beloit

Fort Hays Tech | North Central - Hays

Garden City Community College

Highland Community College /
Technical Center - Atchison

Manhattan Area Technical College

Salina Area Technical College

Washburn Institute of Technology –
Topeka (*Initial approval for LPN to RN Bridge level*)

Bi-level Programs – Associate Degree

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

Butler Community College – El Dorado

Cloud County Community College –
Concordia (*Initial approval for LPN level*)

Labette Community College - Parsons

Neosho Community College – Chanute / Ottawa

Seward County Community College - Liberal (*KSBN Conditional approval*)

Stand Alone Associate Degree Nursing Programs

Dodge City Community College (<i>with PN opt-out option</i>)	Johnson County Community College – Overland Park
Fort Scott Community College (<i>KSBN Conditional approval</i>)	Kansas City Kansas Community College
Galen College of Nursing - Wichita (<i>KSBN Initial approval</i>)	Rasmussen University – Overland Park
Hutchinson Community College - Hutchinson	Wichita State University, Campus of Applied Sciences & Technology (<i>KSBN Initial Approval</i>)

BSN Nursing Programs:

Baker University – Topeka
Barclay College – Haviland (<i>KSBN Initial</i>)
Benedictine College - Atchison
Bethel College - Newton
Emporia State University
Fort Hays State University
Hesston College
Kansas Wesleyan University - Salina
MidAmerica Nazarene University – Olathe

Newman University - Wichita
Ottawa University – Overland Park
Pittsburg State University
Rasmussen University – Overland Park
Southwestern College - Winfield (<i>KSBN Initial</i>)
University of Kansas – Kansas City
University of Saint Mary - Leavenworth
Washburn University - Topeka
Wichita State University – Wichita / Manhattan

Graduate Nursing Programs:

- Fort Hays State University:
Doctor of Nursing Practice - Family Nurse Practitioner
- Newman University:
Doctor of Nurse Anesthesia Practice (DNAP)
- Pittsburg State University:
Doctor of Nursing Practice - Family Nurse Practitioner
- University of Kansas:
Post-BSN Doctor of Nursing Practice (DNP)
Post-Master's DNP
Doctor of Nursing Practice (DNP):
 - Adult/Gerontological Acute Care Nurse Practitioner
 - Family Nurse Practitioner
 - Nurse Midwife
 - Psychiatric Mental Health Nurse PractitionerDoctor of Nurse Anesthesia Practice (DNAP)
- University of Saint Mary:
Master of Science in Nursing :
 - Family Nurse Practitioner
 - Psychiatric Mental Health Nurse Practitioner
 - Psychiatric Mental Health NP Post-Graduate Certificate
- Washburn University:
Doctor of Nursing Practice:
 - Family Nurse Practitioner
 - Psychiatric Mental Health Nurse Practitioner
 - Psychiatric Mental Health Nurse Practitioner Post-Graduate Certificate
- Wichita State University:
Doctor of Nursing Practice:
 - Adult Gerontology Acute Care Nurse Practitioner
 - Family Nurse Practitioner
 - Psychiatric Mental Health Nurse Practitioner

Nursing Program Faculty		
Faculty – Highest Degree*	Undergraduate	APRN
Doctorate in Nursing	83	69
Doctorate	37	9
Master's in Nursing	369	8
Master in Other Field	22	1
Baccalaureate in Nursing	139	0
Other Baccalaureate	0	0
Diploma/ADN	14	0
Total Faculty**	664	87
# Full-Time	428	74
% Full-Time	64.46%	85.06%

*Does not include Adjunct faculty for all programs. Some reported only FT and PT.

**Undergraduate faculty includes PN, ADN and BSN programs.

EDUCATION: NATIONAL LICENSURE EXAMINATION INFORMATION – CY 2024

Graduate Type	Exam Year	# Candidates	# Passed – 1 st Time	% Passed – 1 st Time
Kansas RN	2024	350	337	96.2%
ADN		214	202	94.2
BSN		136	135	99.3
U.S. RN	2024	1807	1651	91.40%
ADN		1870	1522	81.44%
BSN		183784	167850	91.33%
Kansas PN	2024	84580	76655	90.63%
ADN		99204	91195	91.93%
BSN		186,374	165,058	88.60%
U.S. PN	2024	188,005	150,216	79.90%
ADN		685	631	92.10%
BSN		692	657	94.90%
U.S. PN	2024	641	569	88.80%
ADN		47,548	41,214	86.70%
BSN		47,635	38,074	79.90%

