Kansas State Board of Nursing
Special Board Meeting Notice

Date: Feb 19, 2015 @ 9:30 a.m.
Meeting Location: Conference Call
1-877-278-8686
Access Code: 534018

AGENDA:
1. HB 2121 AAG
2. HB 2120 Revoked license
3. HB 2119 LMHT fees
4. SB 40 Massage therapy
5. HB 2123 Massage therapy
6. SB 69 APRN
7. HB 2122 APRN
8. HB 2280 Midwife
9. HB 2205 Dual regulation APRN
10. SB 218 Dual regulation APRN
11. SB 141 Podiatrists & APRN
12. HB 2321 Charitable healthcare provider
13. HB 2313 Healthcare worker assault
AN ACT relating to assistant attorneys general; amending K.S.A. 74-1111
and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:
Section 1. K.S.A. 74-1111 is hereby amended to read as follows: 74-
1111. (a) The attorney general shall appoint, with the approval of the board
of nursing, an assistant attorney general who shall carry
out the duties under subsection (b). The attorneys shall receive an
annual salary fixed by the attorney general with the approval of the board
of nursing. The salaries shall be paid from moneys appropriated to
the board of nursing in the board of nursing fee fund.
(b) The assistant attorney general appointed under
subsection (a) shall represent the board of nursing in any proceedings or
litigation that may arise in the discharge of the duties of the board of
nursing and shall perform such other duties of a legal nature as may be
directed by the board of nursing.
Sec. 2. K.S.A. 74-1111 is hereby repealed.
Sec. 3. This act shall take effect and be in force from and after its
publication in the statute book.
As Amended by House Committee

Session of 2015

HOUSE BILL No. 2120

By Committee on Health and Human Services

1-23

AN ACT concerning the board of nursing; reinstatement of licenses; fees;
amending K.S.A. 2014 Supp. 65-1118 and repealing the existing
section.

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

Section 1. K.S.A. 2014 Supp. 65-1118 is hereby amended to read as
follows: 65-1118. (a) The board shall collect in advance fees provided for
in this act as fixed by the board, but not exceeding:

Application for license—professional nurse........................................ $75
Application for license—practical nurse........................................... 50
Application for biennial renewal of license—professional
nurse and practical nurse............................................................... 60
Application for reinstatement of license............................................. 70
Application for reinstatement of licenses with temporary
permit.......................................................................................... 100

Application for reinstatement of revoked license ......................... $75
Certified copy of license................................................................... 25
Duplicate of license......................................................................... 25
Inactive license............................................................................... 20
Application for license—advanced practice registered
nurse............................................................................................... 50
Application for license with temporary permit—advanced
practice registered nurse............................................................... 100
Application for renewal of license—advanced practice
registered nurse............................................................................... 60
Application for reinstatement of license—advanced practice
registered nurse............................................................................... 75
Application for authorization—registered nurse
anesthetist..................................................................................... 75
Application for authorization with temporary authorization—
registered nurse anesthetist.......................................................... 110
Application for biennial renewal of authorization—registered
nurse anesthetist............................................................................. 60
Application for reinstatement of authorization—registered
nurse anesthetist............................................................................. 75
Application for reinstatement of authorization with temporary
authorization—registered nurse anesthetist........................................ 100
Verification of license to another state..................................................... 30
Application for exempt license—professional and practical
   nurse.................................................................................. 50
Application for biennial renewal of exempt license—
   professional and practical nurse......................................................... 50
Application for exempt license—advanced practice registered
   nurse.................................................................................. 50
Application for biennial renewal of exempt license—advanced
   practice registered nurse................................................................. 50

(b) The board may require that fees paid for any examination under
the Kansas nurse practice act be paid directly to the examination service
by the person taking the examination.
(c) The board shall accept for payment of fees under this section
   personal checks, certified checks, cashier's checks, money orders or credit
   cards. The board may designate other methods of payment, but shall not
   refuse payment in the form of a personal check. The board may impose
   additional fees and recover any costs incurred by reason of payments made
   by personal checks with insufficient funds and payments made by credit
   cards.

New Sec. 2. (a) A person whose license has been revoked may apply
for reinstatement of the license after the expiration of three years from the
effective date of the revocation. Application for reinstatement shall be on a
form approved by the board and shall be accompanied by a reinstatement
fee established by the board under K.S.A. 65-1118, and amendments
thereeto. The burden of proof by clear and convincing evidence shall be on
the applicant to show sufficient rehabilitation to justify reinstatement of
the license. If the board determines a license should not be reinstated, the
person shall not be eligible to reapply for reinstatement for three years
from the effective date of the denial. All proceedings conducted on an
application for reinstatement shall be in accordance with the provisions of
the Kansas administrative procedure act and shall be reviewable in
accordance with the Kansas judicial review act. The board, on its own
motion, may stay the effectiveness of an order of revocation of license.
(b) This section shall be part of and supplemental to the Kansas nurse
practice act.
Sec. 3. K.S.A. 2014 Supp. 65-1118 is hereby repealed.
Sec. 4. This act shall take effect and be in force from and after its
publication in the statute book.
AN ACT concerning mental health technicians; fees; amending K.S.A. 65-4208 and repealing the existing section.

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

Section 1. K.S.A. 65-4208 is hereby amended to read as follows: 65-4208. (a) The board shall collect in advance the fees provided for in this act, the amount of which shall be fixed by the board by rules and regulations, but not to exceed:

(1) Mental health technician programs:

- Annual renewal of program approval.................................................. $110
- Survey of a new program................................................................... 220
- Application for approval of continuing education providers........... 200
- Annual fee for continuing education providers............................ 75

(2) Mental health technicians:

- Application for license.................................................................... $50
- Application for renewal of license.................................................... 60
- Application for reinstatement............................................................ 70
- Application for reinstatement of license with temporary permit...... 75 100
- Certified copy of license................................................................... 12 25
- Duplicate of license........................................................................... 12 20
- Inactive license.................................................................................. 20
- Examination...................................................................................... 40 250
- Reexamination.................................................................................. 40 250
- Verification of current Kansas license to other states..................... 14 25
- Application for exempt license......................................................... 50
- Application for biennial renewal of exempt license....................... 50

(b) The board shall charge and collect in advance fees for any examination or reexamination administered by the board under the mental health technician's licensure act as fixed by the board by rules and regulations in accordance with this section. If an examination or reexamination is not administered by the board, the board shall require that fees paid for the examination not administered by the board be paid directly to the examination service by the person taking the examination or reexamination.
(c) The board shall accept for payment of fees under this section personal checks, certified checks, cashier's checks, money orders or credit cards. The board may designate other methods of payment, but shall not refuse payment in the form of a personal check. The board may impose additional fees and recover any costs incurred by reason of payments made by personal checks with insufficient funds and payments made by credit cards.

Sec. 2. K.S.A. 65-4208 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.
SENATE BILL No. 40

By Committee on Public Health and Welfare

1-20

AN ACT enacting the massage therapist licensure act; providing for powers, duties and functions of the state board of nursing; amending K.S.A. 2014 Supp. 74-1112 and repealing the existing section.

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

New Section 1. As used in this act:

(a) "Board" means the state board of nursing.

(b) "Massage school" means a massage therapy educational program which meets the standards for training and curriculum as set forth by the state board of regents under the Kansas private and out-of-state postsecondary educational institution act, or comparable legal authority in another state.

(c) "Compensation" means the payment, loan, advance, donation, contribution, barter, deposit or gift of money or anything of value.

(d) "Licensed massage therapist" means a person who meets the requirements of this act and who engages in the practice of massage therapy.

(e) "Professional massage therapy association or bodywork association" means a state or nationally chartered professional membership organization that has been recognized by the board as offering services to massage therapists. The organization requires that its members must adhere to the organization's established code of ethics and standards of practice.

(f) "Practice of massage therapy" means the care and services provided by a licensed massage therapist in a system of therapeutic, structured touch, palpation or movement of the skin, muscle, tendons, fascia and the lymphatic system of another person's body in order to enhance or restore the general health and well-being of the recipient.

(1) Such system includes, but is not limited to:

(A) Techniques such as effleurage, commonly called stroking or gliding; petrissage, commonly called kneading; tapotement or percussion; friction, vibration, compression;

(B) stretching within the normal anatomical range of movement;

(C) hydrotherapy; or

(D) such techniques which may be applied with or without the aid of lubricants, salt or herbal preparations, water, hot and cold applications or a
massage device that mimics or enhances the actions possible by human
hands.

(2) "Massage" or "massage therapy" does not include:
(A) Medical or nursing diagnosis of injury, illness or disease;
(B) therapeutic exercise;
(C) chiropractic joint adjustment;
(D) physical therapy joint mobilization or manipulation;
(E) electrical stimulation or application of ultrasound; or
(F) dispensing or issuing prescriptions or pharmaceutical agents.
(g) "Massage therapy services" include, but are not limited to:
(1) Development, implementation and modification of a massage
therapy treatment plan that addresses client soft tissue manifestations,
needs and concerns, including identifying indications, contraindications
and precautions of massage therapy within the scope of the act;
(2) obtaining informed consent regarding the risks and benefits of the
massage therapy treatment plan and application and modification of the
massage therapy treatment plan as needed;
(3) using effective interpersonal communication in the professional
relationship;
(4) utilizing an ethical decision-making process that conforms to the
ethical standards of the profession, as set forth in this act and in rules and
regulations;
(5) establishing and maintaining a practice environment that provides
for the client's health, safety and comfort; or
(6) establishing and maintaining client records, professional records
and business records in compliance with standards of professional conduct
as required by rules and regulations.

New Sec. 2. (a) Upon application to the board and the payment of the
required fees, an applicant for a license as a massage therapist may be
licensed as a massage therapist if the applicant meets all the requirements
of this act and provides documentation acceptable to the board that the
applicant:
(1) Has obtained a high school diploma or equivalent;
(2) is 18 years of age or older;
(3) has no other disqualifying conduct as defined by the board;
(4) has successfully completed a course of instruction approved by
the board consisting of at least 500 in-classroom hours of supervised
instruction, including massage therapy technique and theory,
contraindications, ethics, sanitation, hygiene, business training, anatomy,
physiology and pathology; and
(5) has successfully passed a nationally recognized competency
examination in massage that meets acceptable psychometric principles, is
statistically validated through a job-task analysis under current standards
for educational and professional testing and has been approved by the
board. The passage of this exam may have occurred prior to the effective
date of this act.

New Sec. 3. Prior to July 1, 2017, the board may issue a license as a
massage therapist to any individual who meets the requirements of section
2(a)(1), (2) and (3), and amendments thereto, and one of the following
requirements verified to the board by affidavit:
(a) The individual has completed a minimum of 500 hours of
instruction relating to massage therapy at a massage school or comparable
legal authority in another state verified to the board by affidavit;
(b) the individual has completed at least 300 hours of training in
massage therapy during the three years;
(c) the individual has practiced for at least three years;
(d) the individual has been an active member in good standing of a
professional massage or bodywork therapy association, as a massage or
bodywork therapist for a period of at least 12 months; or
(e) the individual has successfully passed an examination meeting the
requirements of section 2(a)(5), and amendments thereto, or passed a
nationally recognized certification examination.

New Sec. 4. (a) The board may issue a license to practice massage
therapy as a licensed massage therapist to an applicant who has been duly
licensed as a massage therapist by examination under the laws of another
state or territory if, in the opinion of the board, the applicant meets the
qualifications required of a licensed professional in this state. Verification
of the applicant's licensure status shall be required from the original state
of licensure.
(b) The board may issue a temporary permit to practice massage
therapy as a licensed massage therapist for a period not to exceed 120
days. A temporary permit for 120 days may be issued to an applicant for
licensure as a licensed massage therapist who is a graduate of a massage
school in a foreign country after verification of licensure in that foreign
country and approval of educational credentials.

New Sec. 5. (a) Nothing in this act shall be construed to restrict any
person licensed or regulated by the state of Kansas from engaging in the
profession or practice for which they are licensed or regulated including,
but not limited to, acupuncture, athletic training, barbering, chiropractic,
cosmetology, dentistry, electrology, esthetics, manicuring, medicine,
naturopathic medicine, nursing, occupational therapy, osteopathy, physical
therapy, podiatry, professional counseling, psychology, social work or
veterinary medicine or any other licensed or regulated profession by the
state of Kansas.
(b) Nothing in this act shall prohibit:
(1) The practice of massage therapy by a person employed by the
government of the United States while the person is engaged in the
performance of duties prescribed by the laws and regulations of the United
States;
(2) the practice of massage therapy by persons duly licensed,
registered, or certified in another state, territory, the District of Columbia,
or a foreign country when incidentally called into this state to teach a
course related to massage therapy or to consult with a person licensed
under this act;
(3) students currently enrolled in a massage school while completing
a clinical requirement or supervised massage therapy fieldwork experience
for graduation performed under the supervision of a person licensed under
this act, provided the student does not hold oneself out as a licensed
massage therapist and does not receive compensation for services
performed;
(4) any person performing massage therapy services in the state, if
those services are performed without compensation and are performed in
cooperation with a charitable organization or as part of an emergency
response team working in conjunction with disaster relief officials;
(5) the practice, conduct and activities or services of a person who is
employed by a non-resident performance team, entertainer, or an athletic
team to the extent that such services or activities are provided solely to the
team or entertainer in the state for not more than 30 days;
(6) persons giving massage to members of such person's immediate or
extended family without compensation;
(7) persons who restrict their manipulation of the soft tissues of the
human body to the hands, feet or ears and do not hold themselves out to be
massage therapists;
(8) members of any church practicing their religious tenets;
(9) the practice of any person in this state who uses touch, words and
directed movement to deepen awareness of existing patterns of movement
in the body as well as to suggest new possibilities of movement while
engaged within the scope of practice of a profession, provided that they do
not hold themselves out to be massage therapists. Such practices include,
but are not limited to, the Feldenkrais method of somatic education, the
Trager approach to movement education, and body-mind centering;
(10) the practice of any person in this state who uses touch to affect
the energy systems, acupoints or qi meridians (channels of energy) of the
human body while engaged within the scope of practice of a profession,
provided that they do not hold themselves out to be massage therapists.
Such practices include, but are not limited to, polarity, polarity therapy,
polarity bodywork therapy, Asian bodywork therapy, acupressure, jin shin
do, qi gong, reiki, shiatsu and ortho bionomy; or
(11) persons engaged in the profession of structural integration,
restoring postural balance and functional ease by integrating the body in
gravity based on a system of fascial manipulation and awareness, provided
that they do not hold themselves out to be massage therapists. Such
practices include, but are not limited to, rolfing structural integration, the
guild for structural integration and Hellerwork.

New Sec. 6. (a) A person licensed under this act as a massage
therapist shall:

(1) Use the letters "LMT" to identify themselves to patients or the
public; and

(2) be authorized to use words, including "massage therapist,"
"massagist," "massotherapist," "myotherapist," "body therapist," "massage
technician," "massage practitioner," "masseur," "masseuse" or any
derivation of those terms that implies this practice to indicate that such
person is a massage therapist licensed under the act.

(b) On and after September 1, 2017, it shall be unlawful for any
person who is not licensed under this act as a massage therapist or whose
license has been suspended, revoked or lapsed to promote oneself to the
public in any manner as a licensed massage therapist or to engage in the
practice of massage therapy. An intentional violation of this subsection
shall constitute a class B person misdemeanor.

(c) No statute granting authority to persons licensed or registered by
the state board of nursing shall be construed to confer authority upon a
massage therapist to engage in any activity not conferred by this act.

New Sec. 7. (a) An advisory committee of six members, two board
members and four non-board members, shall be established by the board
to advise and assist the board in implementing this act as determined by
the board. The advisory committee shall meet at least annually. Members
of the advisory committee shall receive amounts provided for in K.S.A.
75-3223(e), and amendments thereto, for each day of actual attendance at
any meeting of the advisory committee or any subcommittee meeting of
the advisory committee authorized by the board.

(b) The two board members shall be appointed by the state board of
nursing. The three non-board members of the massage therapy advisory
committee shall be appointed by the state board of nursing, shall be
massage therapists and shall be citizens and residents of the state. No more
than one member may be an owner of a massage school. The fourth non-
board member shall be the designee of the Kansas attorney general. The
members of the committee shall be appointed for terms of two years and
shall serve at the pleasure of the state board of nursing.

New Sec. 8. (a) The board shall biennially charge and collect in
advance fees provided for in this act as fixed by the board by rules and
regulations, subject to the following limitations:

Application fee, not more than..............................................................................$80
Temporary permit fee, not more than $25
License renewal fee, not more than $75
License reinstatement fee, not more than $80
Certified copy of license, not more than $25
Written verification of license, not more than $30
**Inactive license fee, not more than $20**

(b) The board may require that fees paid for any examination under the massage therapist licensure act be paid directly to the examination service by the person taking the examination.

(c) The board shall accept for payment of fees under this section personal checks, certified checks, cashier's checks, money orders or credit cards. The board may designate other methods of payment, but shall not refuse payment in the form of a personal check. The board may impose additional fees and recover any costs incurred by reason of payments made by personal checks with insufficient funds and payments made by credit cards.

New Sec. 9. (a) All licenses issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by the rules and regulations of the board. The board shall send a notice for renewal of license to every massage therapist at least 60 days prior to the expiration date of such person's license. Every person so licensed who desires to renew such license shall file with the board, on or before the date of expiration of such license, a renewal application together with the prescribed biennial renewal fee. Every licensee who is no longer engaged in the active practice of massage therapy may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee which shall be fixed by rules and regulations of the board. Except for the first renewal for a license that expires within 30 months following licensure examination or for renewal of a license that expires within the first nine months following licensure by reinstatement or endorsement, every licensee with an active massage therapy license shall submit with the renewal application evidence of satisfactory completion of a program of continuing massage therapy education required by the board. The board, by duly adopted rules and regulations, shall establish the requirements for such program of continuing massage therapy education. The board shall require as a condition for renewal of a license completion of no more than 12 hours biennially of continuing education approved by the board in rules and regulations. Upon receipt of such application, payment of fee, upon receipt of the evidence of satisfactory completion of the required program of continuing massage therapy education and upon being satisfied that the applicant meets the requirements set forth by law in effect at the time of initial licensure of the
applicant, the board shall verify the accuracy of the application and grant a
renewal license.
(b) Any person who fails to secure a renewal license within the time
specified herein may secure a reinstatement of such lapsed license by
making verified application therefor on a form provided by the board, by
rules and regulations, and upon furnishing proof that the applicant is
competent and qualified to act as a massage therapist and by satisfying all
of the requirements for reinstatement, including payment to the board of a
reinstatement fee as established by the board. A reinstatement application
for licensure will be held awaiting completion of such documentation as
may be required, but such application shall not be held for a period of time
in excess of that specified in rules and regulations.
(c)(1) Each licensee shall notify the board in writing of:
(A) A change in name or address within 30 days of the change; or
(B) a conviction of any felony or misdemeanor, that is specified in
rules and regulations adopted by the board, within 30 days from the date
the conviction becomes final.
(2) As used in this subsection, "conviction" means a final conviction
without regard to whether the sentence was suspended or probation
granted after such conviction. Also, for the purposes of this subsection, a
forfeiture of bail, bond or collateral deposited to secure a defendant's
appearance in court, which forfeiture has not been vacated, shall be
equivalent to a conviction. Failure to so notify the board shall not
constitute a defense in an action relating to failure to renew a license, nor
shall it constitute a defense in any other proceeding.
(d)(1) The board of nursing shall require an original applicant for
licensure as a massage therapist to be fingerprinted and submit to a state
and national criminal history record check. The fingerprints shall be used
to identify the applicant and to determine whether the applicant has a
record of criminal history in this state or other jurisdictions. The board of
nursing is authorized to submit the fingerprints to the Kansas bureau of
investigation and the federal bureau of investigation for a state and
national criminal history record check, and request subsequent arrest
notification services from both agencies. The board of nursing may use the
information obtained from fingerprinting and the applicant's criminal
history for purposes of verifying the identification of any applicant and in
the official determination of character and fitness of the applicant for any
licensure to practice massage therapy in this state.
(2) Local and state law enforcement officers and agencies shall assist
the board of nursing in the taking and processing of fingerprints of
applicants to practice massage therapy in this state and shall release all
records of adult convictions and non-convictions and adult convictions or
adjudications of another state or country to the board of nursing.
(3) The board shall fix a fee for fingerprinting of applicants or licenses, or both, as may be required by the board in an amount necessary to reimburse the board for the cost of the fingerprinting. Fees collected under this subsection shall be deposited in the criminal background and fingerprinting fund.