Undergraduate Information: Admission - Graduation - Attrition

	PN	PN	ADN	ADN	BSN	BSN	All RN	All RN	TOTAL	TOTAL
Programs	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25
Met Admission Criteria*	285	186	387	225	91	136	478	361	763	547
Admissions	1043	1081	1270	1405	1064	1256	2334	2661	3377	3742
Graduations	774	772	901	837	884	889	1785	1726	2559	2498
Attrition (Academic/Personal)	180	197	220	311	106	88	326	399	506	596
Attrition Rate**	17.2%	18.2%	17.3%	22.1%	9.9%	7.0%	13.9%	15.0%	14.9%	15.9%

*These are the number of qualified applicants that were not admitted to a program they applied for. It does not account for those who had multiple applications. There is no way to document overlap so an applicant turned away from one program might have been admitted elsewhere. This is a total for all program types in Kansas schools.

**Attrition is calculated as a percentage of admissions and not the total enrolled for the program. This is to provide consistency in calculation as some programs are one year in length and others are two years.

Graduate Nursing Programs:

Graduate Information				
APRN Programs	NP	NM	RNA	Total
Admissions	98	3	54	155
Graduations	73	5	55	133

Kansas undergraduate nursing programs saw an increase in admissions across all programs in FY2024, but number of graduates was slightly lower than the previous year. Attrition rates were higher in all but the BSN category. Attrition rates are reported as a single number for personal and academic withdrawal reasons. Academic withdrawal was 65.6% of the total attrition. ADN had a significant increase in attrition during the 2025 AY while BSN programs saw a significant improvement in attrition rates and also maintained a solid NCLEX first time pass rate in the 2024 CY.

Though admissions numbers did see an increase in FY2024, there are still continuing effects of the COVID-19 pandemic. A primary reason for decreased admits is the continued lack of qualified applicants overall. We have continued to see new graduates struggle to get the support they need with high patient loads and high acuity levels that confront them. Experienced nurses also cite this as an issue in retention.

Education has had some improvement in hiring faculty with schools working to improve salaries in order to be more comparable to industry pay. There is still a significant number of faculty working under degree plans and hire exceptions. This means that they are not meeting the regulatory requirement at the minimal level.

KANSAS RANK - NCLEX 1ST TIME PASS RATES – RN CANDIDATES*

NCLEX		RN –Associate Degree			RN – Baccalaureate			All RN		
Year	Jurisdiction	Candidates	% Pass	Rank	Candidates	% Pass	Rank	Candidates	% Pass	Rank
2024	Kansas	849	91.9	31	901	95.1	7	1750	93.5	11
	Missouri	1542	92.5	27	2207	93.7	17	3751	93.2	17
	Oklahoma	1103	90.8	39	1247	86.2	50	2350	88.4	47
	Colorado	770	93.2	15	1509	93.5	20	2281	93.4	13
	Nebraska	227	93.4	14	926	95.5	6	1153	95.1	3
2023	Kansas	881	90.1	32	925	92.4	18	1806	91.3	23
	Missouri	1,525	88.4	39	2,239	91.0	28	3,768	89.9	34
	Oklahoma	1,131	89.6	36	1,153	85.5	50	2,285	87.5	42
	Colorado	719	93.6	11	1,540	92.8	14	2,259	93.1	10
	Nebraska	262	94.3	7	1025	95.2	4	1,287	95.0	3
2022	Kansas	798	78.1	42	1,073	83.9	25	1,871	81.4	35
	Missouri	1,412	82.6	21	2,381	83.1	26	3,796	83.0	24
	Oklahoma	1,168	81.3	31	1081	75.8	50	2,250	78.7	43
	Colorado	644	91.8	9	1,502	87.4	11	2,228	87.3	4
	Nebraska	304	81.6	30	1,093	87.6	10	1,397	86.3	10
2021	Kansas	852	79.9	40	1028	86.3	31	1,880	83.4	36
	Missouri	1401	85.1	20	2505	88.2	17	3,926	86.7	20
	Oklahoma	1243	82.5	34	918	85.1	37	2,192	83.6	34
	Colorado	715	84.6	22	1567	89.1	11	2,170	87.6	14
	Nebraska	248	83.5	28	1009	91.5	5	1,349	88.9	7

**All exam statistics taken from NCSBN publications: 2018-2024 Nurse Licensee Volume and NCLEX® Examination Statistics

NCSBN AND NCLEX BACKGROUND

NCSBN (National Council for State Boards of Nursing) is the organization responsible for developing the NCLEX (national nurse licensure exam) and all the statistical work and publications regarding the exams.