New Sec. 10. (a) The board may refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify or restrict the licensure issued under this act of any individual who the board, after the opportunity for a hearing, determines:

(1) Is incompetent to practice massage therapy, or is found to engage in the practice of massage therapy in a manner harmful or dangerous to a client or to the public;

(2) is convicted by a court of competent jurisdiction of a felony, misdemeanor crimes against persons or substantiation of abuse against a child, adult or resident of a care facility, even if not practice related;

(3) has violated a provision of the massage therapist licensure act or one or more of the rules and regulations of the board;

(4) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;

(5) has knowingly made a false statement on a form required by the board for license or license renewal;

(6) has failed to obtain continuing education credits required by rules and regulations of the board;

(7) has been found guilty of unprofessional conduct as defined by rules and regulations established by the board; or

(8) has had a registration, license or certificate as a massage therapist revoked, suspended or limited, or has had other disciplinary action taken, or an application for registration, license or certificate denied, by the proper regulatory authority of another state, territory, District of Columbia or another country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(b) Upon filing of a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct an investigation. After investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds for believing the applicant or licensee is guilty of the charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(c) No person shall be excused from testifying in any proceedings before the board under this act or in any civil proceedings under this act
before a court of competent jurisdiction on the ground that such testimony may incriminate the person testifying, but such testimony shall not be used against the person for the prosecution of any crime under the laws of this state except the crime of perjury as defined in K.S.A. 2014 Supp. 21-5903, and amendments thereto.

(d) If final agency action of the board in a proceeding under this section is adverse to the applicant or licensee, the costs of the board’s proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued by the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee shall be paid from the board of nursing fee fund. All moneys collected following board proceedings shall be credited in full to the board of nursing fee fund.

(e) The denial, suspension, revocation or limitation of a license or public or private censure of a licensee may be ordered by the board after notice and hearing on the matter in accordance with the provisions of the Kansas administrative procedure act. The board shall also notify the local law enforcement agency upon disciplinary action. Upon the end of the period no less than two years for the revocation of a license, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement and may hold a hearing to consider such reinstatement. An application for reinstatement of a revoked license shall be accompanied by the license reinstatement fee established under section 8, and amendments thereto.

(f) The board, in addition to any other penalty prescribed in subsection (a), may assess a civil fine, after proper notice and an opportunity to be heard, against a licensee for unprofessional conduct 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.

(g) The board, upon request, shall receive from the Kansas bureau of investigation such criminal history record information relating to arrests and criminal convictions as necessary for the purpose of determining initial and continuing qualifications of licensees of and applicants for licensure by the board.

New Sec. 11. The board shall remit all moneys received from fees,
charges or penalties 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. Ten percent of each such deposit shall be credited to the state
general fund and the balance shall be credited to the nursing fee fund. All
expenditures from such fund shall be made in accordance with
appropriation acts upon warrants of the director of accounts and reports
issued pursuant to vouchers approved by the president of the board or by a
person designated by the president of the board.

New Sec. 12. A local unit of government shall not establish or
maintain professional licensing requirements for a massage therapist
licensed under this act. Nothing in this act shall affect local zoning
requirements. Local government law enforcement agencies may inspect
massage therapy registrations and the business premises where massage
therapy is practiced for compliance with applicable laws. Nothing in this
section shall be construed to preclude criminal prosecution for a violation
of any criminal law. If such inspection reveals the practice of massage
therapy by a person without a valid license, the person may be charged
with a violation of section 6 (b), and amendments thereto.

New Sec. 13. (a) When it appears to the board that any person is
violating any of the provisions of this act, the board may bring an action in
the name of the state of Kansas in a court of competent jurisdiction for an
injunction against such violation without regard to whether proceedings
have been or may be instituted before the board or whether criminal
proceedings have been or may be instituted.

(b) The provisions of this section shall take effect on and after
September 1, 2017.

New Sec. 14. All state agency adjudicative proceedings under the
licensed massage therapist act shall be conducted in accordance with the
provisions of the Kansas administrative procedure act and shall be
reviewable in accordance with the Kansas judicial review act.

New Sec. 15. Professional liability insurance coverage shall be
maintained in effect by each massage therapist as a condition to rendering
professional service as a massage therapist in this state. The board shall fix
by rules and regulations the minimum level of coverage for such
professional liability insurance.

New Sec. 16. On the effective date of this act, nothing in the massage
therapist licensure act or in the provisions of K.S.A. 40-2,100 through 40-
2,105, and amendments thereto, or K.S.A. 2014 Supp. 40-2,105a through
40-2,105d, and amendments thereto, shall be construed to require that any
individual, group or blanket policy of accident and sickness, medical or
surgical expense insurance coverage or any provision of a policy, contract,
plan or agreement for medical service issued on or after the effective date
of this act, reimburse or indemnify a person licensed under the massage
therapist licensure act for services provided as a massage therapist.

New Sec. 17. Sections 1 through 17, and amendments thereto, shall
be known and may be cited as the massage therapist licensure act.

Sec. 18. K.S.A. 2014 Supp. 74-1112 is hereby amended to read as
follows: 74-1112. (a) The board of nursing may require an original
applicant for licensure as a professional nurse, practical nurse—œ, mental
health technician or massage therapist to be fingerprinted and submit to a
state and national criminal history record check. The fingerprints shall be
used to identify the applicant and to determine whether the applicant has a
record of criminal history in this state or other jurisdictions. The board of
nursing is authorized to submit the fingerprints to the Kansas bureau of
investigation and the federal bureau of investigation for a state and
national criminal history record check. The board of nursing may use the
information obtained from fingerprinting and the applicant's criminal
history for purposes of verifying the identification of any applicant and in
the official determination of character and fitness of the applicant for any
licensure to practice professional or practical nursing—œ, mental health
technology or massage therapy in this state.

(b) Local and state law enforcement officers and agencies shall assist
the board of nursing in taking and processing of fingerprints of applicants
to practice professional or practical nursing—œ, mental health technology
or massage therapy in this state and shall release all records of adult
convictions and nonconvictions and adult convictions or adjudications of
another state or country to the board of nursing.

(c) The board shall fix a fee for fingerprinting of applicants or
licensees, or both, as may be required by the board in an amount necessary
to reimburse the board for the cost of the fingerprinting. Fees collected
under this subsection shall be deposited in the criminal background and
fingerprinting fund.

(d) There is hereby created in the state treasury the criminal
background and fingerprinting fund. All moneys credited to the fund shall
be used to pay the Kansas bureau of investigation for the processing of
fingerprints and criminal history background checks for the board of
nursing. The fund shall be administered by the board of nursing. All
expenditures from the fund shall be made in accordance with appropriation
acts upon warrants of the director of accounts and reports issued pursuant
to vouchers approved by the president of the board or a person designated
by the president.

Sec. 19. K.S.A. 2014 Supp. 74-1112 is hereby repealed.

Sec. 20. This act shall take effect and be in force from and after its
publication in the statute book.
HOUSE BILL No. 2123

By Committee on Health and Human Services

AN ACT enacting the massage therapist licensure act; providing for powers, duties and functions of the state board of nursing; amending K.S.A. 2014 Supp. 74-1112 and repealing the existing section.

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

New Section 1. As used in this act:
(a) "Board" means the state board of nursing.
(b) "Massage school" means a massage therapy educational program which meets the standards for training and curriculum as set forth by the state board of regents under the Kansas private and out-of-state postsecondary educational institution act, or comparable legal authority in another state.
(c) "Compensation" means the payment, loan, advance, donation, contribution, barter, deposit or gift of money or anything of value.
(d) "Licensed massage therapist" means a person who meets the requirements of this act and who engages in the practice of massage therapy.
(e) "Professional massage therapy association or bodywork association" means a state or nationally chartered professional membership organization that has been recognized by the board as offering services to massage therapists. The organization requires that its members must adhere to the organization's established code of ethics and standards of practice.
(f) "Practice of massage therapy" means the care and services provided by a licensed massage therapist in a system of therapeutic, structured touch, palpation or movement of the skin, muscle, tendons, fascia and the lymphatic system of another person's body in order to enhance or restore the general health and well-being of the recipient.
(1) Such system includes, but is not limited to:
(A) Techniques such as effleurage, commonly called stroking or gliding; petrissage, commonly called kneading; tapotement or percussion; friction, vibration, compression;
(B) stretching within the normal anatomical range of movement;
(C) hydrotherapy; or
(D) such techniques which may be applied with or without the aid of lubricants, salt or herbal preparations, water, hot and cold applications or a
massage device that mimics or enhances the actions possible by human
hands.

(2) "Massage" or "massage therapy" does not include:
(A) Medical or nursing diagnosis of injury, illness or disease;
(B) therapeutic exercise;
(C) chiropractic joint adjustment;
(D) physical therapy joint mobilization or manipulation;
(E) electrical stimulation or application of ultrasound; or
(F) dispensing or issuing prescriptions or pharmaceutical agents.
(g) "Massage therapy services" include, but are not limited to:
(1) Development, implementation and modification of a massage
therapy treatment plan that addresses client soft tissue manifestations,
needs and concerns, including identifying indications, contraindications
and precautions of massage therapy within the scope of the act;
(2) obtaining informed consent regarding the risks and benefits of the
massage therapy treatment plan and application and modification of the
massage therapy treatment plan as needed;
(3) using effective interpersonal communication in the professional
relationship;
(4) utilizing an ethical decision-making process that conforms to the
ethical standards of the profession, as set forth in this act and in rules and
regulations;
(5) establishing and maintaining a practice environment that provides
for the client's health, safety and comfort; or
(6) establishing and maintaining client records, professional records
and business records in compliance with standards of professional conduct
as required by rules and regulations.

New Sec. 2. (a) Upon application to the board and the payment of the
required fees, an applicant for a license as a massage therapist may be
licensed as a massage therapist if the applicant meets all the requirements
of this act and provides documentation acceptable to the board that the
applicant:
(1) Has obtained a high school diploma or equivalent;
(2) is 18 years of age or older;
(3) has no other disqualifying conduct as defined by the board;
(4) has successfully completed a course of instruction approved by
the board consisting of at least 500 in-classroom hours of supervised
instruction, including massage therapy technique and theory,
contraindications, ethics, sanitation, hygiene, business training, anatomy,
physiology and pathology; and
(5) has successfully passed a nationally recognized competency
examination in massage that meets acceptable psychometric principles, is
statistically validated through a job-task analysis under current standards
for educational and professional testing and has been approved by the board. The passage of this exam may have occurred prior to the effective date of this act.

New Sec. 3. Prior to July 1, 2017, the board may issue a license as a massage therapist to any individual who meets the requirements of section 2(a)(1), (2) and (3), and amendments thereto, and one of the following requirements verified to the board by affidavit:

(a) The individual has completed a minimum of 500 hours of instruction relating to massage therapy at a massage school or comparable legal authority in another state verified to the board by affidavit;
(b) the individual has completed at least 300 hours of training in massage therapy during the three years;
(c) the individual has practiced for at least three years;
(d) the individual has been an active member in good standing of a professional massage or bodywork therapy association as a massage or bodywork therapist for a period of at least 12 months; or
(e) the individual has successfully passed an examination meeting the requirements of section 2(a)(5), and amendments thereto, or passed a nationally recognized certification examination.

New Sec. 4. (a) The board may issue a license to practice massage therapy as a licensed massage therapist to an applicant who has been duly licensed as a massage therapist by examination under the laws of another state or territory if, in the opinion of the board, the applicant meets the qualifications required of a licensed professional in this state. Verification of the applicant’s licensure status shall be required from the original state of licensure.

(b) The board may issue a temporary permit to practice massage therapy as a licensed massage therapist for a period not to exceed 120 days. A temporary permit for 120 days may be issued to an applicant for licensure as a licensed massage therapist who is a graduate of a massage school in a foreign country after verification of licensure in that foreign country and approval of educational credentials.

New Sec. 5. (a) Nothing in this act shall be construed to restrict any person licensed or regulated by the state of Kansas from engaging in the profession or practice for which they are licensed or regulated including, but not limited to, acupuncture, athletic training, barbering, chiropractic, cosmetology, dentistry, electrology, esthetics, manicuring, medicine, naturopathic medicine, nursing, occupational therapy, osteopathy, physical therapy, podiatry, professional counseling, psychology, social work or veterinary medicine or any other licensed or regulated profession by the state of Kansas.

(b) Nothing in this act shall prohibit:

(1) The practice of massage therapy by a person employed by the
government of the United States while the person is engaged in the
performance of duties prescribed by the laws and regulations of the United
States;
(2) the practice of massage therapy by persons duly licensed,
registered, or certified in another state, territory, the District of Columbia,
or a foreign country when incidentally called into this state to teach a
course related to massage therapy or to consult with a person licensed
under this act;
(3) students currently enrolled in a massage school while completing
a clinical requirement or supervised massage therapy fieldwork experience
for graduation performed under the supervision of a person licensed under
this act, provided the student does not hold oneself out as a licensed
massage therapist and does not receive compensation for services
performed;
(4) any person performing massage therapy services in the state, if
those services are performed without compensation and are performed in
cooperation with a charitable organization or as part of an emergency
response team working in conjunction with disaster relief officials;
(5) the practice, conduct and activities or services of a person who is
employed by a non-resident performance team, entertainer, or an athletic
team to the extent that such services or activities are provided solely to the
team or entertainer in the state for not more than 30 days;
(6) persons giving massage to members of such person's immediate or
extended family without compensation;
(7) persons who restrict their manipulation of the soft tissues of the
human body to the hands, feet or ears and do not hold themselves out to be
massage therapists;
(8) members of any church practicing their religious tenets;
(9) the practice of any person in this state who uses touch, words and
directed movement to deepen awareness of existing patterns of movement
in the body as well as to suggest new possibilities of movement while
engaged within the scope of practice of a profession, provided that they do
not hold themselves out to be massage therapists. Such practices include,
but are not limited to, the Feldenkrais method of somatic education, the
Trager approach to movement education, and body-mind centering;
(10) the practice of any person in this state who uses touch to affect
the energy systems, acupoints or qi meridians (channels of energy) of the
human body while engaged within the scope of practice of a profession,
provided that they do not hold themselves out to be massage therapists.
Such practices include, but are not limited to, polarity, polarity therapy,
polarity bodywork therapy, Asian bodywork therapy, acupressure, jin shin
do, qi gong, reiki, shiatsu and ortho bionomy; or
(11) persons engaged in the profession of structural integration,
restoring postural balance and functional ease by integrating the body in
gavity based on a system of fascial manipulation and awareness, provided
that they do not hold themselves out to be massage therapists. Such
practices include, but are not limited to, rolfing structural integration, the
guid for structural integration and Hellerwork.

New Sec. 6. (a) A person licensed under this act as a massage
therapist shall:

(1) Use the letters "LMT" to identify themselves to patients or the
public; and

(2) be authorized to use words, including "massage therapist,"
"massagist," "massotherapist," "myotherapist," "body therapist," "massage
technician," "massage practitioner," "masseur," "masseuse" or any
derivation of those terms that implies this practice to indicate that such
person is a massage therapist licensed under the act.

(b) On and after September 1, 2017, it shall be unlawful for any
person who is not licensed under this act as a massage therapist or whose
license has been suspended, revoked or lapsed to promote oneself to the
public in any manner as a licensed massage therapist or to engage in the
practice of massage therapy. An intentional violation of this subsection
shall constitute a class B person misdemeanor.

(c) No statute granting authority to persons licensed or registered by
the state board of nursing shall be construed to confer authority upon a
massage therapist to engage in any activity not conferred by this act.

New Sec. 7. (a) An advisory committee of six members, two board
members and four non-board members, shall be established by the board
to advise and assist the board in implementing this act as determined by
the board. The advisory committee shall meet at least annually. Members
of the advisory committee shall receive amounts provided for in K.S.A.
75-3223(e), and amendments thereto, for each day of actual attendance at
any meeting of the advisory committee or any subcommittee meeting of
the advisory committee authorized by the board.

(b) The two board members shall be appointed by the state board of
nursing. The three non-board members of the massage therapy advisory
commitee shall be appointed by the state board of nursing, shall be
massage therapists and shall be citizens and residents of the state. No more
than one member may be an owner of a massage school. The fourth non-
board member shall be the designee of the Kansas attorney general. The
members of the committee shall be appointed for terms of two years and
shall serve at the pleasure of the state board of nursing.

New Sec. 8. (a) The board shall biennially charge and collect in
advance fees provided for in this act as fixed by the board by rules and
regulations, subject to the following limitations:

Application fee, not more than.......................................................... $80
Temporary permit fee, not more than.................................................................$25
License renewal fee, not more than.................................................................$75
License reinstatement fee, not more than.........................................................$80
Certified copy of license, not more than..........................................................$25
Written verification of license, not more than..................................................$30
Inactive license fee, not more than.................................................................$20

(b) The board may require that fees paid for any examination under
the massage therapist licensure act be paid directly to the examination
service by the person taking the examination.

(c) The board shall accept for payment of fees under this section
personal checks, certified checks, cashier's checks, money orders or credit
cards. The board may designate other methods of payment, but shall not
refuse payment in the form of a personal check. The board may impose
additional fees and recover any costs incurred by reason of payments made
by personal checks with insufficient funds and payments made by credit
cards.

New Sec. 9. (a) All licenses issued under the provisions of this act,
whether initial or renewal, shall expire every two years. The expiration
date shall be established by the rules and regulations of the board. The
board shall send a notice for renewal of license to every massage therapist
at least 60 days prior to the expiration date of such person's license. Every
person so licensed who desires to renew such license shall file with the
board, on or before the date of expiration of such license, a renewal
application together with the prescribed biennial renewal fee. Every
licensee who is no longer engaged in the active practice of massage
therapy may so state by affidavit and submit such affidavit with the
renewal application. An inactive license may be requested along with
payment of a fee which shall be fixed by rules and regulations of the
board. Except for the first renewal for a license that expires within 30
months following licensure examination or for renewal of a license that
expires within the first nine months following licensure by reinstatement
or endorsement, every licensee with an active massage therapy license
shall submit with the renewal application evidence of satisfactory
completion of a program of continuing massage therapy education
required by the board. The board, by duly adopted rules and regulations,
shall establish the requirements for such program of continuing massage
therapy education. The board shall require as a condition for renewal of a
license completion of no more than 12 hours biennially of continuing
education approved by the board in rules and regulations. Upon receipt of
such application, payment of fee, upon receipt of the evidence of
satisfactory completion of the required program of continuing massage
therapy education and upon being satisfied that the applicant meets the
requirements set forth by law in effect at the time of initial licensure of the
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applicant, the board shall verify the accuracy of the application and grant a
renewal license.

(b) Any person who fails to secure a renewal license within the time
specified herein may secure a reinstatement of such lapsed license by
making verified application therefor on a form provided by the board, by
rules and regulations, and upon furnishing proof that the applicant is
competent and qualified to act as a massage therapist and by satisfying all
of the requirements for reinstatement, including payment to the board of a
reinstatement fee as established by the board. A reinstatement application
for licensure will be held awaiting completion of such documentation as
may be required, but such application shall not be held for a period of time
in excess of that specified in rules and regulations.

(c) (1) Each licensee shall notify the board in writing of:
(A) A change in name or address within 30 days of the change; or
(B) a conviction of any felony or misdemeanor, that is specified in
rules and regulations adopted by the board, within 30 days from the date
the conviction becomes final.

(2) As used in this subsection, "conviction" means a final conviction
without regard to whether the sentence was suspended or probation
granted after such conviction. Also, for the purposes of this subsection, a
forfeiture of bail, bond or collateral deposited to secure a defendant's
appearance in court, which forfeiture has not been vacated, shall be
equivalent to a conviction. Failure to so notify the board shall not
constitute a defense in an action relating to failure to renew a license, nor
shall it constitute a defense in any other proceeding.

(d) (1) The board of nursing shall require an original applicant for
licensure as a massage therapist to be fingerprinted and submit to a state
and national criminal history record check. The fingerprints shall be used
to identify the applicant and to determine whether the applicant has a
record of criminal history in this state or other jurisdictions. The board of
nursing is authorized to submit the fingerprints to the Kansas bureau of
investigation and the federal bureau of investigation for a state and
national criminal history record check, and request subsequent arrest
notification services from both agencies. The board of nursing may use the
information obtained from fingerprinting and the applicant's criminal
history for purposes of verifying the identification of any applicant and in
the official determination of character and fitness of the applicant for any
licensure to practice massage therapy in this state.

(2) Local and state law enforcement officers and agencies shall assist
the board of nursing in the taking and processing of fingerprints of
applicants to practice massage therapy in this state and shall release all
records of adult convictions and non-convictions and adult convictions or
adjudications of another state or country to the board of nursing.
(3) The board shall fix a fee for fingerprinting of applicants or licensees, or both, as may be required by the board in an amount necessary to reimburse the board for the cost of the fingerprinting. Fees collected under this subsection shall be deposited in the criminal background and fingerprinting fund.

New Sec. 10. (a) The board may refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify or restrict the licensure issued under this act of any individual who the board, after the opportunity for a hearing, determines:

(1) is incompetent to practice massage therapy, or is found to engage in the practice of massage therapy in a manner harmful or dangerous to a client or to the public;

(2) is convicted by a court of competent jurisdiction of a felony, misdemeanor crimes against persons or substantiation of abuse against a child, adult or resident of a care facility, even if not practice related;

(3) has violated a provision of the massage therapist licensure act or one or more of the rules and regulations of the board;

(4) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;

(5) has knowingly made a false statement on a form required by the board for license or license renewal;

(6) has failed to obtain continuing education credits required by rules and regulations of the board;

(7) has been found guilty of unprofessional conduct as defined by rules and regulations established by the board; or

(8) has had a registration, license or certificate as a massage therapist revoked, suspended or limited, or has had other disciplinary action taken, or an application for registration, license or certificate denied by the proper regulatory authority of another state, territory, District of Columbia or another country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(b) Upon filing of a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct an investigation. After investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds for believing the applicant or licensee is guilty of the charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(c) No person shall be excused from testifying in any proceedings before the board under this act or in any civil proceedings under this act.
before a court of competent jurisdiction on the ground that such testimony may incriminate the person testifying, but such testimony shall not be used against the person for the prosecution of any crime under the laws of this state except the crime of perjury as defined in K.S.A. 2014 Supp. 21-5903, and amendments thereto.

(d) If final agency action of the board in a proceeding under this section is adverse to the applicant or licensee, the costs of the board's proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued by the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee, shall be paid from the board of nursing fee fund. All moneys collected following board proceedings shall be credited in full to the board of nursing fee fund.

(e) The denial, suspension, revocation or limitation of a license or public or private censure of a licensee may be ordered by the board after notice and hearing on the matter in accordance with the provisions of the Kansas administrative procedure act. The board shall also notify the local law enforcement agency upon disciplinary action. Upon the end of the period no less than two years for the revocation of a license, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement and may hold a hearing to consider such reinstatement. An application for reinstatement of a revoked license shall be accompanied by the license reinstatement fee established under section 8, and amendments thereto.

(f) The board, in addition to any other penalty prescribed in subsection (a), may assess a civil fine, after proper notice and an opportunity to be heard, against a licensee for unprofessional conduct 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.

(g) The board, upon request, shall receive from the Kansas bureau of investigation such criminal history record information relating to arrests and criminal convictions as necessary for the purpose of determining initial and continuing qualifications of licensees and applicants for licensure by the board.

New Sec. 11. The board shall remit all moneys received from fees,
charges or penalties 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. Ten percent of each such deposit shall be credited to the state
general fund and the balance shall be credited to the nursing fee fund. All
expenditures from such fund shall be made in accordance with
appropriation acts upon warrants of the director of accounts and reports
issued pursuant to vouchers approved by the president of the board or by a
person designated by the president of the board.

New Sec. 12. A local unit of government shall not establish or
maintain professional licensing requirements for a massage therapist
licensed under this act. Nothing in this act shall affect local zoning
requirements. Local government law enforcement agencies may inspect
massage therapy registrations and the business premises where massage
therapy is practiced for compliance with applicable laws. Nothing in this
section shall be construed to preclude criminal prosecution for a violation
of any criminal law. If such inspection reveals the practice of massage
therapy by a person without a valid license, the person may be charged
with a violation of section 6(b), and amendments thereto.

New Sec. 13. (a) When it appears to the board that any person is
violating any of the provisions of this act, the board may bring an action in
the name of the state of Kansas in a court of competent jurisdiction for an
injunction against such violation without regard to whether proceedings
have been or may be instituted before the board or whether criminal
proceedings have been or may be instituted.

(b) The provisions of this section shall take effect on and after
September 1, 2017.

New Sec. 14. All state agency adjudicative proceedings under the
licensed massage therapist act shall be conducted in accordance with the
provisions of the Kansas administrative procedure act and shall be
reviewable in accordance with the Kansas judicial review act.

New Sec. 15. Professional liability insurance coverage shall be
maintained in effect by each massage therapist as a condition to rendering
professional service as a massage therapist in this state. The board shall fix
by rules and regulations the minimum level of coverage for such
professional liability insurance.

New Sec. 16. On the effective date of this act, nothing in the massage
therapist licensure act or in the provisions of K.S.A. 40-2,100 through 40-
2,105, and amendments thereto, or K.S.A. 2014 Supp. 40-2,105a through
40-2,105d, and amendments thereto, shall be construed to require that any
individual, group or blanket policy of accident and sickness, medical or
surgical expense insurance coverage or any provision of a policy, contract,
plan or agreement for medical service issued on or after the effective date
of this act, reimburse or indemnify a person licensed under the massage
therapist licensure act for services provided as a massage therapist.

New Sec. 17. Sections 1 through 17, and amendments thereto, shall
be known and may be cited as the massage therapist licensure act.

Sec. 18. K.S.A. 2014 Supp. 74-1112 is hereby amended to read as
follows: 74-1112. (a) The board of nursing may require an original
applicant for licensure as a professional nurse, practical nurse—or, mental
health technician or massage therapist to be fingerprinted and submit to a
state and national criminal history record check. The fingerprints shall be
used to identify the applicant and to determine whether the applicant has a
record of criminal history in this state or other jurisdictions. The board of
nursing is authorized to submit the fingerprints to the Kansas bureau of
investigation and the federal bureau of investigation for a state and
national criminal history record check. The board of nursing may use the
information obtained from fingerprinting and the applicant’s criminal
history for purposes of verifying the identification of any applicant and in
the official determination of character and fitness of the applicant for any
licensure to practice professional or practical nursing—or, mental health
technology or massage therapy in this state.

(b) Local and state law enforcement officers and agencies shall assist
the board of nursing in taking and processing of fingerprints of applicants
to practice professional or practical nursing—or, mental health technology
or massage therapy in this state and shall release all records of adult
convictions and nonconvictions and adult convictions or adjudications of
another state or country to the board of nursing.

(c) The board shall fix a fee for fingerprinting of applicants or
licensees, or both, as may be required by the board in an amount necessary
to reimburse the board for the cost of the fingerprinting. Fees collected
under this subsection shall be deposited in the criminal background and
fingerprinting fund.

(d) There is hereby created in the state treasury the criminal
background and fingerprinting fund. All moneys credited to the fund shall
be used to pay the Kansas bureau of investigation for the processing of
fingerprints and criminal history background checks for the board of
nursing. The fund shall be administered by the board of nursing. All
expenditures from the fund shall be made in accordance with appropriation
acts upon warrants of the director of accounts and reports issued pursuant
to vouchers approved by the president of the board or a person designated
by the president.

Sec. 19. K.S.A. 2014 Supp. 74-1112 is hereby repealed.

Sec. 20. This act shall take effect and be in force from and after its
publication in the statute book.
SENATE BILL No. 69  

By Committee on Public Health and Welfare

1-22


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

Section 1. K.S.A. 2014 Supp. 65-1113 is hereby amended to read as follows: 65-1113. When used in this act and the act of which this section is amendatory:

(a) "Board" means the board of nursing.

(b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.

(c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.

(d) Practice of nursing. (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and amendments thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the
medical regimen as prescribed by a person licensed to practice medicine and surgery or, a person licensed to practice dentistry or by a person licensed to practice as an advanced practice registered nurse. (2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and any amendments thereto, of tasks and responsibilities defined in part (d) of this subsection (d)(1) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or, a person licensed to practice dentistry or by a person licensed to practice as an advanced practice registered nurse.

(e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (i) of subsection (d) of this section(1).

(f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d) of this section(2).

(g) "Advanced practice registered nurse" or "APRN" means a professional nurse who holds a license from the board to function as a professional nurse in an advanced role, and this advanced role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130, and amendments thereto.

Sec. 2. K.S.A. 2014 Supp. 65-1130 is hereby amended to read as follows: 65-1130. (a) No professional nurse shall announce or represent to the public that such person is an advanced practice registered nurse unless such professional nurse has complied with requirements established by the board and holds a valid license as an advanced practice registered nurse in accordance with the provisions of this section.

(b) On and after the effective date of this act, to be eligible for an initial advanced practice registered nurse license, an applicant shall hold and maintain a current advanced practice registered nurse certification granted by a national certifying organization recognized by the board whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board.

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

(d) The board shall adopt rules and regulations applicable to advanced practice registered nurses which:
(1) Establish roles and identify titles and abbreviations of advanced practice registered nurses which are consistent with advanced nursing practice specialties recognized by the nursing profession.

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

(3) Define the role of advanced practice registered nurses and establish limitations and restrictions on such role. The board shall adopt a definition of the role under this subsection (c)(3) which is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse, which protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and which authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider: (A) The education required for a licensure as an advanced practice registered nurse; (B) the type of nursing practice and preparation in specialized advanced practice skills involved in each role of advanced practice registered nurse established by the board; (C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education in nursing; and (E) the certification standards established by an accredited national organization whose certification standards are approved by the board as equal to or greater than the corresponding standards established under this act for obtaining authorization to practice as an advanced practice registered nurse in the specific role.

(c) "Treatment" means, when used in conjunction with the practice of an advanced practice registered nurse, planning, diagnosing, ordering and executing of a healthcare plan including, but not limited to, pharmacologic and non-pharmacologic interventions. This term also includes prescribing medical devices and equipment, nutrition, and diagnostic and supportive services including, but not limited to, home health care, hospice, physical and occupational therapy.

(f) The practice of nursing as an advanced practice registered nurse
means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and amendments thereto, of the process in which advanced knowledge derived from the biological, physical and behavioral sciences is applied to direct and indirect care, including, but not limited to, creating and executing a health care plan; nursing and medical diagnosis, management, treatment and prescribing; administering pharmacologic and non-pharmacologic interventions; counseling and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health; or the prevention or management of illness, injury or infirmity; administration, supervising or teaching within the advanced practice registered nurse's role. Within the role of the advanced practice registered nurse, an advanced practice registered nurse may serve as a primary care provider and lead health care teams.

(d) (g) An advanced practice registered nurse may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced practice registered nurse is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced practice registered nurse. Advanced practice registered nurses are authorized to prescribe, procure and administer prescription drugs and controlled substances pursuant to applicable state and federal laws. Any written prescription order shall include the name, address and telephone number of the responsible physician advanced practice registered nurse. The advanced practice registered nurse may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician. In order to prescribe controlled substances, the advanced practice registered nurse shall: (1) Register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians. In no case shall the scope of authority of the advanced practice registered nurse exceed the normal and customary practice of the responsible physician nursing of the federal drug enforcement administration registration as prescribed by rules and regulations of the board. An advanced practice registered nurse shall comply with the federal drug enforcement administration requirements related to controlled substances. An advanced practice registered nurse certified in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the
provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person licensed to practice medicine and surgery in Kansas who has accepted responsibility for the protocol and the actions of the advanced practice registered nurse when prescribing drugs.

(e) (h) An advanced practice registered nurse is accountable to patients, the nursing profession and the board for complying with the requirements of the nurse practice act, and any rules and regulations adopted pursuant thereto, and is responsible for recognizing limits of knowledge and experience, planning for the management of situations beyond the advanced practice registered nurse's expertise and referring patients to other health care professionals as appropriate.

(i) (1) The board, by rules and regulations, shall establish a program of transition to full practice for all persons who on and after the effective date of this act are granted initial licensure as an advanced practice registered nurse or who have less than 2,000 hours of licensed active practice as an advanced practice registered nurse in their initial roles.

(2) Advanced practice registered nurses who are subject to the program of transition to full practice shall not prescribe medications except as provided in this subsection.

(3) As part of the program of transition to full practice, an advanced practice registered nurse shall complete, within two years from the commencement of the program by the advanced practice registered nurse, a transition to full practice period of 2,000 hours while maintaining a collaborative relationship for practice and for prescribing medications with either a licensed advanced practice registered nurse with full prescriptive authority under subsection (g) or with a physician. The advanced practice registered nurse shall engage in the practice of nursing as an advanced practice registered nurse and may prescribe medications as part of the collaborative relationship.

(4) As part of the program of transition to full practice, the board shall specify the manner and form in which the advanced practice registered nurse participating in the program may identify oneself professionally and to the public.

(5) The advanced practice registered nurse shall be responsible for completing the required documentation for the program of transition to full practice as specified by the board.

(6) Upon the successful completion of the program of transition to full practice, the board of nursing shall authorize the advanced practice registered nurse to engage in the practice of advanced practice registered nursing without the limitations of this subsection and as otherwise authorized by law.

(7) The board may adopt rules and regulations necessary to carry out the provisions of this subsection.
(8) An advanced practice registered nurse functioning in the role of
registered nurse anesthetist shall be subject to the provisions of K.S.A. 65-
1151 to 65-1164, inclusive, and amendments thereto, and shall not be
subject to the provisions of this subsection.

(9) As used in this subsection, "physician" means a person licensed to
practice medicine and surgery.

(j) When a provision of law or rule and regulation requires a
signature, certification, verification, affidavit or endorsement by a
physician, that requirement may be fulfilled by a licensed advanced
practice registered nurse working within the scope of practice of such
nurse's respective role.

(k) The confidential relations and communications between an
advance practice registered nurse and the advance practice registered
nurse's patient are placed on the same basis as provided by law as those
between a physician and a physician's patient in K.S.A. 60-427, and
amendments thereto.

(l) An advanced practice registered nurse shall maintain malpractice
insurance coverage in effect as a condition to rendering professional
service as an advanced practice registered nurse in this state and shall
provide proof of insurance at time of licensure and renewal of license. The
requirements of this subsection shall not apply to an advanced practice
registered nurse who practices solely in an employment which results in
the advanced practice registered nurse being covered under the federal
tort claim act or state tort claims act, or who practices solely as a
charitable health care provider under K.S.A. 75-6102, and amendments
thereto, or who is serving on active duty in the military service of the
United States.

(m) As used in this section, "drug" means those articles and
substances defined as drugs in K.S.A. 65-1626 and 65-4101, and
amendments thereto.

(f) A person registered to practice as an advanced registered nurse
practitioner in the state of Kansas immediately prior to the effective date of
this act shall be deemed to be licensed to practice as an advanced practice
registered nurse under this act and such person shall not be required to file
an original application for licensure under this act. Any application for
registration filed which has not been granted prior to the effective date of
this act shall be processed as an application for licensure under this act.

Sec. 3. K.S.A. 2014 Supp. 39-923 is hereby amended to read as
follows: 39-923. (a) As used in this act:

(1) "Adult care home" means any nursing facility, nursing facility for
mental health, intermediate care facility for people with intellectual
disability, assisted living facility, residential health care facility, home plus,
boarding care home and adult day care facility; all of which are
classifications of adult care homes and are required to be licensed by the
secretary for aging and disability services.
(2) "Nursing facility" means any place or facility operating 24 hours a
day, seven days a week, caring for six or more individuals not related
within the third degree of relationship to the administrator or owner by
blood or marriage and who, due to functional impairments, need skilled
nursing care to compensate for activities of daily living limitations.
(3) "Nursing facility for mental health" means any place or facility
operating 24 hours a day, seven days a week, caring for six or more
individuals not related within the third degree of relationship to the
administrator or owner by blood or marriage and who, due to functional
impairments, need skilled nursing care and special mental health services
to compensate for activities of daily living limitations.
(4) "Intermediate care facility for people with intellectual disability"
means any place or facility operating 24 hours a day, seven days a week,
caring for four or more individuals not related within the third degree of
relationship to the administrator or owner by blood or marriage and who,
due to functional impairments caused by intellectual disability or related
conditions, need services to compensate for activities of daily living
limitations.
(5) "Assisted living facility" means any place or facility caring for six
or more individuals not related within the third degree of relationship to
the administrator, operator or owner by blood or marriage and who, by
choice or due to functional impairments, may need personal care and may
need supervised nursing care to compensate for activities of daily living
limitations and in which the place or facility includes apartments for
residents and provides or coordinates a range of services including
personal care or supervised nursing care available 24 hours a day, seven
days a week, for the support of resident independence. The provision of
skilled nursing procedures to a resident in an assisted living facility is not
prohibited by this act. Generally, the skilled services provided in an
assisted living facility shall be provided on an intermittent or limited term
basis, or if limited in scope, a regular basis.
(6) "Residential health care facility" means any place or facility, or a
contiguous portion of a place or facility, caring for six or more individuals
not related within the third degree of relationship to the administrator,
operator or owner by blood or marriage and who, by choice or due to
functional impairments, may need personal care and may need supervised
nursing care to compensate for activities of daily living limitations and in
which the place or facility includes individual living units and provides or
coordinates personal care or supervised nursing care available on a 24-
hour, seven-days-a-week basis for the support of resident independence.
The provision of skilled nursing procedures to a resident in a residential
health care facility is not prohibited by this act. Generally, the skilled
services provided in a residential health care facility shall be provided on
an intermittent or limited term basis, or if limited in scope, a regular basis.
(7) "Home plus" means any residence or facility caring for not more
than 12 individuals not related within the third degree of relationship to the
operator or owner by blood or marriage unless the resident in need of care
is approved for placement by the secretary for children and families, and
who, due to functional impairment, needs personal care and may need
supervised nursing care to compensate for activities of daily living
limitations. The level of care provided to residents shall be determined by
preparation of the staff and rules and regulations developed by the Kansas
department for aging and disability services. An adult care home may
convert a portion of one wing of the facility to a not less than five-bed and
not more than 12-bed home plus facility provided that the home plus
facility remains separate from the adult care home, and each facility must
remain contiguous. Any home plus that provides care for more than eight
individuals after the effective date of this act shall adjust staffing personnel
and resources as necessary to meet residents' needs in order to maintain the
current level of nursing care standards. Personnel of any home plus who
provide services for residents with dementia shall be required to take
annual dementia care training.
(8) "Boarding care home" means any place or facility operating 24
hours a day, seven days a week, caring for not more than 10 individuals
not related within the third degree of relationship to the operator or owner
by blood or marriage and who, due to functional impairment, need
supervision of activities of daily living but who are ambulatory and
essentially capable of managing their own care and affairs.
(9) "Adult day care" means any place or facility operating less than
24 hours a day caring for individuals not related within the third degree of
relationship to the operator or owner by blood or marriage and who, due to
functional impairment, need supervision of or assistance with activities of
daily living.
(10) "Place or facility" means a building or any one or more complete
floors of a building, or any one or more complete wings of a building, or
any one or more complete wings and one or more complete floors of a
building, and the term "place or facility" may include multiple buildings.
(11) "Skilled nursing care" means services performed by or under the
immediate supervision of a registered professional nurse and additional
licensed nursing personnel. Skilled nursing includes administration of
medications and treatments as prescribed by a licensed physician,
advanced practice registered nurse or dentist; and other nursing functions
which require substantial nursing judgment and skill based on the
knowledge and application of scientific principles.
(12) "Supervised nursing care" means services provided by or under the guidance of a licensed nurse with initial direction for nursing procedures and periodic inspection of the actual act of accomplishing the procedures; administration of medications and treatments as prescribed by a licensed physician, advanced practice registered nurse or dentist and assistance of residents with the performance of activities of daily living.

(13) "Resident" means all individuals kept, cared for, treated, boarded or otherwise accommodated in any adult care home.

(14) "Person" means any individual, firm, partnership, corporation, company, association or joint-stock association, and the legal successor thereof.