The statistics for the NCLEX include 55 U.S. states and territories. In 2024, over 317,000 NCLEX exams were administered across all testing sites. There were over 232,000 U.S. candidates (RN and PN) who took the exam for the first time. Another 87K exams were given to U.S. candidates taking the exam subsequent times. About 25,000 internationally-educated nurse (IEN) candidates took the exam in 2024.

Because passing the NCLEX exam is usually the final step in the licensing process, the number of people passing the exam ("pass rate") is a good indicator of how many new nurses are entering the profession in the U.S. With the need for nurses still on the rise, we are also seeing more IEN's entering the U.S. and practicing here. They are also required to pass the NCLEX exam even if they have passed licensure exams in their own countries. Although IEN first-time pass rates tend to be lower than those that are U.S. educated, the numbers still factor into the nurse workforce.

CONTINUING NURSING EDUCATION FY 25

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

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

A. LONG-TERM CNE PROVIDERS

- **A. Definition** - Long-Term Providers are persons, organizations or institutions approved by the Board to implement multiple offerings for CNE credit towards RN, LPN and LMHT relicensure.
- **B. Providers** Please visit the Education Division of our web site for a complete list of providers: <https://ksbn.kansas.gov>

FY 25 - 100
 FY 24 - 99
 FY 23 - 108
 FY 22 - 93
 FY 21 - 97

B. CNE Total Interactive Offerings and Contact Hours

FY 2025: 2,425 offerings – 17,395.1 contact hours
 FY 2024: 1,530 offerings – 17,848.5 contact hours
 FY 2023: 2,942 offerings – 20,123.8 contact hours
 FY 2022: 2,567 offerings – 15,040.3 contact hours
 FY 2021: 2,145 offerings – 14,598.4 contact hours

C. CNE Participant Hours by License Category

	FY 2025	FY 2024	FY 2023	FY 2022	FY 2021
RN	14,558	17,753	45,794	17,273	15,802
LPN	1,376	1,247	1,605	1,238	777
LMHT	13	50	33		43
APRN	1,852	1,245	2,152	2,303	1,418
Total	17,799	20,295	49,584	20,814	18,040

FY 25 KSBN INVESTIGATIVE DIVISION

Annual Report Narrative

KSBN Investigative Division continues to evaluate operations to efficiently meet performance-based budget (PBB) metrics and the Board's strategic initiatives. A brief history is provided to help explain changes that have transpired at KSBN since 2020. KSBN Investigative Division has been on a journey to incorporate processes that are efficient, effective and transparent. To that end in FY 25, KSBN staff reviewed a case management system, law, current metrics, internal procedures, and the records management process. Transitioning from paper to electronic began in 2020 and culminated in 2025 with the scanning of paper investigative files going back to 2010. Pursuant to the agency record retention policy, Investigative files are kept for 10 years after the case is finalized.

Review Of Case Management System:

In September 2024, KSBN staff began the process to implement a case management system (EVOKE) to track investigation steps for both complaints and applications. This process involved weekly discussions with the System Automation workgroup and culminated with the testing of phases by various staff. Investigative staff were challenged to incorporate EVOKE into current processing, identify barriers, while maintaining metrics. The EVOKE system has capabilities for online submission of complaints, uploading of documents, data compilation, real time reporting, and minimizing duplicative efforts. It will identify process gaps that warrant further review. EVOKE is anticipated to provide transparent data relating to cases assigned, type/volume of cases, type/volume of complaints, type/volume of applications reviewed, investigator data, time to complete a case investigation, board's assignment of violation to final action, time to complete judicial review, and provide data to generate a sanction reference guide (SRG) to further aid the board to be consistent and accountable to its mission. In this way, the Boards strategic objectives for 2025-2028, to track and trend board actions and generate a SRG will be met.

Review of Law:

The review of legal authority defined in the Kansas Nurse Practice Act (KNPA) began in 2020. Final drafts of changes to the KNPA were tabled in 2022 due to the pandemic and board turnover. In June 2025, the Board's Investigative Committee, after considering alternative to discipline changes and learning about remedial education courses, requested a workgroup review the drafts and make recommendations to the committee.

Review of current metrics and internal process:

Several legislative post audits (LPA) in FY 25 provided opportunities to evaluate metrics, internal processes, and statutes and regulations pertaining to case investigation and final board action. Long-standing metrics are applied to interpret data currently collected. The LPAs provided a means to start a discussion regarding the metrics to move from "this is how we have always done it" to metrics that demonstrate an efficient, effective and transparent process. The EVOKE system will allow for collection and compilation of data into report format, providing a means to identify trends, and incorporate additional metrics that delineate internal processing of applications, complaints, and cases.

The audit relating to federal background checks demonstrated that staff are following procedure and utilizing a legal history report as a guide to request documents. A second LPA focused on the reporting of abuse, neglect and exploitation (ANE). A review of the investigative process demonstrated that allegations of ANE were referred by KSBN to other state agencies for further investigation.

The Investigative Division strives to apply the guidance published in the *Journal of Nursing Regulation* which reviewed 10 state BON that defined 1) regulatory caseload per investigator (goal: 60 cases/investigator), 2) average number of business days to investigate a case of unprofessional conduct (goal: 177 days), and 3) the number of steps (goal: ≤ 10) to investigate a case (Martin & Kaminski-Ozturk, 2022). KSBN continues to face challenges achieving these goals due to high case load per investigator (average 150 cases), and increased complexity of cases increases processing time (> 177 days). The average number of steps identified by KSBN is < 10 .

Nurse Investigator (NI) retention and training opportunities are reviewed annually with budget projections. The Investigative team underwent staffing changes during FY 2025, with one resignation and the hiring of two staff. The training plan for investigators after completing their 6-month probation begins through basic courses offered by the National Council State Boards of Nursing (NCSBN). Afterwards the investigator is put on a training path with educational courses offered by The Council on Licensure, Enforcement and Regulation (CLEAR). The Investigative Division currently has two (2) NI that are trained through NCSBN basic, CLEAR specialized, and CLEAR third tier courses – investigating drug diversion and investigating sexual

misconduct; one (1) NI trained through NCSBN basic and CLEAR specialized; one (1) NI training through NCSBN basic; and three (3) NI on the wait list for the NCSBN basic. Two vacancies exist.

Investigative Division may open cases from 1) a review of application for licensure, or 2) a complaint alleging misconduct by a licensee.

1. Application for Licensure:

Applications are transferred to the Investigative Division for review due to the responses to an application and/or a criminal background report.

Responses to application questions:

Application questions changed when KSBN joined the Nurse Licensure Compact (NLC) in July 2019. Licensees were notified of these changes through newsletter, social media, website, and updated instructions on renewal applications. Nevertheless, licensees answer questions that result in a review of their response, which after reminding them of the change they indicate they answered in error. The application can be processed without a case being opened.

Review of applications:

In 2021, the turn-around to review an application was at a high of 55 business days. At this time the world experienced a pandemic which plagued KSBN as nurse investigators left due to retirement and resignation related to low pay. The Board requested a consideration to hire non-nurse investigators like in other state BON, and thus a full-time Registered Nurse (RN) Investigator position was changed to a Special Investigator (SI) position. This restructuring led to a 7-10 business day turn-around time in processing applications. The Special Investigation reviews criminal justice information, court documents, and responses to a licensing application question.

In FY 25, applications that required an investigative review totaled 1,607, for which 367 cases (23%) were opened. The SI requests court documents and an explanatory statement. Pursuant to K.A.R. 60-3-107, application cases are held open for six (6) months from the date of last contact with the applicant and then considered abandoned if applicant fails to respond to a request for documents. If applicants can prove that they are attempting to get documents, an extension is granted awaiting documents and the application remains pending.