(15) "Operate an adult care home" means to own, lease, establish, maintain, conduct the affairs of or manage an adult care home, except that for the purposes of this definition the word "own" and the word "lease" shall not include hospital districts, cities and counties which hold title to an adult care home purchased or constructed through the sale of bonds.

(16) "Licensing agency" means the secretary for aging and disability services.

(17) "Skilled nursing home" means a nursing facility.

(18) "Intermediate nursing care home" means a nursing facility.

(19) "Apartment" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, a kitchen, sleeping, living and storage area and a lockable door.

(20) "Individual living unit" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, sleeping, living and storage area and a lockable door.

(21) "Operator" means an individual registered pursuant to the operator registration act, K.S.A. 2014 Supp. 39-973 et seq., and amendments thereto, who may be appointed by a licensee to have the authority and responsibility to oversee an assisted living facility or residential health care facility with fewer than 61 residents, a home plus or adult day care facility.

(22) "Activities of daily living" means those personal, functional activities required by an individual for continued well-being, including, but not limited to, eating, nutrition, dressing, personal hygiene, mobility and toileting.

(23) "Personal care" means care provided by staff to assist an individual with, or to perform activities of daily living.

(24) "Functional impairment" means an individual has experienced a decline in physical, mental and psychosocial well-being and as a result, is unable to compensate for the effects of the decline.

(25) "Kitchen" means a food preparation area that includes a sink, refrigerator and a microwave oven or stove.
(26) The term "intermediate personal care home" for purposes of those individuals applying for or receiving veterans' benefits means residential health care facility.

(27) "Paid nutrition assistant" means an individual who is paid to feed residents of an adult care home, or who is used under an arrangement with another agency or organization, who is trained by a person meeting nurse aide instructor qualifications as prescribed by 42 C.F.R. § 483.152, 42 C.F.R. § 483.160 and paragraph (h) of 42 C.F.R. § 483.35, and who provides such assistance under the supervision of a registered professional or licensed practical nurse.

(28) "Medicaid program" means the Kansas program of medical assistance for which federal or state moneys, or any combination thereof, are expended, or any successor federal or state, or both, health insurance program or waiver granted thereunder.

(29) "Licensee" means any person or persons acting jointly or severally who are licensed by the secretary for aging and disability services pursuant to the adult care home licensure act, K.S.A. 39-923 et seq., and amendments thereto.

(b) The term "adult care home" shall not include institutions operated by federal or state governments, except institutions operated by the director of the Kansas commission on veterans affairs office, hospitals or institutions for the treatment and care of psychiatric patients, child care facilities, maternity centers, hotels, offices of physicians or hospices which are certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq., and amendments thereto, and which provide services only to hospice patients.

(c) Nursing facilities in existence on the effective date of this act changing licensure categories to become residential health care facilities shall be required to provide private bathing facilities in a minimum of 20% of the individual living units.

(d) Facilities licensed under the adult care home licensure act on the day immediately preceding the effective date of this act shall continue to be licensed facilities until the annual renewal date of such license and may renew such license in the appropriate licensure category under the adult care home licensure act subject to the payment of fees and other conditions and limitations of such act.

(e) Nursing facilities with less than 60 beds converting a portion of the facility to residential health care shall have the option of licensing for residential health care for less than six individuals but not less than 10% of the total bed count within a contiguous portion of the facility.

(f) The licensing agency may by rule and regulation change the name of the different classes of homes when necessary to avoid confusion in terminology and the agency may further amend, substitute, change and in a
manner consistent with the definitions established in this section, further
define and identify the specific acts and services which shall fall within the
respective categories of facilities so long as the above categories for adult
care homes are used as guidelines to define and identify the specific acts.

Sec. 4. K.S.A. 2014 Supp. 39-1401 is hereby amended to read as
follows: 39-1401. As used in this act:
(a) "Resident" means:
(1) Any resident, as defined by K.S.A. 39-923, and amendments
thereto; or
(2) any individual kept, cared for, treated, boarded or otherwise
accommodated in a medical care facility; or
(3) any individual, kept, cared for, treated, boarded or otherwise
accommodated in a state psychiatric hospital or state institution for people
with intellectual disability.
(b) "Adult care home" has the meaning ascribed thereto in K.S.A. 39-
923, and amendments thereto.
(c) "In need of protective services" means that a resident is unable to
perform or obtain services which are necessary to maintain physical or
mental health, or both.
(d) "Services which are necessary to maintain physical and mental
health" include, but are not limited to, the provision of medical care for
physical and mental health needs, the relocation of a resident to a facility
or institution able to offer such care, assistance in personal hygiene, food,
clothing, adequately heated and ventilated shelter, protection from health
and safety hazards, protection from maltreatment the result of which
includes, but is not limited to, malnutrition, deprivation of necessaries or
physical punishment and transportation necessary to secure any of the
above stated needs, except that this term shall not include taking such
person into custody without consent, except as provided in this act.
(e) "Protective services" means services provided by the state or other
governmental agency or any private organizations or individuals which are
necessary to prevent abuse, neglect or exploitation. Such protective
services shall include, but not be limited to, evaluation of the need for
services, assistance in obtaining appropriate social services and assistance
in securing medical and legal services.
(f) "Abuse" means any act or failure to act performed intentionally or
recklessly that causes or is likely to cause harm to a resident, including:
(1) Infliction of physical or mental injury;
(2) any sexual act with a resident when the resident does not consent
or when the other person knows or should know that the resident is
incapable of resisting or declining consent to the sexual act due to mental
deficiency or disease or due to fear of retribution or hardship;
(3) unreasonable use of a physical restraint, isolation or medication
that harms or is likely to harm a resident;

(4) unreasonable use of a physical or chemical restraint, medication
or isolation as punishment, for convenience, in conflict with a physician's
or advanced practice registered nurse's orders or as a substitute for
treatment, except where such conduct or physical restraint is in furtherance
of the health and safety of the resident or another resident;

(5) a threat or menacing conduct directed toward a resident that
results or might reasonably be expected to result in fear or emotional or
mental distress to a resident;

(6) fiduciary abuse; or

(7) omission or deprivation by a caretaker or another person of goods
or services which are necessary to avoid physical or mental harm or
illness.

(g) "Neglect" means the failure or omission by one's self, caretaker or
another person with a duty to provide goods or services which are
reasonably necessary to ensure safety and well-being and to avoid physical
or mental harm or illness.

(h) "Caretaker" means a person or institution who has assumed the
responsibility, whether legally or not, for the care of the resident
voluntarily, by contract or by order of a court of competent jurisdiction.

(i) "Exploitation" means misappropriation of resident property or
intentionally taking unfair advantage of an adult's physical or financial
resources for another individual's personal or financial advantage by the
use of undue influence, coercion, harassment, duress, deception, false
representation or false pretense by a caretaker or another person.

(j) "Medical care facility" means a facility licensed under K.S.A. 65-
425 et seq., and amendments thereto, but shall not include, for purposes of
this act, a state psychiatric hospital or state institution for people with
intellectual disability, including Larned state hospital, Osawatomie state
hospital and Rainbow mental health facility, Kansas neurological institute
and Parsons state hospital and training center.

(k) "Fiduciary abuse" means a situation in which any person who is
the caretaker of, or who stands in a position of trust to, a resident, takes,
secretes, or appropriates the resident's money or property, to any use or
purpose not in the due and lawful execution of such person's trust.

(l) "State psychiatric hospital" means Larned state hospital,
Osawatomie state hospital and Rainbow mental health facility.

(m) "State institution for people with intellectual disability" means
Kansas neurological institute and Parsons state hospital and training
center.

(n) "Report" means a description or accounting of an incident or
incidents of abuse, neglect or exploitation under this act and for the
purposes of this act shall not include any written assessment or findings.
(o) "Law enforcement" means the public office which is vested by law with the duty to maintain public order, make arrests for crimes and investigate criminal acts, whether that duty extends to all crimes or is limited to specific crimes.

(p) "Legal representative" means an agent designated in a durable power of attorney, power of attorney or durable power of attorney for health care decisions or a court appointed guardian, conservator or trustee.

(q) "Financial institution" means any bank, trust company, escrow company, finance company, saving institution or credit union, chartered and supervised under state or federal law.

(r) "Governmental assistance provider" means an agency, or employee of such agency, which is funded solely or in part to provide assistance within the Kansas senior care act, K.S.A. 75-5926 et seq., and amendments thereto, including medicaid and medicare.

No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

Sec. 5. K.S.A. 2014 Supp. 39-1430 is hereby amended to read as follows: 39-1430. As used in this act:

(a) "Adult" means an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through their own action or inaction when: (1) Such person is residing in such person's own home, the home of a family member or the home of a friend; (2) such person resides in an adult family home as defined in K.S.A. 39-1501, and amendments thereto; or (3) such person is receiving services through a provider of community services and affiliates thereof operated or funded by the Kansas department for children and families or the Kansas department for aging and disability services or a residential facility licensed pursuant to K.S.A. 75-3307b, and amendments thereto. Such term shall not include persons to whom K.S.A. 39-1401 et seq., and amendments thereto, apply.

(b) "Abuse" means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including:

(1) Infliction of physical or mental injury;
(2) any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;
(3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult;
(4) unreasonable use of a physical or chemical restraint, medication
or isolation as punishment, for convenience, in conflict with a physician's
or advanced practice registered nurse's orders or as a substitute for
treatment, except where such conduct or physical restraint is in furtherance
of the health and safety of the adult;
(5) a threat or menacing conduct directed toward an adult that results
or might reasonably be expected to result in fear or emotional or mental
distress to an adult;
(6) fiduciary abuse; or
(7) omission or deprivation by a caretaker or another person of goods
or services which are necessary to avoid physical or mental harm or
illness.
(c) "Neglect" means the failure or omission by one's self, caretaker or
another person with a duty to supply or provide goods or services which
are reasonably necessary to ensure safety and well-being and to avoid
physical or mental harm or illness.
(d) "Exploitation" means misappropriation of an adult's property or
intentionally taking unfair advantage of an adult's physical or financial
resources for another individual's personal or financial advantage by the
use of undue influence, coercion, harassment, duress, deception, false
representation or false pretense by a caretaker or another person.
(e) "Fiduciary abuse" means a situation in which any person who is
the caretaker of, or who stands in a position of trust to, an adult, takes,
secretes, or appropriates their money or property, to any use or purpose not
in the due and lawful execution of such person's trust or benefit.
(f) "In need of protective services" means that an adult is unable to
provide for or obtain services which are necessary to maintain physical or
mental health or both.
(g) "Services which are necessary to maintain physical or mental
health or both" include, but are not limited to, the provision of medical
care for physical and mental health needs, the relocation of an adult to a
facility or institution able to offer such care, assistance in personal
hygiene, food, clothing, adequately heated and ventilated shelter,
protection from health and safety hazards, protection from maltreatment
the result of which includes, but is not limited to, malnutrition, deprivation
of necessities or physical punishment and transportation necessary to
secure any of the above stated needs, except that this term shall not include
taking such person into custody without consent except as provided in this
act.
(h) "Protective services" means services provided by the state or other
governmental agency or by private organizations or individuals which are
necessary to prevent abuse, neglect or exploitation. Such protective
services shall include, but shall not be limited to, evaluation of the need for
services, assistance in obtaining appropriate social services, and assistance
in securing medical and legal services.
  (i) "Caretaker" means a person who has assumed the responsibility,
whether legally or not, for an adult's care or financial management or both.
  (j) "Secretary" means the secretary for the Kansas department for
children and families.
  (k) "Report" means a description or accounting of an incident or
incidents of abuse, neglect or exploitation under this act and for the
purposes of this act shall not include any written assessment or findings.
  (l) "Law enforcement" means the public office which is vested by law
with the duty to maintain public order, make arrests for crimes, investigate
criminal acts and file criminal charges, whether that duty extends to all
crimes or is limited to specific crimes.
  (m) "Involved adult" means the adult who is the subject of a report of
abuse, neglect or exploitation under this act.
  (n) "Legal representative," "financial institution" and "governmental
assistance provider" shall have the meanings ascribed thereto in K.S.A.
39-1401, and amendments thereto.

No person shall be considered to be abused, neglected or exploited or
in need of protective services for the sole reason that such person relies
upon spiritual means through prayer alone for treatment in accordance
with the tenets and practices of a recognized church or religious
denomination in lieu of medical treatment.

Sec. 6. K.S.A. 2014 Supp. 39-1504 is hereby amended to read as
follows: 39-1504. The secretary shall administer the adult family home
registration program in accordance with the following requirements:
  (a) (1) The home shall meet health standards and safety regulations of
the community and the provisions of chapter 20 of the national fire
  (2) The home shall have a written plan to get persons out of the home
rapidly in case of fire, tornado or other emergency.
  (3) No more than two clients shall be in residence at any one time.
  (4) The home shall have adequate living and sleeping space for
clients.
  (5) Each room shall have an operable outside window.
  (6) Electric fans shall be made available to reduce the temperature if
there is no air conditioning. Rooms shall be heated, lighted, ventilated and
available.
  (7) Sleeping rooms shall have space for personal items.
  (8) Each client shall have a bed which is clean and in good condition.
  (9) Lavatory and toilet facilities shall be accessible, available and in
working order.
  (10) The kitchen shall be clean with appliances in good working
order.
(b) (1) A healthy and safe environment shall be maintained for
clients.
(2) There shall be a telephone in the home.
(3) The provider may assist a client with the taking of medications
when the medication is in a labeled bottle which clearly shows a
physician's orders or an advanced practice registered nurse's orders and
when the client requires assistance because of tremor, visual impairment,
or similar reasons due to health conditions. The provider may assist or
perform for the client such physical activities which do not require daily
supervision such as assistance with eating, bathing and dressing, help with
brace or walker and transferring from wheelchairs.
(4) There shall be no use of corporal punishment, restraints or
punitive measures.
(5) The house shall be free from accumulated dirt, trash and vermin.
(6) Meals shall be planned and prepared for adequate nutrition, and
for diets if directed by a physician.
(c) (1) The provider shall be at least 18 years of age and in good
health at the time of initial application for registration. A written statement
must be received from a physician, nurse practitioner, or physician
assistant stating that the applicant and the members of the applicant's
household are free of any infectious or communicable disease or health
condition and are physically and mentally healthy. Such statements shall
be renewed every two years.
(2) The provider shall not be totally dependent on the income from
the clients for support of the provider or the provider's family.
(3) A criminal conviction shall not necessarily exclude registration as
an adult family home; but an investigation thereof will be made as part of
the determination of the suitability of the home.
(4) The provider shall be responsible for supervision at all times and
shall be in charge of the home and provision of care, or shall have a
responsible person on call. Any such substitute responsible person shall
meet the same requirements as the provider.
(5) The provider is responsible for encouraging the client to seek and
utilize available services when needed.
(6) The provider shall comply with the requirements of state and
federal regulations concerning civil rights and section 504 of the federal
(7) The provider shall assure that clients have the privilege of privacy
as well as the right to see relatives, friends and participate in regular
community activities.
(8) The provider shall keep client information confidential. The use or
disclosure of any information concerning a client for any purpose is
prohibited except on written consent of the client or upon order of the
court.
(9) The provider shall maintain contact with an assigned social
worker and shall allow the secretary and authorized representatives of the
secretary access to the home and grounds and to the records related to
clients in residence.
(10) The provider shall inform the social worker immediately of any
unscheduled client absence from the home.
(11) The provider is responsible for helping clients maintain their
clothing.
(12) The provider shall furnish or help clients arrange for
transportation.
(13) The provider shall help a client arrange for emergency and
regular medical care when necessary.
(14) The provider shall submit any information relating to the
operation of the adult family home which is required by the secretary.
Sec. 7. K.S.A. 40-4602 is hereby amended to read as follows: 40-
4602. As used in this act:
(a) "Emergency medical condition" means the sudden and, at the
time, unexpected onset of a health condition that requires immediate
medical attention, where failure to provide medical attention would result
in serious impairment to bodily functions or serious dysfunction of a
bodily organ or part, or would place the person's health in serious
jeopardy.
(b) "Emergency services" means ambulance services and health care
items and services furnished or required to evaluate and treat an
emergency medical condition, as directed or ordered by a physician or an
advanced practice registered nurse.
(c) "Health benefit plan" means any hospital or medical expense
policy, health, hospital or medical service corporation contract, a plan
provided by a municipal group-funded pool, a policy or agreement entered
into by a health insurer or a health maintenance organization contract
offered by an employer or any certificate issued under any such policies,
contracts or plans. "Health benefit plan" does not include policies or
certificates covering only accident, credit, dental, disability income, long-
term care, hospital indemnity, medicare supplement, specified disease,
vision care, coverage issued as a supplement to liability insurance,
insurance arising out of a workers compensation or similar law,
automobile medical-payment insurance, or insurance under which benefits
are payable with or without regard to fault and which is statutorily
required to be contained in any liability insurance policy or equivalent
self-insurance.
(d) "Health insurer" means any insurance company, nonprofit medical
and hospital service corporation, municipal group-funded pool, fraternal
benefit society, health maintenance organization, or any other entity which
offers a health benefit plan subject to the Kansas Statutes Annotated.
(e) "Insured" means a person who is covered by a health benefit plan.
(f) "Participating provider" means a provider who, under a contract
with the health insurer or with its contractor or subcontractor, has agreed
to provide one or more health care services to insureds with an expectation
of receiving payment, other than coinsurance, copayments or deductibles,
directly or indirectly from the health insurer.
(g) "Provider" means a physician, advanced practice registered nurse,
hospital or other person which is licensed, accredited or certified to
perform specified health care services.
(h) "Provider network" means those participating providers who have
entered into a contract or agreement with a health insurer to provide items
or health care services to individuals covered by a health benefit plan
offered by such health insurer.
(i) "Physician" means a person licensed by the state board of healing
arts to practice medicine and surgery.
Sec. 8. K.S.A. 59-2976 is hereby amended to read as follows: 59-
2976. (a) Medications and other treatments shall be prescribed, ordered
and administered only in conformity with accepted clinical practice.
Medication shall be administered only upon the written order of a
physician or an advanced practice registered nurse or upon a verbal order
noted in the patient's medical records and subsequently signed by the
physician or an advanced practice registered nurse. The attending
physician or an advanced practice registered nurse shall review regularly
the drug regimen of each patient under the physician's or an advanced
practice registered nurse's care and shall monitor any symptoms of
harmful side effects. Prescriptions for psychotropic medications shall be
written with a termination date not exceeding 30 days thereafter but may
be renewed.
(b) During the course of treatment the responsible physician, an
advanced practice registered nurse or psychologist or such person's
designee shall reasonably consult with the patient, the patient's legal
guardian, or a minor patient's parent and give consideration to the views
the patient, legal guardian or parent expresses concerning treatment and
any alternatives. No medication or other treatment may be administered to
any voluntary patient without the patient's consent, or the consent of such
patient's legal guardian or of such patient's parent if the patient is a minor.
(c) Consent for medical or surgical treatments not intended primarily
to treat a patient's mental disorder shall be obtained in accordance with
applicable law.
(d) Whenever any patient is receiving treatment pursuant to K.S.A.
59-2954, 59-2958, 59-2959, 59-2964, 59-2966 or 59-2967, and amendments thereto, and the treatment facility is administering to the patient any medication or other treatment which alters the patient's mental state in such a way as to adversely affect the patient's judgment or hamper the patient in preparing for or participating in any hearing provided for by this act, then two days prior to and during any such hearing, the treatment facility may not administer such medication or other treatment unless such medication or other treatment is necessary to sustain the patient's life or to protect the patient or others. Prior to the hearing, a report of all such medications or other treatment which have been administered to the patient, along with a copy of any written consent(s) which the patient may have signed, shall be submitted to the court. Counsel for the patient may preliminarily examine the attending physician regarding the administration of any medication to the patient within two days of the hearing with regard to the affect that medication may have had upon the patient's judgment or ability to prepare for or participate in the hearing. On the basis thereof, if the court determines that medication or other treatment has been administered which adversely affects the patient's judgment or ability to prepare for or participate in the hearing, the court may grant to the patient a reasonable continuance in order to allow for the patient to be better able to prepare for or participate in the hearing and the court shall order that such medication or other treatment be discontinued until the conclusion of the hearing, unless the court finds that such medication or other treatment is necessary to sustain the patient's life or to protect the patient or others, in which case the court shall order that the hearing proceed.

(e) Whenever a patient receiving treatment pursuant to K.S.A. 59-2954, 59-2958, 59-2959, 59-2964, 59-2966 or 59-2967, and amendments thereto, objects to taking any medication prescribed for psychiatric treatment, and after full explanation of the benefits and risks of such medication continues their objection, the medication may be administered over the patient's objection; except that the objection shall be recorded in the patient's medical record and at the same time written notice thereof shall be forwarded to the medical director of the treatment facility or the director's designee. Within five days after receiving such notice, excluding Saturdays, Sundays and legal holidays, the medical director or designee shall deliver to the patient and the patient's physician the medical director's or designee's written decision concerning the administration of that medication, and a copy of that decision shall be placed in the patient's medical record.

(f) In no case shall experimental medication be administered without the patient's consent, which consent shall be obtained in accordance with subsection (b)(6) of K.S.A. 59-2978(a)(6), and amendments thereto.

Sec. 9. K.S.A. 2014 Supp. 65-468 is hereby amended to read as
follows: 65-468. As used in K.S.A. 65-468 to 65-474, inclusive, and amendments thereto:

(a) "Health care provider" means any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.

(b) "Member" means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic or nonemergency transportation system.

(c) "Mid-level practitioner" means a physician assistant or advanced practice registered nurse who has entered into a written protocol with a rural health network physician.

(d) "Advanced practice registered nurse" means an advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.

(e) "Physician" means a person licensed to practice medicine and surgery.

(f) "Rural health network" means an alliance of members including at least one critical access hospital and at least one other hospital which has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.

(g) "Critical access hospital" means a member of a rural health network which makes available twenty-four hour emergency care services; provides not more than 25 acute care inpatient beds or in the case of a facility with an approved swing-bed agreement a combined total of extended care and acute care beds that does not exceed 25 beds; provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient; and provides nursing services under the direction of a licensed professional nurse and continuous licensed professional nursing services for not less than 24 hours of every day when any bed is occupied or the facility is open to provide services for patients unless an exemption is granted by the licensing agency pursuant to rules and regulations. The critical access hospital may provide any services otherwise required to be provided by a full-time, on-site dietician,
pharmacist, laboratory technician, medical technologist and radiological
technologist on a part-time, off-site basis under written agreements or
arrangements with one or more providers or suppliers recognized under
medicare. The critical access hospital may provide inpatient services by a
physician assistant, advanced practice registered nurse or a clinical nurse
specialist subject to the oversight of a physician who need not be present
in the facility or by an advanced practice registered nurse. In addition to
the facility's 25 acute beds or swing beds, or both, the critical access
hospital may have a psychiatric unit or a rehabilitation unit, or both. Each
unit shall not exceed 10 beds and neither unit will count toward the 25-bed
limit, nor will these units be subject to the average 96-hour length of stay
restriction.

(g) (h) "Hospital" means a hospital other than a critical access
hospital which has entered into a written agreement with at least one
critical access hospital to form a rural health network and to provide
medical or administrative supporting services within the limit of the
hospital's capabilities.

Sec. 10. K.S.A. 2014 Supp. 65-507 is hereby amended to read as
follows: 65-507. (a) Each maternity center licensee shall keep a record
upon forms prescribed and provided by the secretary of health and
environment and the secretary for children and families which shall
include the name of every patient, together with the patient's place of
residence during the year preceding admission to the center and the name
and address of the attending physician or advanced practice registered
nurse in the classification of a nurse-midwife. Each child care facility
licensee shall keep a record upon forms prescribed and provided by the
secretary of health and environment which shall include the name and age
of each child received and cared for in the facility; the name of the
physician who attended any sick children in the facility, together with the
names and addresses of the parents or guardians of such children; and such
other information as the secretary of health and environment or secretary
for children and families may require. Each maternity center licensee and
each child care facility licensee shall apply to and shall receive without
charge from the secretary of health and environment and the secretary for
children and families forms for such records as may be required, which
forms shall contain a copy of this act.

(b) Information obtained under this section shall be confidential and
shall not be made public in a manner which would identify individuals.

Sec. 11. K.S.A. 2013 Supp. 65-1626, as amended by section 4 of
chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to
read as follows: 65-1626. For the purposes of this act:

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

(1) A practitioner or pursuant to the lawful direction of a practitioner;
(2) the patient or research subject at the direction and in the presence
of the practitioner; or
(3) a pharmacist as authorized in K.S.A. 65-1635a, and amendments
thereto.

(b) "Agent" means an authorized person who acts on behalf of or at
the direction of a manufacturer, distributor or dispenser but shall not
include a common carrier, public warehouseman or employee of the
carrier or warehouseman when acting in the usual and lawful course of the
carrier's or warehouseman's business.

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

(d) "Authorized distributor of record" means a wholesale distributor
with whom a manufacturer has established an ongoing relationship to
distribute the manufacturer's prescription drug. An ongoing relationship is
deemed to exist between such wholesale distributor and a manufacturer
when the wholesale distributor, including any affiliated group of the
wholesale distributor, as defined in section 1504 of the internal revenue
code, complies with any one of the following: (1) The wholesale
distributor has a written agreement currently in effect with the
manufacturer evidencing such ongoing relationship; and (2) the wholesale
distributor is listed on the manufacturer's current list of authorized
distributors of record, which is updated by the manufacturer on no less
than a monthly basis.

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

(f) "Brand exchange" means the dispensing of a different drug
product of the same dosage form and strength and of the same generic
name as the brand name drug product prescribed.

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

(h) "Chain pharmacy warehouse" means a permanent physical
location for drugs or devices, or both, that acts as a central warehouse and
performs intracompany sales or transfers of prescription drugs or devices
to chain pharmacies that have the same ownership or control. Chain
pharmacy warehouses must be registered as wholesale distributors.

(i) "Co-licensee" means a pharmaceutical manufacturer that has
entered into an agreement with another pharmaceutical manufacturer to
engage in a business activity or occupation related to the manufacture or
distribution of a prescription drug and the national drug code on the drug
product label shall be used to determine the identity of the drug manufacturer.

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

(k) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of any drug whether or not an agency relationship exists.

(l) "Direct supervision" means the process by which the responsible pharmacist shall observe and direct the activities of a pharmacy student or pharmacy technician to a sufficient degree to assure that all such activities are performed accurately, safely and without risk or harm to patients, and complete the final check before dispensing.

(m) "Dispense" means to deliver prescription medication to the ultimate user or research subject by or pursuant to the lawful order of a practitioner or pursuant to the prescription of a mid-level practitioner.

(n) "Dispenser" means a practitioner or pharmacist who dispenses prescription medication, or a physician assistant who has authority to dispense prescription-only drugs in accordance with subsection (b) of K.S.A. 65-28a08(b), and amendments thereto.

(o) "Distribute" means to deliver, other than by administering or dispensing, any drug.

(p) "Distributor" means a person who distributes a drug.

(q) "Drop shipment" means the sale, by a manufacturer, that manufacturer's co-licensee, that manufacturer's third party logistics provider, or that manufacturer's exclusive distributor, of the manufacturer's prescription drug, to a wholesale distributor whereby the wholesale distributor takes title but not possession of such prescription drug and the wholesale distributor invoices the pharmacy, the chain pharmacy warehouse, or other designated person authorized by law to dispense or administer such prescription drug, and the pharmacy, the chain pharmacy warehouse, or other designated person authorized by law to dispense or administer such prescription drug receives delivery of the prescription drug directly from the manufacturer, that manufacturer's co-licensee, that manufacturer's third party logistics provider, or that manufacturer's exclusive distributor, of such prescription drug. Drop shipment shall be part of the "normal distribution channel."

(r) "Drug" means: (1) Articles recognized in the official United States pharmacopoeia, or other such official compendiums of the United States, or official national formulary, or any supplement of any of them; (2) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; (3) articles, other than food, intended to affect the structure or any function of the body of man or other animals; and (4) articles intended for use as a component of any articles
specified in clause (1), (2) or (3) of this subsection; but does not include
devices or their components, parts or accessories, except that the term
"drug" shall not include amygdalin (laetrile) or any livestock remedy, if
such livestock remedy had been registered in accordance with the
provisions of article 5 of chapter 47 of the Kansas Statutes Annotated,
prior to its repeal.

(s) "Durable medical equipment" means technologically sophisticated
medical devices that may be used in a residence, including the following:
(1) Oxygen and oxygen delivery system; (2) ventilators; (3) respiratory
disease management devices; (4) continuous positive airway pressure
(CPAP) devices; (5) electronic and computerized wheelchairs and seating
systems; (6) apnea monitors; (7) transcutaneous electrical nerve stimulator
(TENS) units; (8) low air loss cutaneous pressure management devices; (9)
sequential compression devices; (10) feeding pumps; (11) home
phototherapy devices; (12) infusion delivery devices; (13) distribution of
medical gases to end users for human consumption; (14) hospital beds;
(15) nebulizers; or (16) other similar equipment determined by the board
in rules and regulations adopted by the board.

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

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

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

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

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

(y) "Exclusive distributor" means any entity that: (1) Contracts with a
manufacturer to provide or coordinate warehousing, wholesale distribution
or other services on behalf of a manufacturer and who takes title to that
manufacturer's prescription drug, but who does not have general
responsibility to direct the sale or disposition of the manufacturer's
prescription drug; (2) is registered as a wholesale distributor under the
pharmacy act of the state of Kansas; and (3) to be considered part of the
normal distribution channel, must be an authorized distributor of record.

(z) "Facsimile transmission" or "fax transmission" means the
transmission of a digital image of a prescription from the prescriber or the
prescriber's agent to the pharmacy. "Facsimile transmission" includes, but
is not limited to, transmission of a written prescription between the
prescriber's fax machine and the pharmacy's fax machine; transmission of
an electronically prepared prescription from the prescriber's electronic
prescription application to the pharmacy's fax machine, computer or
printer; or transmission of an electronically prepared prescription from the
prescriber's fax machine to the pharmacy's fax machine, computer or
printer.

(aa) "Generic name" means the established chemical name or official
name of a drug or drug product.

(bb) (1) "Institutional drug room" means any location where
prescription-only drugs are stored and from which prescription-only drugs
are administered or dispensed and which is maintained or operated for the
purpose of providing the drug needs of:

(A) Inmates of a jail or correctional institution or facility;

(B) residents of a juvenile detention facility, as defined by the revised
Kansas code for care of children and the revised Kansas juvenile justice
code;

(C) students of a public or private university or college, a community
college or any other institution of higher learning which is located in
Kansas;

(D) employees of a business or other employer; or

(E) persons receiving inpatient hospice services.

(2) "Institutional drug room" does not include:

(A) Any registered pharmacy;

(B) any office of a practitioner; or

(C) a location where no prescription-only drugs are dispensed and no
prescription-only drugs other than individual prescriptions are stored or
administered.

(cc) "Intermediary" means any technology system that receives and
transmits an electronic prescription between the prescriber and the
pharmacy.

(dd) "Intracompany transaction" means any transaction or transfer
between any division, subsidiary, parent or affiliated or related company
under common ownership or control of a corporate entity, or any
transaction or transfer between co-licensees of a co-licensed product.

(ee) "Medical care facility" shall have the meaning provided in
K.S.A. 65-425, and amendments thereto, except that the term shall also
include facilities licensed under the provisions of K.S.A. 75-3307b, and
amendments thereto, except community mental health centers and
facilities for people with intellectual disability.

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

(1) A practitioner or a practitioner's authorized agent incident to such practitioner's administering or dispensing of a drug in the course of the practitioner's professional practice;

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

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

(gg) "Manufacturer" means a person licensed or approved by the FDA to engage in the manufacture of drugs and devices.

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

(ii) "Normal distribution channel" means a chain of custody for a prescription-only drug that goes from a manufacturer of the prescription-only drug, from that manufacturer to that manufacturer's co-licensed partner, from that manufacturer to that manufacturer's third-party logistics provider, or from that manufacturer to that manufacturer's exclusive distributor, directly or by drop shipment, to:

(1) A pharmacy to a patient or to other designated persons authorized by law to dispense or administer such drug to a patient;

(2) a wholesale distributor to a pharmacy to a patient or other designated persons authorized by law to dispense or administer such drug to a patient;

(3) a wholesale distributor to a chain pharmacy warehouse to that chain pharmacy warehouse's intracompany pharmacy to a patient or other designated persons authorized by law to dispense or administer such drug
to a patient; or
(4) a chain pharmacy warehouse to the chain pharmacy warehouse's
intracompany pharmacy to a patient or other designated persons authorized
by law to dispense or administer such drug to a patient.
(jj) "Person" means individual, corporation, government,
governmental subdivision or agency, partnership, association or any other
legal entity.
(kk) "Pharmacist" means any natural person licensed under this act to
practice pharmacy.
(ll) "Pharmacist-in-charge" means the pharmacist who is responsible
to the board for a registered establishment's compliance with the laws and
regulations of this state pertaining to the practice of pharmacy,
manufacturing of drugs and the distribution of drugs. The pharmacist-in-
charge shall supervise such establishment on a full-time or a part-time
basis and perform such other duties relating to supervision of a registered
establishment as may be prescribed by the board by rules and regulations.
Nothing in this definition shall relieve other pharmacists or persons from
their responsibility to comply with state and federal laws and regulations.
(mm) "Pharmacist intern" means: (1) A student currently enrolled in
an accredited pharmacy program; (2) a graduate of an accredited pharmacy
program serving an internship; or (3) a graduate of a pharmacy program
located outside of the United States which is not accredited and who has
successfully passed equivalency examinations approved by the board.
nn) "Pharmacy," "drugstore" or "apothecary" means premises,
laboratory, area or other place: (1) Where drugs are offered for sale where
the profession of pharmacy is practiced and where prescriptions are
compounded and dispensed; or (2) which has displayed upon it or within it
the words "pharmacist," "pharmaceutical chemist," "pharmacy,
apothecary," "drugstore," "druggist," "drugs," "drug sundries" or any of
these words or combinations of these words or words of similar import
either in English or any sign containing any of these words; or (3) where
the characteristic symbols of pharmacy or the characteristic prescription
sign "Rx" may be exhibited. As used in this subsection, premises refers
only to the portion of any building or structure leased, used or controlled
by the licensee in the conduct of the business registered by the board at the
address for which the registration was issued.
(oo) "Pharmacy prescription application" means software that is used
to process prescription information, is installed on a pharmacy's computers
or servers, and is controlled by the pharmacy.
(pp) "Pharmacy technician" means an individual who, under the
direct supervision and control of a pharmacist, may perform packaging,
manipulative, repetitive or other nondiscretionary tasks related to the
processing of a prescription or medication order and who assists the
pharmacist in the performance of pharmacy related duties, but who does
not perform duties restricted to a pharmacist.

(qq) "Practitioner" means a person licensed to practice medicine and
surgery, dentist, podiatrist, veterinarian, optometrist, advanced practice
registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1130, and amendments thereto, a registered
nurse anesthetist registered pursuant to K.S.A. 65-1154, and amendments
thereto, or scientific investigator or other person authorized by law to use a
prescription-only drug in teaching or chemical analysis or to conduct
research with respect to a prescription-only drug.

(rr) "Preceptor" means a licensed pharmacist who possesses at least
two years' experience as a pharmacist and who supervises students
obtaining the pharmaceutical experience required by law as a condition to
taking the examination for licensure as a pharmacist.

(ss) "Prescriber" means a practitioner or a mid-level practitioner.

(tt) "Prescription" or "prescription order" means: (1) An order to be
filled by a pharmacist for prescription medication issued and signed by a
prescriber in the authorized course of such prescriber's professional
practice; or (2) an order transmitted to a pharmacist through word of
mouth, note, telephone or other means of communication directed by such
prescriber, regardless of whether the communication is oral, electronic,
facsimile or in printed form.

(uu) "Prescription medication" means any drug, including label and
container according to context, which is dispensed pursuant to a
prescription order.

(vv) "Prescription-only drug" means any drug whether intended for
use by man or animal, required by federal or state law, including 21 U.S.C.
§ 353, to be dispensed only pursuant to a written or oral prescription or
order of a practitioner or is restricted to use by practitioners only.

(ww) "Probation" means the practice or operation under a temporary
license, registration or permit or a conditional license, registration or
permit of a business or profession for which a license, registration or
permit is granted by the board under the provisions of the pharmacy act of
the state of Kansas requiring certain actions to be accomplished or certain
actions not to occur before a regular license, registration or permit is
issued.

(xx) "Professional incompetency" means:

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

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

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

(yy) "Readily retrievable" means that records kept by automatic data
processing applications or other electronic or mechanized record-keeping
systems can be separated out from all other records within a reasonable
time not to exceed 48 hours of a request from the board or other authorized
agent or that hard-copy records are kept on which certain items are
asterisked, redlined or in some other manner visually identifiable apart
from other items appearing on the records.

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

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

(bbb) "Third party logistics provider" means an entity that: (1)
Provides or coordinates warehousing, distribution or other services on
behalf of a manufacturer, but does not take title to the prescription drug or
have general responsibility to direct the prescription drug's sale or
disposition; (2) is registered as a wholesale distributor under the pharmacy
act of the state of Kansas; and (3) to be considered part of the normal
distribution channel, must also be an authorized distributor of record.

(ccc) "Unprofessional conduct" means:

(1) Fraud in securing a registration or permit;

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

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

(4) intentionally falsifying or altering records or prescriptions;

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

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

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

(8) making a false or misleading statement regarding the licensee's
professional practice or the efficacy or value of a drug;

(9) commission of any act of sexual abuse, misconduct or exploitation
related to the licensee's professional practice; or

(10) performing unnecessary tests, examinations or services which
have no legitimate pharmaceutical purpose.
(ddd) "Vaccination protocol" means a written protocol, agreed to by a pharmacist and a person licensed to practice medicine and surgery by the state board of healing arts, which establishes procedures and recordkeeping and reporting requirements for administering a vaccine by the pharmacist for a period of time specified therein, not to exceed two years.

(eee) "Valid prescription order" means a prescription that is issued for a legitimate medical purpose by an individual prescriber licensed by law to administer and prescribe drugs and acting in the usual course of such prescriber's professional practice. A prescription issued solely on the basis of an internet-based questionnaire or consultation without an appropriate prescriber-patient relationship is not a valid prescription order.

(fff) "Veterinary medical teaching hospital pharmacy" means any location where prescription-only drugs are stored as part of an accredited college of veterinary medicine and from which prescription-only drugs are distributed for use in treatment of or administration to a nonhuman.

(ggg) "Wholesale distributor" means any person engaged in wholesale distribution of prescription drugs or devices in or into the state, including, but not limited to, manufacturers, repackers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses, co-licensees, exclusive distributors, third party logistics providers, chain pharmacy warehouses that conduct wholesale distributions, and wholesale drug warehouses, independent wholesale drug traders and retail pharmacies that conduct wholesale distributions. Wholesale distributor shall not include persons engaged in the sale of durable medical equipment to consumers or patients.

(hhh) "Wholesale distribution" means the distribution of prescription drugs or devices by wholesale distributors to persons other than consumers or patients, and includes the transfer of prescription drugs by a pharmacy to another pharmacy if the total number of units of transferred drugs during a twelve-month period does not exceed 5% of the total number of all units dispensed by the pharmacy during the immediately preceding twelve-month period. Wholesale distribution does not include:

(1) The sale, purchase or trade of a prescription drug or device, an offer to sell, purchase or trade a prescription drug or device or the dispensing of a prescription drug or device pursuant to a prescription;

(2) the sale, purchase or trade of a prescription drug or device or an offer to sell, purchase or trade a prescription drug or device for emergency medical reasons;

(3) intracompany transactions, as defined in this section, unless in violation of own use provisions;

(4) the sale, purchase or trade of a prescription drug or device or an
offer to sell, purchase or trade a prescription drug or device among
hospitals, chain pharmacy warehouses, pharmacies or other health care
entities that are under common control;

(5) the sale, purchase or trade of a prescription drug or device or the
offer to sell, purchase or trade a prescription drug or device by a charitable
organization described in 503(c)(3) of the internal revenue code of 1954 to
a nonprofit affiliate of the organization to the extent otherwise permitted
by law;

(6) the purchase or other acquisition by a hospital or other similar
health care entity that is a member of a group purchasing organization of a
prescription drug or device for its own use from the group purchasing
organization or from other hospitals or similar health care entities that are
members of these organizations;

(7) the transfer of prescription drugs or devices between pharmacies
pursuant to a centralized prescription processing agreement;

(8) the sale, purchase or trade of blood and blood components
intended for transfusion;

(9) the return of recalled, expired, damaged or otherwise non-salable
prescription drugs, when conducted by a hospital, health care entity,
pharmacy, chain pharmacy warehouse or charitable institution in
accordance with the board’s rules and regulations;

(10) the sale, transfer, merger or consolidation of all or part of the
business of a retail pharmacy or pharmacies from or with another retail
pharmacy or pharmacies, whether accomplished as a purchase and sale of
stock or business assets, in accordance with the board’s rules and
regulations;

(11) the distribution of drug samples by manufacturers’ and
authorized distributors’ representatives;

(12) the sale of minimal quantities of drugs by retail pharmacies to
licensed practitioners for office use; or

(13) the sale or transfer from a retail pharmacy or chain pharmacy
warehouse of expired, damaged, returned or recalled prescription drugs to
the original manufacturer, originating wholesale distributor or to a third
party returns processor in accordance with the board’s rules and
regulations.