The Investigative staff performed a study in 2021 due to the lack of response to a letter sent to the address of record. The procedure at that time involved sending 3 letters 30 days apart to the address of record. If there was no response the case was moved forward without statement by applicant or licensee. This internal study looked at incorporating other modes of communication: 1) send a letter to address of record, 2) make a phone call, and 3) send an email. It was discovered that the state's phone system shows up as spam, and voice mail boxes are not set up or are full. The best response came when contact was made via email. The challenge was that phone numbers and emails are not required under K.S.A. 65-1111 (c)(1). The same phone and mail issues identified in 2021 continue through 2025.

KSBN staff provide onsite presentations to nursing students and at professional conferences to educate on the Kansas Nurse Practice Act, the NLC, the application and investigative processes. This networking opportunity is valuable for both KSBN staff and the employers, licensee's and students. NURSYS eNotify information is made available which provides for email notification to an employer or licensee regarding any issue with a nursing license, to include an electronic reminder to renew.

2. Complaint review:

Complaints received alleging unprofessional conduct are reviewed against a threshold of 1) jurisdiction, and 2) allegation is in KNPA. Complaints that do not meet threshold are reviewed quarterly by the Board's Investigative Committee to determine if the board agrees to not open a case. Complaints meeting threshold are prioritized as to risk and may result in a case assigned to an NI. Assignment of cases is done according to 1) nurse investigator's education, training, and work experience 2) a nurse investigator's relationship with a facility and their risk manager, and/or 3) a relationship with the licensee due to previous allegations investigated. KSBN cannot hire an APRN to investigate APRN's due to salary constraints and remote expectations. If the case is transferred to the disciplinary counsel at the board's direction, the disciplinary counsel determine if they need an APRN as an expert witness for the case.

Of the 714 complaints received in FY 25, 264 did not meet threshold to have a case opened, resulting in 450 new cases being assigned a nurse investigator. Of the newly assigned cases:

- 101 alleged drug related issues, comprising 14% of the total complaints received
- 85 nurses were investigated for allegedly practicing without a current nursing license
 - 7 applicants requesting reinstatement were approved for licensure
 - 35 applicants requesting reinstatement were approved with a warning letter
 - 43 applicants requesting reinstatement were transferred to disciplinary counsel
- 4 individuals were investigated for imposter status. Fraudulent use of a nursing license can be curtailed by checking government identification that has date of birth (DOB) and refer to K.A.R. 60-3-108. The last 3 digits of a license number reflect the licensee's month/year of birth. Investigations into imposters, find that they have presented a driver's license at date of hire that does not have a DOB that matches the last 3 digits in the license number. Education to employers continues.

In conclusion, while FY 25 provided opportunities for growth it also generated a renewed interest in what is done and how we are doing it so that the goal of an efficient, effective, and transparent process is known to the public. The opportunity to implement a case

management system that is built around workflow will ensure measurable outcomes, enhanced metrics, and allow for responses to audits. Data holes can shed light on inconsistencies in process or staff issues. It will remove the "how we have always done it" to provide a means to drill down into the data to demonstrate trends over time which will drive communication to the public as to what the nursing profession is enduring. KSBN is aware of the nurse suicide rate and the extra demands on the nurse in these past years which is considered when reviewing allegations of misconduct. The mental health of the nurse is an essential element of any case investigation. KSBN contracts with the Kansas Nurse Assistance Program (KNAP) which is undergoing its own review of long-standing procedures. Staff from both KSBN and KNAP attended the National Organization of Alternative Programs (NOAP) conference in May 2025, networked, gathered ideas, discussed current procedures, to implement changes to the overall program.

Reference

Martin, B. & Kaminski-Ozturk, N. (2022). Evaluating the operational efficiency of nursing regulatory boards' discipline case management, *Journal of Nursing Regulation*, 13(1), 62-69.

DISCIPLINE ANNUAL REPORT FY 2025

(7/1/2024 – 6/30/2025)

Pursuant to K.S.A. 65-1120(a), the Board,

may deny, revoke, limit or suspend any license or authorization to practice nursing... that is issued by the board or applied for under this act, or may require the licensee to attend a specific number of hours of continuing education in addition to any hours the licensee may already be required to attend or may publicly or privately censure a licensee or holder of a temporary permit or authorization, if the applicant, licensee or holder of a temporary permit or authorization is found after hearing,"

to have violated one of the enumerated grounds found in K.S.A. 65-1120(a)(1) to (10). Unprofessional conduct is defined in K.A.R. 60-3-110.

Pursuant to K.S.A. 74-1110, KSBN can,

in addition to any other penalty prescribed by law, may assess a civil fine, after proper notice and an opportunity to be heard, against any person granted a license, certificate of qualification or authorization to practice by the board of nursing for a violation of a law or rule and regulation applicable to the practice for which such person has been granted a license, certificate of qualification or authorization by the board in an amount not to exceed \$1,000 for the first violation, \$2,000 for the second violation and \$3,000 for the third violation and for each subsequent violation. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each

such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

KSBN complies with the process provided in the Kansas Administrative Procedure Act in taking disciplinary action. Prior to KSBN taking any disciplinary action, Applicants, licensees, and holders of temporary permits have a right to a hearing with evidence and witnesses, review of the agency decision, and reconsideration of the agency decision. See, K.S.A. 77-501 et seq. Applicants, licensees, and holders of temporary permit have a right to review of disciplinary actions pursuant to the Kansas Judicial Review Act, as provided in K.S.A. 77-601 et seq.

Discipline Core Function:

Advise, pursue, and finalize Board actions to conclude cases regarding disciplinary investigations and applications.

Performance measures for Discipline:

- Licensees who violate the Nurse Practice Act are disciplined through a Board order. This can include Final Orders after hearing or appeal, Consent Agreement and Final Orders, and Summary Proceeding Orders. Disciplinary actions may include denied licenses, revoked licenses, limited licenses, suspended licenses, Continuing Nurse Education, Public and Private Censure, and/or Fine. KSBN tally cases at the time a case is closed/inactivated.

Measure	FY21	FY 22	FY 23	FY 24	FY 25
1. Number of initial orders, consent orders and evidentiary hearings	29	18	14	24	104
a. Hearings	----	4	0	1	0
b. Final Orders (Initial Orders, Final Orders)	7	4	3	7	1
c. Summary Proceeding Orders	31	65	67	12	33
d. Consent Agreement and Final Orders/Agreed Orders	17	12	12	21	100
2. Number of denied licenses	6	10	3	10	7
3. Number of revoked licenses	8	7	18	6	3
4. Number of limited and/or suspended licenses	27	31	18	13	28
5. Disciplinary Action Taken	----	----	69	37	122
6. Non-Disciplinary Case Inactivation	----	----	84	26	90
7. Total fines deposited in general fund for violations of Nurse Practice Act	\$17,546	\$2,000	\$6,500	\$3,900	\$25,883

KSBN has hired two part-time Assistant Attorney Generals in the role of Disciplinary Counsel in FY 2025 in addition to the prior one full time position. This has and will continue to increase the number of cases that action is pursued/concluded.

MAKING PROGRESS ON 2022 - 2025 STRATEGIC PLAN:

Performance Assessment and Revisions for 2025-2028

K.S.A. 74-1106 (c)(4) authorizes Kansas State Board of Nursing (KSBN) to promote improved nursing education and standards of nursing care. On June 11, 2025, as an act of continuous improvement practice KSBN voted unanimously to revise the mission, vision and core values of the Board as part of the annual review of the Board's 2023 to 2025 Strategic Plan.

The Revised Mission is in alignment with the KSBN Articles of Governance and states;
 "The mission of the Board of Nursing is to protect and promote the welfare of the people of Kansas."

Vision: To uphold the highest standards and secure public trust.

Core Values:

- Integrity – We act with honesty, sincerity, and fairness
- Transparency – We promote open and effective communication through the ongoing interchange of ideas and information
- Respect – We understand each individual has an important role to play in achieving our goals
- Collaboration – We recognize the value of involving key stakeholders in the decision-making process
- Growth – We support continuous learning to advance individual and organizational development

2022 to 2025 Strategic Plan - Performance Assessment

Priority #1: Promoting Nursing and Allied Health Standards; safe nursing through education, licensure and regulation.

The Board moved the continued support to the 2022 to 2025 Strategic Plan with commitment to Priority #1 by maintaining the first three Strategic Objectives.