Sec. 12. K.S.A. 65-1660 is hereby amended to read as follows: 65-
1660. (a) Except as otherwise provided in this section, the provisions of
the pharmacy act of the state of Kansas shall not apply to dialysates,
devices or drugs which are designated by the board for the purposes of this
section relating to treatment of a person with chronic kidney failure
receiving dialysis and which are prescribed or ordered by a physician, an
advanced practice registered nurse or a mid-level practitioner for
administration or delivery to a person with chronic kidney failure if:
(1) The wholesale distributor is registered with the board and lawfully holds the drug or device; and

(2) the wholesale distributor: (A) Delivers the drug or device to: (i) A person with chronic kidney failure for self-administration at the person's home or specified address; (ii) a physician for administration or delivery to a person with chronic kidney failure; or (iii) a medicare approved renal dialysis facility for administering or delivering to a person with chronic kidney failure; and (B) has sufficient and qualified supervision to adequately protect the public health.

(b) The wholesale distributor pursuant to subsection (a) shall be supervised by a pharmacist consultant pursuant to rules and regulations adopted by the board.

(c) The board shall adopt such rules or regulations as are necessary to effectuate the provisions of this section.

(d) As used in this section, "physician" means a person licensed to practice medicine and surgery; "mid-level practitioner" means mid-level practitioner as such term is defined in subsection (ii) of K.S.A. 65-1626, and amendments thereto; "advanced practice registered nurse" means an advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.

(e) This section shall be part of and supplemental to the pharmacy act of the state of Kansas.

Sec. 13. K.S.A. 2014 Supp. 65-1682 is hereby amended to read as follows: 65-1682. As used in this act, unless the context otherwise requires:

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

(b) "Dispenser" means a practitioner or pharmacist who delivers a scheduled substance or drug of concern to an ultimate user, but does not include:

(1) A licensed hospital pharmacy that distributes such substances for the purpose of inpatient hospital care;

(2) a medical care facility as defined in K.S.A. 65-425, and amendments thereto, practitioner or other authorized person who administers such a substance;

(3) a registered wholesale distributor of such substances;

(4) a veterinarian licensed by the Kansas board of veterinary examiners who dispenses or prescribes a scheduled substance or drug of concern; or

(5) a practitioner who has been exempted from the reporting requirements of this act in rules and regulations promulgated by the board.

(c) "Drug of concern" means any drug that demonstrates a potential
for abuse and is designated as a drug of concern in rules and regulations promulgated by the board.

d) "Patient" means the person who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, or both.

e) "Pharmacist" means an individual currently licensed by the board to practice the profession of pharmacy in this state.

f) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, optometrist, advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto, or other person authorized by law to prescribe or dispense scheduled substances and drugs of concern.

g) "Scheduled substance" means controlled substances included in schedules II, III or IV of the schedules designated in K.S.A. 65-4107, 65-4109 and 65-4111, and amendments thereto, respectively, or the federal controlled substances act (21 U.S.C. § 812).

Sec. 14. K.S.A. 2014 Supp. 65-2837a is hereby amended to read as follows: 65-2837a. (a) It shall be unlawful for any person licensed to practice medicine and surgery to prescribe, order, dispense, administer, sell, supply or give for any person licensed as an advanced practice registered nurse or for a mid-level practitioner as defined in subsection (ii) of by K.S.A. 65-1626, and amendments thereto, to prescribe, administer, supply or give any amphetamine or sympathomimetic amine designated in schedule II, III or IV under the uniform controlled substances act, except as provided in this section. Failure to comply with this section by a licensee shall constitute unprofessional conduct under K.S.A. 65-2837, and amendments thereto.

(b) When any licensee prescribes, orders, dispenses, administers, sells, supplies or gives or when any advanced practice registered nurse or any mid-level practitioner as defined in subsection (ii) of by K.S.A. 65-1626, and amendments thereto, prescribes, administers, sells, supplies or gives any amphetamine or sympathomimetic amine designated in schedule II, III or IV under the uniform controlled substances act, the patient's medical record shall adequately document the purpose for which the drug is being given. Such purpose shall be restricted to one or more of the following:

(1) The treatment of narcolepsy.

(2) The treatment of drug-induced brain dysfunction.

(3) The treatment of hyperkinesis.

(4) The differential diagnostic psychiatric evaluation of depression.

(5) The treatment of depression shown by adequate medical records and documentation to be unresponsive to other forms of treatment.

(6) The clinical investigation of the effects of such drugs or
compounds, in which case, before the investigation is begun, the licensee
shall, in addition to other requirements of applicable laws, apply for and
obtain approval of the investigation from the board of healing arts.

(7) The treatment of obesity with controlled substances, as may be
defined by rules and regulations adopted by the board of healing arts.

(8) The treatment of any other disorder or disease for which such
drugs or compounds have been found to be safe and effective by
competent scientific research which findings have been generally accepted
by the scientific community, in which case, the licensee before prescribing,
ordering, dispensing, administering, selling, supplying or giving the drug
or compound for a particular condition, or the licensee before authorizing
a mid-level practitioner to prescribe the drug or compound for a particular
condition, or the advanced practice registered nurse before prescribing,
ordering, administering or giving the drug for a particular condition, shall
obtain a determination from the board of healing arts that the drug or
compound can be used for that particular condition.

Sec. 15. K.S.A. 65-2892 is hereby amended to read as follows: 65-
2892. Any physician or advanced practice registered nurse, upon
consultation by any person under-eighteen (18) 18 years of age as a
patient, may, with the consent of such person who is hereby granted the
right of giving such consent, make a diagnostic examination for venereal
disease and prescribe for and treat such person for venereal disease
including prophylactic treatment for exposure to venereal disease
whenever such person is suspected of having a venereal disease or contact
with anyone having a venereal disease. All such examinations and
treatment may be performed without the consent of, or notification to, the
parent, parents, guardian or any other person having custody of such
person. Any physician or advanced practice registered nurse examining or
treating such person for venereal disease may, but shall not be obligated to,
in accord with his opinion of what will be most beneficial for such person,
inform the spouse, parent, custodian, guardian or fiancé of such person as
to the treatment given or needed without the consent of such person. Such
informing shall not constitute libel or slander or a violation of the right of
privacy or privilege or otherwise subject the physician or advanced
practice registered nurse to any liability whatsoever. In any such case, the
physician or advanced practice registered nurse shall incur no civil or
criminal liability by reason of having made such diagnostic examination or
rendered such treatment, but such immunity shall not apply to any
negligent acts or omissions. The physician or advanced practice registered
nurse shall incur no civil or criminal liability by reason of any adverse
reaction to medication administered, provided reasonable care has been
taken to elicit from such person under-eighteen (18) 18 years of age any
history of sensitivity or previous adverse reaction to the medication.
Sec. 16. K.S.A. 2014 Supp. 65-2921 is hereby amended to read as follows: 65-2921. (a) Except as otherwise provided in subsection (d), a physical therapist may evaluate and initiate physical therapy treatment on a patient without referral from a licensed health care practitioner. If treating a patient without a referral from a licensed health care practitioner and the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable or functional improvement, or any combination thereof, after 10 patient visits or in a period of 15 business days from the initial treatment visits following the initial evaluation visit, the physical therapist shall obtain a referral from an appropriate licensed health care practitioner prior to continuing treatment.

(b) Physical therapists may provide, without a referral, services to: (1) Employees solely for the purpose of education and instruction related to workplace injury prevention; or (2) the public for the purpose of fitness, health promotion and education.

(c) Physical therapists may provide services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan (IEP) or individualized family service plan (IFSP).

(d) Nothing in this section shall be construed to prevent a hospital or ambulatory surgical center from requiring a physician order or referral for physical therapy services for a patient currently being treated in such facility.

(e) When a patient self-refers to a physical therapist pursuant to this section, the physical therapist, prior to commencing treatment, shall provide written notice to the patient that a physical therapy diagnosis is not a medical diagnosis by a physician.

(f) Physical therapists shall perform wound debridement services only after approval by a person licensed to practice medicine and surgery or other licensed health care practitioner in appropriately related cases.

(g) As used in this section, "licensed health care practitioner" means a person licensed to practice medicine and surgery, a licensed podiatrist, a licensed physician assistant or a licensed advanced practice registered nurse working pursuant to the order or direction of a person licensed to practice medicine and surgery, a licensed chiropractor, a licensed dentist or, a licensed optometrist or a licensed advanced practice registered nurse in appropriately related cases.

Sec. 17. K.S.A. 2013 Supp. 65-4101, as amended by section 50 of chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to read as follows: 65-4101. As used in this act: (a) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:
(1) A practitioner or pursuant to the lawful direction of a practitioner;

or

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

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

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

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

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

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

(g) (1) "Controlled substance analog" means a substance that is intended for human consumption, and:

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

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

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

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

(A) A controlled substance;

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

or

(C) a substance with respect to which an exemption is in effect for investigational use by a particular person under section 505 of the federal food, drug and cosmetic act, 21 U.S.C. § 355, to the extent conduct with respect to the substance is permitted by the exemption.
(h) "Counterfeit substance" means a controlled substance which, or the container or labeling of which, without authorization bears the trademark, trade name or other identifying mark, imprint, number or device or any likeness thereof of a manufacturer, distributor or dispenser other than the person who in fact manufactured, distributed or dispensed the substance.

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

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

(k) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship.

(l) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the packaging, labeling or compounding necessary to prepare the substance for that delivery, or pursuant to the prescription of a mid-level practitioner.

(m) "Dispenser" means a practitioner or pharmacist who dispenses, or a physician assistant who has authority to dispense prescription-only drugs in accordance with subsection (b) of K.S.A. 65-28a08(b), and amendments thereto.

(n) "Distribute" means to deliver other than by administering or dispensing a controlled substance.

(o) "Distributor" means a person who distributes.

(p) "Drug" means: (1) Substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States or official national formulary or any supplement to any of them; (2) substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animals; (3) substances (other than food) intended to affect the structure or function of the body of man or animals; and (4) substances intended for use as a component of any article specified in clause (1), (2) or (3) of this subsection (p); (1), (2) or (3). It does not include devices or their components, parts or accessories.

(q) "Immediate precursor" means a substance which the board has found to be and by rule and regulation designates as being the principal compound commonly used or produced primarily for use and which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.

(r) "Electronic prescription" means an electronically prepared prescription that is authorized and transmitted from the prescriber to the pharmacy by means of electronic transmission.
(s) "Electronic prescription application" means software that is used
to create electronic prescriptions and that is intended to be installed on the
prescriber's computers and servers where access and records are controlled
by the prescriber.
(t) "Electronic signature" means a confidential personalized digital
key, code, number or other method for secure electronic data transmissions
which identifies a particular person as the source of the message, authenticates the signatory of the message and indicates the person's
approval of the information contained in the transmission.
(u) "Electronic transmission" means the transmission of an electronic
prescription, formatted as an electronic data file, from a prescriber's
electronic prescription application to a pharmacy's computer, where the
data file is imported into the pharmacy prescription application.
(v) "Electronically prepared prescription" means a prescription that is
generated using an electronic prescription application.
(w) "Facsimile transmission" or "fax transmission" means the
transmission of a digital image of a prescription from the prescriber or the
prescriber's agent to the pharmacy. "Facsimile transmission" includes, but
is not limited to, transmission of a written prescription between the
prescriber's fax machine and the pharmacy's fax machine; transmission of
an electronically prepared prescription from the prescriber's electronic
prescription application to the pharmacy's fax machine, computer or
printer; or transmission of an electronically prepared prescription from the
prescriber's fax machine to the pharmacy's fax machine, computer or
printer.
(x) "Intermediary" means any technology system that receives and
transmits an electronic prescription between the prescriber and the
pharmacy.
(y) "Isomer" means all enantiomers and diastereomers.
(z) "Manufacture" means the production, preparation, propagation,
compounding, conversion or processing of a controlled substance either
directly or indirectly or by extraction from substances of natural origin or
independently by means of chemical synthesis or by a combination of
extraction and chemical synthesis and includes any packaging or
repackaging of the substance or labeling or relabeling of its container,
except that this term does not include the preparation or compounding of a
controlled substance by an individual for the individual's own lawful use
or the preparation, compounding, packaging or labeling of a controlled
substance:
(1) By a practitioner or the practitioner's agent pursuant to a lawful
order of a practitioner as an incident to the practitioner's administering or
dispensing of a controlled substance in the course of the practitioner's
professional practice; or
(2) by a practitioner or by the practitioner's authorized agent under
such practitioner's supervision for the purpose of or as an incident to
research, teaching or chemical analysis or by a pharmacist or medical care
facility as an incident to dispensing of a controlled substance.

(aa) "Marijuana" means all parts of all varieties of the plant Cannabis
whether growing or not, the seeds thereof, the resin extracted from any
part of the plant and every compound, manufacture, salt, derivative,
mixture or preparation of the plant, its seeds or resin. It does not include
the mature stalks of the plant, fiber produced from the stalks, oil or cake
made from the seeds of the plant, any other compound, manufacture, salt,
derivative, mixture or preparation of the mature stalks, except the resin
extracted therefrom, fiber, oil, or cake or the sterilized seed of the plant
which is incapable of germination.

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

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

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

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

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

(3) opium poppy and poppy straw;

(4) coca leaves and any salt, compound, derivative or preparation of
coca leaves, and any salt, compound, isomer, derivative or preparation
thereof which is chemically equivalent or identical with any of these
substances, but not including deocainized coca leaves or extractions of
coca leaves which do not contain cocaine or ecgonine.

(ee) "Opiate" means any substance having an addiction-forming or
addiction-sustaining liability similar to morphine or being capable of
conversion into a drug having addiction-forming or addiction-sustaining
liability. It does not include, unless specifically designated as controlled
under K.S.A. 65-4102, and amendments thereto, the dextrorotatory isomer
of 3-methoxy-n-methylmorphinan and its salts (dextrorhomphan). It does
include its racemic and levorotatory forms.
   (ff) "Opium poppy" means the plant of the species Papaver
somniferum l. except its seeds.
   (gg) "Person" means an individual, corporation, government, or
governmental subdivision or agency, business trust, estate, trust,
partnership or association or any other legal entity.
   (hh) "Pharmacist" means any natural person licensed under K.S.A.
65-1625 et seq., to practice pharmacy.
   (ii) "Pharmacist intern" means: (1) A student currently enrolled in an
accredited pharmacy program; (2) a graduate of an accredited pharmacy
program serving such person's internship; or (3) a graduate of a pharmacy
program located outside of the United States which is not accredited and
who had successfully passed equivalency examinations approved by the
board.
   (jj) "Pharmacy prescription application" means software that is used
to process prescription information, is installed on a pharmacy's computers
and servers, and is controlled by the pharmacy.
   (kk) "Poppy straw" means all parts, except the seeds, of the opium
poppy, after mowing.
   (ll) "Practitioner" means a person licensed to practice medicine and
surgery, dentist, podiatrist, veterinarian, optometrist, advanced practice
registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1130, and amendments thereto, or scientific
investigator or other person authorized by law to use a controlled
substance in teaching or chemical analysis or to conduct research with
respect to a controlled substance.
   (mm) "Prescriber" means a practitioner or a mid-level practitioner.
   (nn) "Production" includes the manufacture, planting, cultivation,
growing or harvesting of a controlled substance.
   (oo) "Readily retrievable" means that records kept by automatic data
processing applications or other electronic or mechanized recordkeeping
systems can be separated out from all other records within a reasonable
time not to exceed 48 hours of a request from the board or other authorized
agent or that hard-copy records are kept on which certain items are
asterisked, redlined or in some other manner visually identifiable apart
from other items appearing on the records.
   (pp) "Ultimate user" means a person who lawfully possesses a
controlled substance for such person's own use or for the use of a member
of such person's household or for administering to an animal owned by
such person or by a member of such person's household.
Sec. 18. K.S.A. 2014 Supp. 65-4116 is hereby amended to read as follows: 65-4116. (a) Every person who manufactures, distributes or dispenses any controlled substance within this state or who proposes to engage in the manufacture, distribution or dispensing of any controlled substance within this state shall obtain annually a registration issued by the board in accordance with the uniform controlled substances act and with rules and regulations adopted by the board.

(b) Persons registered by the board under this act to manufacture, distribute, dispense or conduct research with controlled substances may possess, manufacture, distribute, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this act.

(c) The following persons need not register and may lawfully possess controlled substances under this act, as specified in this subsection:

(1) An agent or employee of any registered manufacturer, distributor or dispenser of any controlled substance if the agent or employee is acting in the usual course of such agent or employee's business or employment;

(2) a common carrier or warehouseman or an employee thereof whose possession of any controlled substance is in the usual course of business or employment;

(3) an ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a practitioner or a mid-level practitioner or in lawful possession of a schedule V substance;

(4) persons licensed and registered by the board under the provisions of the acts contained in article 16 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, to manufacture, dispense or distribute drugs are considered to be in compliance with the registration provision of the uniform controlled substances act without additional proceedings before the board or the payment of additional fees, except that manufacturers and distributors shall complete and file the application form required under the uniform controlled substances act;

(5) any person licensed by the state board of healing arts under the Kansas healing arts act;

(6) any person licensed by the state board of veterinary examiners;

(7) any person licensed by the Kansas dental board;

(8) a mid-level practitioner; and

(9) any person who is a member of the Native American Church, with respect to use or possession of peyote, whose use or possession of peyote is in, or for use in, bona fide religious ceremonies of the Native American Church, but nothing in this paragraph shall authorize the use or possession of peyote in any place used for the confinement or housing of persons arrested, charged or convicted of criminal offenses or in the state security hospital; and
(10) any person licensed as an advanced practice registered nurse under K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.

(d) (1) The board may waive by rules and regulations the requirement for registration of certain manufacturers, distributors or dispensers if the board finds it consistent with the public health and safety, except that licensure of any person by the state board of healing arts to practice any branch of the healing arts, Kansas dental board—er, the state board of veterinary examiners or the board of nursing of advanced practice registered nurses shall constitute compliance with the registration requirements of the uniform controlled substances act by such person for such person's place of professional practice.

(2) Evidence of abuse as determined by the board relating to a person licensed by the state board of healing arts shall be submitted to the state board of healing arts and the attorney general within 60 days. The state board of healing arts shall, within 60 days, make findings of fact and take such action against such person as it deems necessary. All findings of fact and any action taken shall be reported by the state board of healing arts to the board of pharmacy and the attorney general.

(3) Evidence of abuse as determined by the board relating to a person licensed by the state board of veterinary examiners shall be submitted to the state board of veterinary examiners and the attorney general within 60 days. The state board of veterinary examiners shall, within 60 days, make findings of fact and take such action against such person as it deems necessary. All findings of fact and any action taken shall be reported by the state board of veterinary examiners to the board of pharmacy and the attorney general.

(4) Evidence of abuse as determined by the board relating to a dentist licensed by the Kansas dental board shall be submitted to the Kansas dental board and the attorney general within 60 days. The Kansas dental board shall, within 60 days, make findings of fact and take such action against such dentist as it deems necessary. All findings of fact and any action taken shall be reported by the Kansas dental board to the board of pharmacy and the attorney general.

(5) Evidence of abuse as determined by the board relating to an advanced practice registered nurse licensed by the board of nursing shall be submitted to the board of nursing and the attorney general within 60 days. The board of nursing shall, within 60 days, make findings of fact and take such action against such advanced practice registered nurse as it deems necessary. All findings of fact and any action taken shall be reported by the board of nursing to the board of pharmacy and the attorney general.
(e) A separate annual registration is required at each place of business or professional practice where the applicant manufactures, distributes or dispenses controlled substances.

(f) The board may inspect the establishment of a registrant or applicant for registration in accordance with the board's rules and regulations.

(g) (1) The registration of any person or location shall terminate when such person or authorized representative of a location dies, ceases legal existence, discontinues business or professional practice or changes the location as shown on the certificate of registration. Any registrant who ceases legal existence, discontinues business or professional practice, or changes location as shown on the certificate of registration, shall notify the board promptly of such fact and forthwith deliver the certificate of registration directly to the secretary or executive secretary of the board. In the event of a change in name or mailing address the person or authorized representative of the location shall notify the board promptly in advance of the effective date of this change by filing the change of name or mailing address with the board. This change shall be noted on the original application on file with the board.

(2) No registration or any authority conferred thereby shall be assigned or otherwise transferred except upon such conditions as the board may specifically designate and then only pursuant to the written consent of the board.

Sec. 19. K.S.A. 65-4134 is hereby amended to read as follows: 65-4134. A practitioner engaged in medical practice or research, a practitioner who is an advanced practice registered nurse acting in the usual course of such practitioner's practice or a mid-level practitioner acting in the usual course of such mid-level practitioner's practice is not required or compelled to furnish the name or identity of a patient or research subject to the board, nor may such practitioner or mid-level practitioner be compelled in any state or local civil, criminal, administrative, legislative or other proceedings to furnish the name or identity of an individual that the practitioner or mid-level practitioner is obligated to keep confidential.

Sec. 20. K.S.A. 2014 Supp. 65-4202 is hereby amended to read as follows: 65-4202. As used in this act: (a) "Board" means the state board of nursing.

(b) The "practice of mental health technology" means the performance, under the direction of a physician licensed to practice medicine and surgery or registered professional nurse, of services in caring for and treatment of the mentally ill, emotionally disturbed, or people with intellectual disability for compensation or personal profit, which services:

(1) Involve responsible nursing and therapeutic procedures for
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patients with mental illness or intellectual disability requiring interpersonal
and technical skills in the observations and recognition of symptoms and
reactions of such patients, the accurate recording of such symptoms and
reactions and the carrying out of treatments and medications as prescribed
by a licensed physician, a licensed advanced practice registered nurse or a
mid-level practitioner as defined in subsection (ii) of K.S.A. 65-1626,
and amendments thereto; and

(2) require an application of techniques and procedures that involve
understanding of cause and effect and the safeguarding of life and health
of the patient and others; and

(3) require the performance of duties that are necessary to facilitate
rehabilitation of the patient or are necessary in the physical, therapeutic
and psychiatric care of the patient and require close work with persons
licensed to practice medicine and surgery, psychiatrists, psychologists,
rehabilitation therapists, social workers, registered nurses, and other
professional personnel.

(c) A "licensed mental health technician" means a person who
lawfully practices mental health technology as defined in this act.

(d) An "approved course in mental health technology" means a
program of training and study including a basic curriculum which shall be
prescribed and approved by the board in accordance with the standards
prescribed herein, the successful completion of which shall be required
before licensure as a mental health technician, except as hereinafter
provided.

Sec. 21. K.S.A. 2014 Supp. 65-5402 is hereby amended to read as
follows: 65-5402. As used in K.S.A. 65-5401 to 65-5417, inclusive, and
K.S.A. 65-5418 to 65-5420, inclusive, and amendments thereto:

(a) "Board" means the state board of healing arts.

(b) "Practice of occupational therapy" means the therapeutic use of
purposeful and meaningful occupations (goal-directed activities) to
evaluate and treat, pursuant to the referral, supervision, order or direction
of a physician, a licensed podiatrist, a licensed dentist, a licensed physician
assistant, or a licensed advanced practice registered nurse working
pursuant to the order or direction of a person licensed to practice medicine
and surgery, a licensed advanced practice registered nurse, a licensed
chiropractor, or a licensed optometrist, individuals who have a disease or
disorder, impairment, activity limitation or participation restriction that
interferes with their ability to function independently in daily life roles and
to promote health and wellness. Occupational therapy intervention may
include:

(1) Remediation or restoration of performance abilities that are
limited due to impairment in biological, physiological, psychological or
neurological cognitive processes;
(2) adaptation of tasks, process, or the environment or the teaching of compensatory techniques in order to enhance performance;
(3) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and
(4) health promotion strategies and practices that enhance performance abilities.
(c) "Occupational therapy services" include, but are not limited to:
(1) Evaluating, developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, including instrumental activities of daily living (IADL) and play and leisure activities;
(2) evaluating, developing, remediating, or restoring sensorimotor, cognitive or psychosocial components of performance;
(3) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices;
(4) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;
(5) applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;
(6) evaluating and providing intervention in collaboration with the client, family, caregiver or others;
(7) educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; and
(8) consulting with groups, programs, organizations or communities to provide population-based services.
(d) "Occupational therapist" means a person licensed to practice occupational therapy as defined in this act.
(e) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under the supervision of an occupational therapist.
(f) "Person" means any individual, partnership, unincorporated organization or corporation.
(g) "Physician" means a person licensed to practice medicine and surgery.
(h) "Occupational therapy aide," "occupational therapy tech" or "occupational therapy paraprofessional" means a person who provides supportive services to occupational therapists and occupational therapy assistants in accordance with K.S.A. 65-5419, and amendments thereto.
Sec. 22. K.S.A. 2014 Supp. 65-5418 is hereby amended to read as follows: 65-5418. (a) Nothing in the occupational therapy practice act is intended to limit, preclude or otherwise interfere with the practices of other health care providers formally trained and licensed, registered,
credentialed or certified by appropriate agencies of the state of Kansas.

(b) The practice of occupational therapy shall not be construed to include the following:

(1) Persons rendering assistance in the case of an emergency;
(2) members of any church practicing their religious tenets;
(3) persons whose services are performed pursuant to the delegation of and under the supervision of an occupational therapist who is licensed under this act;
(4) any person employed as an occupational therapist or occupational therapy assistant by the government of the United States or any agency thereof, if such person practices occupational therapy solely under the direction or control of the organization by which such person is employed;
(5) licensees under the healing arts act when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to a delegation authorized under subsection (g) of K.S.A. 65-2872(g), and amendments thereto;
(6) dentists practicing their professions, when licensed and practicing in accordance with the provisions of law;
(7) nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed nurse under subsection (m) of K.S.A. 65-1124(m), and amendments thereto;
(8) health care providers who have been formally trained and are practicing in accordance with the training or have received specific training in one or more functions included in the occupational therapy practice act pursuant to established educational protocols, or both;
(9) any person pursuing a supervised course of study leading to a degree or certificate in occupational therapy at an accredited or approved educational program, if the person is designated by the title which clearly indicates such person's status as a student or trainee;
(10) any person fulfilling the supervised fieldwork experience requirements as part of the experience necessary to meet the requirement of the occupational therapy practice act;
(11) self-care by a patient or gratuitous care by a friend or family member who does not represent or hold oneself out to the public to be an occupational therapist or an occupational therapy assistant;
(12) optometrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
(13) podiatrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
(14) physical therapists practicing their profession when licensed and...
practicing in accordance with K.S.A. 65-2901 et seq., and amendments thereto;
(15) physician assistants practicing their profession when licensed and practicing in accordance with the physician assistant licensure act;
(16) athletic trainers practicing their profession when licensed and practicing in accordance with the athletic trainers licensure act;
(17) manufacturers of prosthetic devices;
(18) any person performing occupational therapy services, if these services are performed for no more than 45 days in a calendar year in association with an occupational therapist licensed under the occupational therapy practice act so long as: (A) The person is registered or licensed under the laws of another state which has licensure requirements at least as stringent as the licensure requirements of this act; or (B) the person meets the requirements for certification as an occupational therapist registered (OTR) or a certified occupational therapy assistant (COTA) established by the national board for certification in occupational therapy (NBCOT).
(c) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed occupational therapy must be performed by or pursuant to the delegation of a licensed occupational therapist or other health care provider.
(d) Education related therapy services provided by an occupational therapist to school systems or consultation regarding prevention, ergonomics and wellness within the occupational therapy scope of practice shall not require a referral, supervision, order or direction of a physician, an advanced practice registered nurse, a licensed podiatrist, a licensed dentist or a licensed optometrist. However, when in the course of providing such services an occupational therapist reasonably believes that an individual may have an underlying injury, illness, disease, disorder or impairment, the occupational therapist shall refer the individual to a physician, an advanced practice registered nurse, a licensed podiatrist, a licensed dentist or a licensed optometrist, as appropriate.
(e) Nothing in the occupational therapy practice act shall be construed to permit the practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon occupational therapists to engage in any activity not conferred by the occupational therapy practice act.
(f) This section shall be part of and supplemental to the occupational therapy practice act.
Sec. 23. K.S.A. 65-5502 is hereby amended to read as follows: 65-5502. As used in K.S.A. 65-5501 to 65-5517, inclusive and amendments thereto:
(a) "Board" means the state board of healing arts.
(b) "Respiratory therapy" is a health care profession whose therapists
practice under the supervision of a qualified medical director and with the
prescription of a licensed physician or an advanced practice registered
nurse providing therapy, management, rehabilitation, respiratory
assessment and care of patients with deficiencies and abnormalities which
affect the pulmonary system and associated other systems functions. The
duties which may be performed by a respiratory therapist include:

(1) Direct and indirect respiratory therapy services that are safe,
aseptic, preventative and restorative to the patient.

(2) Direct and indirect respiratory therapy services, including but not
limited to, the administration of pharmacological and diagnostic and
therapeutic agents related to respiratory therapy procedures to implement a
treatment, disease prevention or pulmonary rehabilitative regimen
prescribed by a physician or an advanced practice registered nurse.

(3) Administration of medical gases, exclusive of general anesthesia,
aerosols, humidification and environmental control systems.

(4) Transcription and implementation of written or verbal orders of a
physician or an advanced practice registered nurse pertaining to the
practice of respiratory therapy.

(5) Implementation of respiratory therapy protocols as defined by the
medical staff of an institution or a qualified medical director or other
written protocol, changes in treatment pursuant to the written or verbal
orders of a physician or an advanced practice registered nurse or the
initiation of emergency procedures as authorized by written protocols.

(c) "Respiratory therapist" means a person who is licensed to practice
respiratory therapy as defined in this act.

(d) "Person" means any individual, partnership, unincorporated
organization or corporation.

(e) "Physician" means a person who is licensed by the board to
practice medicine and surgery.

(f) "Qualified medical director" means the medical director of any
inpatient or outpatient respiratory therapy service, department or home
care agency. The medical director shall be a physician who has interest and
knowledge in the diagnosis and treatment of respiratory problems. This
physician shall be responsible for the quality, safety and appropriateness of
the respiratory services provided and require that respiratory therapy be
ordered by a physician or an advanced practice registered nurse who has
medical responsibility for the patient. The medical director shall be readily
accessible to the respiratory therapy practitioner.

(g) "Advanced practice registered nurse" means an advanced
practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1130, and amendments thereto.

Sec. 24. K.S.A. 2013 Supp. 65-6112, as amended by section 51 of
chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to
read as follows: 65-6112. As used in this act:
(a) "Administrator" means the executive director of the emergency
medical services board.
(b) "Advanced emergency medical technician" means a person who
holds an advanced emergency medical technician certificate issued
pursuant to this act.
(c) "Advanced practice registered nurse" means an advanced practice
registered nurse as defined in K.S.A. 65-1113, and amendments thereto.
(d) "Ambulance" means any privately or publicly owned motor
vehicle, airplane or helicopter designed, constructed, prepared, staffed and
equipped for use in transporting and providing emergency care for
individuals who are ill or injured.
(e) "Ambulance service" means any organization operated for the
purpose of transporting sick or injured persons to or from a place where
medical care is furnished, whether or not such persons may be in need of
emergency or medical care in transit.
(f) "Attendant" means a first responder, an emergency medical
responder, emergency medical technician, emergency medical technician-
intermediate, emergency medical technician-defibrillator, emergency
medical technician-intermediate/defibrillator, advanceed emergency
medical technician, mobile intensive care technician or paramedic certified
pursuant to this act.
(g) "Board" means the emergency medical services board established
pursuant to K.S.A. 65-6102, and amendments thereto.
(h) "Emergency medical service" means the effective and coordinated
delivery of such care as may be required by an emergency which includes
the care and transportation of individuals by ambulance services and the
performance of authorized emergency care by a physician, advanced
practice registered nurse, professional nurse, a licensed physician assistant
or attendant.
(i) "Emergency medical technician" means a person who holds an
emergency medical technician certificate issued pursuant to this act.
(j) "Emergency medical technician-defibrillator" means a person who
holds an emergency medical technician-defibrillator certificate issued
pursuant to this act.
(k) "Emergency medical technician-intermediate" means a person
who holds an emergency medical technician-intermediate certificate issued
pursuant to this act.
(l) "Emergency medical technician-intermediate/defibrillator" means
a person who holds both an emergency medical technician-intermediate
and emergency medical technician-defibrillator certificate issued pursuant
to this act.
(m) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.
(n) "First responder" means a person who holds a first responder certificate issued pursuant to this act.
(o) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.
(p) "Instructor-coordinator" means a person who is certified under this act to teach initial certification and continuing education classes.
(q) "Medical director" means a physician.
(r) "Medical protocols" mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse authorized by a physician. The medical protocols shall be approved by a county medical society or the medical staff of a hospital to which the ambulance service primarily transports patients, or if neither of the above are able or available to approve the medical protocols, then the medical protocols shall be submitted to the medical advisory council for approval.
(s) "Mobile intensive care technician" means a person who holds a mobile intensive care technician certificate issued pursuant to this act.
(t) "Municipality" means any city, county, township, fire district or ambulance service district.
(u) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person. As used in this subsection, transportation includes performance of the authorized level of services of the attendant whether within or outside the vehicle as part of such transportation services.
(v) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.
(w) "Paramedic" means a person who holds a paramedic certificate issued pursuant to this act.
(x) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.
(y) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.
(z) "Physician assistant" means a person who is licensed under the physician assistant licensure act and who is acting under the direction of a supervising physician.
(aa) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.
(bb) "Provider of training" means a corporation, partnership, accredited postsecondary education institution, ambulance service, fire
department, hospital or municipality that conducts training programs that
include, but are not limited to, initial courses of instruction and continuing
education for attendants, instructor-coordinators or training officers.
(cc) "Supervising physician" means supervising physician as such
term is defined under K.S.A. 65-28a02, and amendments thereto.
(dd) "Training officer" means a person who is certified pursuant to
this act to teach, coordinate or both, initial courses of instruction for first
responders or emergency medical responders and continuing education as
prescribed by the board.
Sec. 25. K.S.A. 2014 Supp. 65-6119 is hereby amended to read as
follows: 65-6119. (a) Notwithstanding any other provision of law, mobile
intensive care technicians may:
(1) Perform all the authorized activities identified in K.S.A. 65-6120,
65-6121, 65-6123, 65-6144, and amendments thereto;
(2) when voice contact or a telemetered electrocardiogram is
monitored by a physician, physician assistant where authorized by a
physician, an advanced practice registered nurse—where authorized by a
physician or licensed professional nurse where authorized by a physician
and direct communication is maintained, and upon order of such person
may administer such medications or procedures as may be deemed
necessary by a person identified in subsection (a)(2);
(3) perform, during an emergency, those activities specified in
subsection (a)(2) before contacting a person identified in subsection (a)(2)
when specifically authorized to perform such activities by medical
protocols; and
(4) perform, during nonemergency transportation, those activities
specified in this section when specifically authorized to perform such
activities by medical protocols.
(b) An individual who holds a valid certificate as a mobile intensive
care technician once meeting the continuing education requirements
prescribed by the rules and regulations of the board, upon application for
renewal, shall be deemed to hold a certificate as a paramedic under this
act, and such individual shall not be required to file an original application
as a paramedic for certification under this act.
(c) "Renewal" as used in subsection (b), refers to the first opportunity
that a mobile intensive care technician has to apply for renewal of a
certificate following the effective date of this act.
(d) Upon transition notwithstanding any other provision of law, a
paramedic may:
(1) Perform all the authorized activities identified in K.S.A. 65-6120,
65-6121, 65-6144, and amendments thereto;
(2) when voice contact or a telemetered electrocardiogram is
monitored by a physician, physician assistant where authorized by a
physician or an advanced practice registered nurse where authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person, may administer such medications or procedures as may be deemed necessary by a person identified in subsection (d)(2);

(3) perform, during an emergency, those activities specified in subsection (d)(2) before contacting a person identified in subsection (d)(2) when specifically authorized to perform such activities by medical protocols; and

(4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.

Sec. 26. K.S.A. 2014 Supp. 65-6120 is hereby amended to read as follows: 65-6120. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-intermediate may:

(1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto;

(2) when approved by medical protocols or where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced practice registered nurse—where authorized by a physician or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol;

(3) perform, during an emergency, those activities specified in subsection (a)(2) before contacting the persons identified in subsection (a) (2) when specifically authorized to perform such activities by medical protocols; or

(4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.

(b) An individual who holds a valid certificate as an emergency medical technician-intermediate once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of the successful completion of a transition course and such individual shall not be required to file an
original application for certification as an advanced emergency medical
technician under this act.
(c) "Renewal" as used in subsection (b), refers to the first or second
opportunity after December 31, 2011, that an emergency medical
technician-intermediate has to apply for renewal of a certificate.
(d) Emergency medical technician-intermediates who fail to meet the
transition requirements as specified may complete either the board
prescribed emergency medical technician transition course or emergency
medical responder transition course, provide validation of cognitive and
psychomotor competency and all continuing education hour requirements
inclusive of the successful completion of a transition course as determined
by rules and regulations of the board. Upon completion, such emergency
medical technician-intermediate may apply to transition to become an
emergency medical technician or an emergency medical responder,
depending on the transition course that was successfully completed.
Alternatively, upon application for renewal of an emergency medical
technician-intermediate certificate, the applicant shall be renewed as an
emergency medical technician or an emergency medical responder,
depending on the transition course that was successfully completed. Such
individual shall not be required to file an original application for
certification as an emergency medical technician or emergency medical
responder.
(e) Failure to successfully complete either an advanced emergency
medical technician transition course, an emergency medical technician
transition course or emergency medical responder transition course will
result in loss of certification.
(f) Upon transition, notwithstanding any other provision of law to the
contrary, an advanced emergency medical technician may:
(1) Perform any of the activities identified by K.S.A. 65-6121, and
amendments thereto; and
(2) perform any of the following interventions, by use of the devices,
medications and equipment, or any combination thereof, as specifically
identified in rules and regulations, after successfully completing an
approved course of instruction, local specialized device training and
competency validation and when authorized by medical protocols, or upon
order when direct communication is maintained by radio, telephone or
video conference with a physician, physician assistant where authorized by
a physician, an advanced practice registered nurse where authorized by a
physician, or licensed professional nurse where authorized by a physician
upon order of such a person: (A) Continuous positive airway pressure
devices; (B) advanced airway management; (C) referral of patient of
alternate medical care site based on assessment; (D) transportation of a
patient with a capped arterial line; (E) veni-puncture for obtaining blood
sample; (F) initiation and maintenance of intravenous infusion or saline
lock; (G) initiation of intraosseous infusion; (H) nebulized therapy; (I)
manual defibrillation and cardioversion; (J) cardiac monitoring; (K)
electrocardiogram interpretation; (L) administration of generic or trade
name medications by one or more of the following methods: (i)
Aerosolization; (ii) nebulization; (iii) intravenous; (iv) intranasal; (v)
rectal; (vi) subcutaneous; (vii) intraosseous; (viii) intramuscular; or (ix)
sublingual.

(g) An individual who holds a valid certificate as both an emergency
medical technician-intermediate and as an emergency medical technician-
defibrillator once successfully completing the board prescribed transition
course, and validation of cognitive and psychomotor competency as
determined by rules and regulations of the board, may apply to transition
to an advanced emergency medical technician. Alternatively, upon
application for renewal, such individual shall be deemed to hold a
certificate as an advanced emergency medical technician under this act,
provided such individual has completed all continuing education hour
requirements inclusive of successful completion of a transition course, and
such individual shall not be required to file an original application for
certification as an advanced emergency medical technician under this act.