- The Board decided to shift the focus of Objective 4 away from promotion and education about multistate licensure to legislative engagement.
- The focus for the next three years will be cultivating partnerships in nursing regulation community through expanded engagement efforts related to communication, education and legislation.
- The Board is proud to retain independent status of the Board of Nursing as non-cabinet level agency reporting to the Governor of Kansas

• Priority #2: Fiscal & Human Resources Responsibilities

- The Board moved the continued support to the 2022 to 2025 Strategic Priority; however, with a new strategic focus on Board development and succession planning and less about operational tasks.
- This priority will focus on key board members and ensure orientation occurs for all board members that includes information about the responsibilities of serving as a board member to strengthen board governance and operations
- The Board was satisfied with the progress made in the last three years in the following activities:
 - Monitor the Board's reports of financial position
 - Monitor funding solution for the maintenance of K-Tracs (prescription monitoring program)
 - Maintain a superior and secure information technology infrastructure
 - Finalize plans for electronic storage of records in the agency as per agency record retention schedule
 - Maintain a thorough and updated Continuity of Operations Plan (COOP)

Priority #3: Maintain Quality Customer Service

- The Board changed the focus of 2022 to 2025 Strategic Priority "Maintain Quality Customer Service" to "Enhance Services" with a new strategic focus key areas of improvement operational functions related to nursing regulation educational programs, licensure, investigation, and continuing education.
- Here again the Board intends to focus less on operational tasks and more on strategic enhancements in services to stakeholders.
- The Board was satisfied with the progress made in the last three years in the following activities:
 - Applicants will be licensed timely after receipt of all required and approved information
 - Potential Nurse Practice Act violations submitted to the Board are reviewed and assessed
 - Discipline licensees who violate the Nurse Practice Act
 - Oversee nursing education programs and continuing nursing education providers to ensure requirements in Nurse Practice Act are met
 - Communication provided is high quality, clear, accurate, current and includes effective methods available to give feedback to the Board. Expand digital forms of communication.
 - Communication pathways between board members, agency staff and consumers are consistent and clear

KANSAS STATE BOARD OF NURSING STRATEGIC PLAN

July 1, 2025 – June 30, 2028

Mission: The mission of the Board of Nursing is to protect and promote the welfare of the people of Kansas.

Vision: To uphold the highest standards and secure the public trust

Core Values:

- Integrity – We act with honesty, sincerity, and fairness
- Transparency – We promote open and effective communication through the ongoing interchange of ideas and information
- Respect – We understand each individual has an important role to play in achieving our goals
- Collaboration – We recognize the value of involving key stakeholders in the decision-making process
- Growth – We support continuous learning to advance individual and organizational development

Priority #1: Promoting Nursing and Allied Health Standards; safe nursing through education, licensure, and regulation

Strategic Objectives

1. Enhance collaborative relationships with other nursing and health-related organizations and other state agencies in Kansas

OUTCOME MEASURES

- a. Strategically identify, strengthen, and prioritize partnerships in nursing regulation
- b. Communicate updates and changes and share reliable and valid data re: nursing licensure and education from KSBN to other nursing and health-related recipients of data
- c. Establish links on the website to the KSBN newsletter, updates, and proposed changes to regulations and Nurse Licensure Compact (NLC) information
- d. Develop methods and metrics in which information about the agency could be marketed to consumers, which will increase stakeholder knowledge of the board's work and positive impact on the citizens of Kansas
- e. Provide outreach education to the Kansas Hospital Association and its members regarding licensure, discipline, and other nursing-related regulatory topics as requested
- f. Expand engagement efforts: legislative, public/private, key systems, and the administration
- g. Communication and education re: e-Notify

2. Systematic evaluation of advanced practice nursing

OUTCOME MEASURES

- a. Continue with the five-year review of advanced practice statutes and regulations

- b. Review and monitor statutory changes for advanced practice nurses in Kansas
- c. Monitor the progress of the APRN consensus model and national progress of the APRN compact, and report back annually to the board or when changes occur
- d. Develop methodologies for Kansas APRN scope-of-practice questions

3. Retain independent status of the Board of Nursing

OUTCOME MEASURES

- a. Monitor legislation introduced during the legislative session
- b. Monitor performance metrics for the agency and adjust processes as needed to improve outcomes
- c. Promote the agency to consumers and key stakeholders
- d. Explore software or web-based services that could provide dashboard-style metrics regarding agency performance

4. Legislative Engagement

OUTCOME MEASURES

- a. Develop a legislative agenda
- b. Pursue strategic engagement through key partnerships and education campaign
- c. Consider structure and staffing to support these efforts

Priority #2: Fiscal and Human Resource Responsibilities

Strategic Objective

Develop succession plans for key board members and ensure orientation occurs for all board members that includes information about the responsibilities of serving as a board member to strengthen board governance and operations

OUTCOME MEASURES

- a. Identify key board member positions that require a succession plan (officers and committee chairs)
- b. Develop succession plans for key board member positions identified
- c. Develop succession planning at the board and staff level
- d. Consider utilization of committees for pipelining
- e. Build stronger understanding and relationship with Governor's Appointments Office
- f. Develop onboarding process for board members
 - Complete orientation for each new board member before their first board meeting
 - Assign a board member mentor to each new board member

- Offer the option of observing in the agency for board members
- Develop an orientation evaluation that can be distributed to board members immediately after orientation, at six months, and one year

g. Provide additional training for board members regarding board meeting information technology resources (perhaps a follow-up orientation meeting after the first board/committee meeting)

h. Enhance and maximize effectiveness of committee and board meetings

Priority #3: Enhance Services

Strategic Objectives

1. **Review and adjust areas within the licensing department that can be altered or changed to maximize the performance of staff and to increase efficiency**

OUTCOME MEASURES:

- a. Monitor the trend of performance metrics of the licensing department and identify factors that may be affecting changes in the metrics
- b. Develop and offer a customer service survey that is available for election completion and submission. Monitor results and identify areas in which the staff can make changes and increase efficiency

2. **To increase communication between departments within the agency so that the application/licensure process remains seamless**

OUTCOME MEASURES:

- a. Add communication among departments within the agency as a standing agenda item on Leadership Team meetings
- b. Ensure all departments within the agency are consulted before changes are made to understand the impact on all departments

3. **Review disciplinary outcomes as determined by the Investigative Committee/Board against violations alleged to develop Sanction Reference Guide.**

OUTCOME MEASURES:

- a. Trend disciplinary outcomes as determined by the Investigative Committee/Board against violations alleged
- b. Research the practice of other BONs nationally as to their practice with sanction reference guides

4. **The Investigative division staff will work collectively with agency IT, general counsel and Executive Administrator to enhance means to respond to practice related inquiries.**

OUTCOME MEASURES:

- a. Record and trend the practice related inquiries the agency receives

- b. Provide education via newsletter and website with answers to common questions by identifying the reference in the Kansas Nursing Practice Act
- c. Standing agenda item on Practice Committee quarterly meetings to review the common questions and trends identified
- d. Research the process for other BONs in responding to practice related inquiries

5. **Enhance transparency and understanding of nursing education data by developing and disseminating accessible, evident-based insights and key outcome indicators that inform KSBN stakeholders and support improved educational outcomes and decision-making over the next three years.**

OUTCOME MEASURES:

- a. Launch an online dashboard of nursing education data by 4th quarter of year 1 to promote easy access to key data
- b. Conduct 3 – 4 stakeholder webinars/workshops (at least annually) focused on interpreting and applying the education data to assist with informed decision making
- c. Publish an enhanced annual nursing education outcomes report with trend analysis, starting in Year 1 and track views/downloads year-over-year

6. **Evaluate and address the implications of the Nurse Licensure compact on nursing education by analyzing workforce mobility trends and preparing nursing graduates for multistate practice readiness over next 3 years.**

OUTCOME MEASURES:

- a. Develop and launch an annual survey by end of Year 1 to assess recent graduates' awareness of multistate licensure opportunities and responsibilities
- b. Offer an annual opportunity for nursing faculty on the implications of the NLC and strategies for preparing students for multistate practice.

7. **Enhance services by offering quarterly education to long term CNE providers and IV Therapy providers to increase their knowledge on statutes and regulations and promote compliance**

OUTCOME MEASURES:

- a. Conduct a survey annually of the long term CNE providers and IV Therapy providers to understand their learning needs
- b. Trend the compliance with the requirements of 5-year renewal for long term CNE providers to assist in identifying educational needs
- c. Trend the compliance with the requirement of submission of an annual report and submitting an annual fee to assist in identifying educational needs