(h) "Renewal" as used in subsection (g), refers to the first or second
opportunity after December 31, 2011, that an emergency medical
technician-intermediate and emergency medical technician-defibrillator
has to apply for renewal of a certificate.

(i) An individual who holds both an emergency medical technician-
intermediate certificate and an emergency medical technician-defibrillator
certificate, who fails to meet the transition requirements as specified may
complete either the board prescribed emergency medical technician
transition course or emergency medical responder transition course, and
provide validation of cognitive and psychomotor competency and all
continuing education hour requirements inclusive of successful completion
of a transition course as determined by rules and regulations of the board.
Upon completion, such individual may apply to transition to become an
emergency medical technician or emergency medical responder, depending
on the transition course that was successfully completed. Alternatively,
upon application for renewal of an emergency medical technician-
intermediate certificate and an emergency medical technician-defibrillator
certificate, the applicant shall be renewed as an emergency medical
technician or an emergency medical responder, depending on the transition
course that was successfully completed. Such individual shall not be
required to file an original application for certification as an emergency
medical technician or emergency medical responder.

(j) Failure to successfully complete either the advanced emergency
medical technician transition requirements, an emergency medical
technician transition course or the emergency medical responder transition
course will result in loss of certification.
Sec. 27. K.S.A. 2014 Supp. 65-6121 is hereby amended to read as
follows: 65-6121. (a) Notwithstanding any other provision of law to the
contrary, an emergency medical technician may perform any of the
following activities:
(1) Patient assessment and vital signs;
(2) airway maintenance including the use of:
(A) oropharyngeal and nasopharyngeal airways;
(B) esophageal obturator airways with or without gastric suction
device;
(C) multi-lumen airway; and
(D) oxygen demand valves.
(3) Oxygen therapy;
(4) oropharyngeal suctioning;
(5) cardiopulmonary resuscitation procedures;
(6) control accessible bleeding;
(7) apply pneumatic anti-shock garment;
(8) manage outpatient medical emergencies;
(9) extricate patients and utilize lifting and moving techniques;
(10) manage musculoskeletal and soft tissue injuries including
dressing and bandaging wounds or the splinting of fractures, dislocations,
abrasions, sprains or strains;
(11) use of backboards to immobilize the spine;
(12) administer activated charcoal and glucose;
(13) monitor intravenous line delivering intravenous fluids during
interfacility transport with the following restrictions:
(A) The physician approves the transfer by an emergency medical
technician;
(B) no medications or nutrients have been added to the intravenous
fluids; and
(C) the emergency medical technician may monitor, maintain and
shut off the flow of intravenous fluid;
(14) use automated external defibrillators;
(15) administer epinephrine auto-injectors provided that:
(A) The emergency medical technician successfully completes a
course of instruction approved by the board in the administration of
epinephrine;
(B) the emergency medical technician serves with an ambulance
service or a first response organization that provides emergency medical
services; and
(C) the emergency medical technician is acting pursuant to medical
protocols;
(16) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols; or
(17) when authorized by medical protocol, assist the patient in the administration of the following medications which have been prescribed for that patient: Auto-injection epinephrine, sublingual nitroglycerin and inhalers for asthma and emphysema.
(b) An individual who holds a valid certificate as an emergency medical technician at the current basic level once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of successful completion of a transition course, and such individual shall not be required to file an original application for certification as an emergency medical technician.
(c) "Renewal" as used in subsection (b), refers to the first opportunity after December 31, 2011, that an emergency medical technician has to apply for renewal of a certificate following the effective date of this act.
(d) Emergency medical technicians who fail to meet the transition requirements as specified may successfully complete the board prescribed emergency medical responder transition course, provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the board. Alternatively, upon application for renewal of an emergency medical technician certificate, the applicant shall be deemed to hold a certificate as an emergency medical responder under this act, and such individual shall not be required to file an original application for certification as an emergency medical responder.
(e) Failure to successfully complete either an emergency medical technician transition course or emergency medical responder transition course will result in loss of certification.
(f) Upon transition, notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any activities identified in K.S.A. 65-6144, and amendments thereto, and any of the following interventions, by use of the devices, medications and equipment, or any combination thereof, after successfully completing an approved course of instruction, local specialized device training and competency validation and when authorized by medical protocols, or upon order when
direct communication is maintained by radio, telephone or video
conference is monitored by a physician, physician assistant when
authorized by a physician, an advanced practice registered nurse—when
authorized by a physician, or a licensed professional nurse when authorized
by a physician, upon order of such person:
(I) Airway maintenance including use of:
(A) Single lumen airways as approved by the board;
(B) multilumen airways;
(C) ventilator devices;
(D) forceps removal of airway obstruction;
(E) CO2 monitoring;
(F) airway suctioning;
(2) apply pneumatic anti-shock garment;
(3) assist with childbirth;
(4) monitoring urinary catheter;
(5) capillary blood sampling;
(6) cardiac monitoring;
(7) administration of patient assisted medications as approved by the
board;
(8) administration of medications as approved by the board by
appropriate routes; and
(9) monitor, maintain or discontinue flow of IV line if a physician
approves transfer by an emergency medical technician.
Sec. 28. K.S.A. 2014 Supp. 65-6123 is hereby amended to read as
follows: 65-6123. (a) Notwithstanding any other provision of law to the
contrary, an emergency medical technician-defibrillator may:
(1) Perform any of the activities identified in K.S.A. 65-6121, and
amendments thereto;
(2) when approved by medical protocols or where voice contact by
radio or telephone is monitored by a physician, physician assistant where
authorized by a physician, advanced practice registered nurse—where
authorized by a physician, or licensed professional nurse where authorized
by a physician, and direct communication is maintained, upon order of
such person, may perform electrocardiographic monitoring and
defibrillation;
(3) perform, during an emergency, those activities specified in
subsection (b) before contacting the persons identified in subsection (b)
when specifically authorized to perform such activities by medical
protocols; or
(4) perform, during nonemergency transportation, those activities
specified in this section when specifically authorized to perform such
activities by medical protocols.
(b) An individual who holds a valid certificate as an emergency
medical technician-defibrillator once successfully completing an
emergency medical technician-intermediate, initial course of instruction
and the board prescribed transition course, and validation of cognitive and
psychomotor competency as determined by rules and regulations of the
board, may apply to transition to become an advanced emergency medical
technician. Alternatively, upon application for renewal, such individual
shall be deemed to hold a certificate as an advanced emergency medical
technician under this act, provided such individual has completed all
continuing education hour requirements inclusive of successful completion
of a transition course, and such individual shall not be required to file an
original application for certification as an advanced emergency medical
technician.

(c) "Renewal" as used in subsection (b), refers to the second
opportunity after December 31, 2011, that an attendant has to apply for
renewal of a certificate.

(d) Emergency medical technician-defibrillator attendants who fail to
meet the transition requirements as specified may complete either the
board prescribed emergency medical technician transition course or
emergency medical responder transition course, provide validation of
cognitive and psychomotor competency provided such individual has
completed all continuing education hour requirements inclusive of the
successful completion of a transition course as determined by rules and
regulations of the board. Upon completion, such emergency medical
technician-defibrillator may apply to transition to become an emergency
medical technician or an emergency medical responder, depending on the
transition course that was successfully completed. Alternatively, upon
application for renewal of an emergency medical technician-defibrillator
certificate, the applicant shall be renewed as an emergency medical
technician or an emergency medical responder, depending on the transition
course that was successfully completed. Such individual shall not be
required to file an original application for certification as an emergency
medical technician or emergency medical responder.

(e) Failure to complete either the advanced emergency medical
technician transition requirements, an emergency medical technician
transition course or an emergency medical responder transition course will
result in loss of certification.

Sec. 29. K.S.A. 2013 Supp. 65-6124, as amended by section 52 of
chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to
read as follows: 65-6124. (a) No physician, physician assistant, advanced
practice registered nurse or licensed professional nurse, who gives
emergency instructions to an attendant as defined by K.S.A. 65-6112, and
amendments thereto, during an emergency, shall be liable for any civil
damages as a result of issuing the instructions, except such damages which
may result from gross negligence in giving such instructions.

(b) No attendant as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to instructions given by a physician, an advanced practice registered nurse, the supervising physician for a physician assistant, an advanced practice registered nurse or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such attendant as defined by K.S.A. 65-6112, and amendments thereto.

(c) No person certified as an instructor-coordinator and no training officer shall be liable for any civil damages which may result from such instructor-coordinator's or training officer's course of instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the instructor-coordinator or training officer.

(d) No medical adviser who reviews, approves and monitors the activities of attendants shall be liable for any civil damages as a result of such review, approval or monitoring, except such damages which may result from gross negligence in such review, approval or monitoring.

Sec. 30. K.S.A. 2014 Supp. 65-6144 is hereby amended to read as follows: 65-6144. (a) A first responder may perform any of the following activities:

(1) Initial scene management including, but not limited to, gaining access to the individual in need of emergency care, extricating, lifting and moving the individual;

(2) cardiopulmonary resuscitation and airway management;

(3) control of bleeding;

(4) extremity splinting excluding traction splinting;

(5) stabilization of the condition of the individual in need of emergency care;

(6) oxygen therapy;

(7) use of oropharyngeal airways;

(8) use of bag valve masks;

(9) use automated external defibrillators; and

(10) other techniques of preliminary care a first responder is trained to provide as approved by the board.

(b) An individual who holds a valid certificate as a first responder, once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical responder. Alternatively, upon application for renewal of such certificate, such individual shall be deemed to hold a certificate as an
emergency medical responder under this act, provided such individual has
completed all continuing education hour requirements inclusive of a
transition course and such individual shall not be required to file an
original application for certification as an emergency medical responder.

(c) "Renewal" as used in subsection (b), refers to the first opportunity
after December 31, 2011, that an attendant has to apply for renewal of a
certificate.

(d) First responder attendants who fail to meet the transition
requirements as specified will forfeit their certification.

(e) Upon transition, notwithstanding any other provision of law to the
contrary, an emergency medical responder may perform any of the
following interventions, by use of the devices, medications and equipment,
or any combination thereof, after successfully completing an approved
course of instruction, local specialized device training and competency
validation and when authorized by medical protocols, or upon order when
direct communication is maintained by radio, telephone or video
conference is monitored by a physician, physician assistant when
authorized by a physician, an advanced practice registered nurse when
authorized by a physician or a licensed professional nurse when authorized
by a physician, upon order of such person: (1) Emergency vehicle
operations; (2) initial scene management; (3) patient assessment and
stabilization; (4) cardiopulmonary resuscitation and airway management;
(5) control of bleeding; (6) extremity splinting; (7) spinal immobilization;
(8) oxygen therapy; (9) use of bag-valve-mask; (10) use of automated
external defibrillator; (11) nebulizer therapy; (12) intramuscular injections
with auto-injector; (13) administration of oral glucose; (14) administration
of aspirin; (15) recognize and comply with advanced directives; (16)
insertion and maintenance of oral and nasal pharyngeal airways; (17) use
of blood glucose monitoring; and (18) other techniques and devices of
preliminary care an emergency medical responder is trained to provide as
approved by the board.

Sec. 31. K.S.A. 2014 Supp. 65-7003 is hereby amended to read as
follows: 65-7003. As used in K.S.A. 65-7001 through 65-7015, and
amendments thereto:

(a) "Act" means the Kansas chemical control act;
(b) "administer" means the application of a regulated chemical
whether by injection, inhalation, ingestion or any other means, directly
into the body of a patient or research subject, such administration to be
conducted by: (1) A practitioner, or in the practitioner's presence, by such
practitioner's authorized agent; or
(2) the patient or research subject at the direction and in the presence
of the practitioner;
(c) "agent or representative" means a person who is authorized to
receive, possess, manufacture or distribute or in any other manner control
or has access to a regulated chemical on behalf of another person;
(d) "bureau" means the Kansas bureau of investigation;
(e) "department" means the Kansas department of health and
environment;
(f) "director" means the director of the Kansas bureau of
investigation;
(g) "dispense" means to deliver a regulated chemical to an ultimate
user, patient or research subject by, or pursuant to the lawful order of, a
practitioner, including the prescribing, administering, packaging, labeling
or compounding necessary to prepare the regulated chemical for that
delivery;
(h) "distribute" means to deliver other than by administering or
dispensal of a regulated chemical;
(i) "manufacture" means to produce, prepare, propagate, compound,
convert or process a regulated chemical directly or indirectly, by extraction
from substances of natural origin, chemical synthesis or a combination of
extraction and chemical synthesis, and includes packaging or repackaging
of the substance or labeling or relabeling of its container. The term
excludes the preparation, compounding, packaging, repackaging, labeling
or relabeling of a regulated chemical:
(1) By a practitioner as an incident to the practitioner's administering
or dispensing of a regulated chemical in the course of the practitioner's
professional practice; or
(2) by a practitioner, or by the practitioner's authorized agent under
the practitioner's supervision, for the purpose of, or as an incident to
research, teaching or chemical analysis and not for sale;
(j) "person" means individual, corporation, business trust, estate,
trust, partnership, association, joint venture, government, governmental
subdivision or agency, or any other legal or commercial entity;
(k) "practitioner" means a person licensed to practice medicine and
surgery, pharmacist, dentist, podiatrist, veterinarian, optometrist, advanced
practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1130, and amendments thereto, or scientific
investigator or other person authorized by law to use a controlled
substance in teaching or chemical analysis or to conduct research with
respect to a controlled substance;
(l) "regulated chemical" means a chemical that is used directly or
indirectly to manufacture a controlled substance or other regulated
chemical, or is used as a controlled substance analog, in violation of the
state controlled substances act or this act. The fact that a chemical may be
used for a purpose other than the manufacturing of a controlled substance
or regulated chemical does not exempt it from the provisions of this act.

Regulated chemical includes:

(1) Acetic anhydride (CAS No. 108-24-7);
(2) benzaldehyde (CAS No. 100-52-7);
(3) benzyl chloride (CAS No. 100-44-7);
(4) benzyl cyanide (CAS No. 140-29-4);
(5) diethylamine and its salts (CAS No. 109-89-7);
(6) ephedrine, its salts, optical isomers and salts of optical isomers
(CAS No. 299-42-3), except products containing ephedra or ma huang,
which do not contain any chemically synthesized ephedrine alkaloids, and
are lawfully marketed as dietary supplements under federal law;
(7) hydriodic acid (CAS No. 10034-85-2);
(8) iodine (CAS No. 7553-56-2);
(9) lithium (CAS No. 7439-93-2);
(10) methylamine and its salts (CAS No. 74-89-5);
(11) nitroethane (CAS No. 79-24-3);
(12) chloroephephrine, its salts, optical isomers, and salts of optical
isomers (CAS No. 30572-91-9);
(13) phenylacetic acid, its esters and salts (CAS No. 103-82-2);
(14) phenylpropanolamine, its salts, optical isomers, and salts of
optical isomers (CAS No. 14838-15-4);
(15) piperidine and its salts (CAS No. 110-89-4);
(16) pseudoephedrine, its salts, optical isomers, and salts of optical
isomers (CAS No. 90-82-4);
(17) red phosphorous (CAS No. 7723-14-0);
(18) sodium (CAS No. 7440-23-5); and
(19) thionylchloride (CAS No. 7719-09-7);
(20) gamma butyrolactone (GBL), including butyrolactone;
butyrolactone gamma; 4-butyrolactone; 2(3H)-furanone dihydro; dihydro-
2(3H)-furanone; tetrahydro-2-furanone; 1,2-butanolide; 1,4-butanolide; 4-
butanolide; gamma-hydroxybutyric acid lactone; 3-hydroxybutyric acid
lactone and 4-hydroxybutanoic acid lactone; CAS No. 96-48-0; and
(21) 1,4 butanediol, including butanediol; butane-1,4-diol; 1,4-
butylene glycol; butylene glycol; 1,4-dihydroxybutane; 1,4-tetramethylene
glycol; tetramethylene glycol; tetramethylene 1,4-diol; CAS No. 110-63-4;

(n) "regulated chemical distributor" means any person subject to the
provisions of the Kansas chemical control act who manufactures or
distributes a regulated chemical;
(n) "regulated chemical retailer" means any person who sells
regulated chemicals directly to the public;
(o) "regulated chemical transaction" means the manufacture of a
regulated chemical or the distribution, sale, exchange or other transfer of a
regulated chemical within or into the state or from this state into another
state; and

(p) "secretary" means the secretary of health and environment.

Sec. 32. K.S.A. 2014 Supp. 65-7302 is hereby amended to read as
follows: 65-7302. As used in this act:

(a) "Board" means the state board of healing arts.

(b) "Ionizing radiation" means x-rays, gamma rays, alpha and beta
particles, high speed electrons, protons, neutrons and other nuclear
particles capable of producing ions directly or indirectly in its passage
through matter.

(c) "License" means a certificate issued by the board authorizing the
licensee to perform radiologic technology procedures on humans for
diagnostic or therapeutic purposes.

(d) "Licensed practitioner" means a person licensed to practice
medicine and surgery, dentistry, podiatry—or, chiropractic or advanced
practice registered nursing in this state.

(e) "Licensure" and "licensing" mean a method of regulation by
which the state grants permission to persons who meet predetermined
qualifications to engage in a health related occupation or profession.

(f) "Nuclear medicine technologist" means a person who uses radio
pharmaceutical agents on humans for diagnostic or therapeutic purposes.

(g) "Nuclear medicine technology" means the use of radio nuclides on
human beings for diagnostic or therapeutic purposes.

(h) "Radiation therapist" means a person who applies radiation to
humans for therapeutic purposes.

(i) "Radiation therapy" means the use of any radiation procedure or
article intended for the cure, mitigation or prevention of disease in
humans.

(j) "Radiographer" means a person who applies radiation to humans
for diagnostic purposes.

(k) "Radiography" means the use of ionizing radiation on human
beings for diagnostic purposes.

(l) "Radiologic technologist" means any person who is a
radiographer, radiation therapist or nuclear medicine technologist.

(m) "Radiologic technology" means the use of radioactive substance
or equipment emitting or detecting ionizing radiation on humans for
diagnostic or therapeutic purposes upon prescription of a licensed
practitioner. The term includes the practice of radiography, nuclear
medicine technology and radiation therapy, but does not include
echocardiography, diagnostic sonography and magnetic resonance
imaging.

(n) This section shall take effect on and after July 1, 2005.

Sec. 33. K.S.A. 2014 Supp. 72-5213 is hereby amended to read as
follows: 72-5213. (a) Every board of education shall require all employees
of the school district, who come in regular contact with the pupils of the
school district, to submit a certification of health on a form prescribed by
the secretary of health and environment and signed by a person licensed to
practice medicine and surgery under the laws of any state, or by a person
who is licensed as a physician assistant under the laws of this state when
such person is working at the direction of or in collaboration with a person
licensed to practice medicine and surgery, or by a person holding a license
to practice as an advanced practice registered nurse under the laws of this
state when such person is working at the direction of or in collaboration
with a person licensed to practice medicine and surgery. The certification
shall include a statement that there is no evidence of a physical condition
that would conflict with the health, safety, or welfare of the pupils; and
that freedom from tuberculosis has been established by chest x-ray or
negative tuberculin skin test. If at any time there is reasonable cause to
believe that any such employee of the school district is suffering from an
illness detrimental to the health of the pupils, the school board may require
a new certification of health.

(b) Upon presentation of a signed statement by the employee of a
school district, to whom the provisions of subsection (a) apply, that the
employee is an adherent of a religious denomination whose religious
teachings are opposed to physical examinations, the employee shall be
permitted to submit, as an alternative to the certification of health required
under subsection (a), certification signed by a person licensed to practice
medicine and surgery under the laws of any state, or by a person who is
licensed as a physician assistant under the laws of this state when such
person is working at the direction of or in collaboration with a person
licensed to practice medicine and surgery, or by a person holding a license
to practice as an advanced practice registered nurse under the laws of this
state when such person is working at the direction of or in collaboration
with a person licensed to practice medicine and surgery that freedom of
the employee from tuberculosis has been established.

(c) Every board of education may require persons, other than
employees of the school district, to submit to the same certification of
health requirements as are imposed upon employees of the school district
under the provisions of subsection (a) if such persons perform or provide
services to or for a school district which require such persons to come in
regular contact with the pupils of the school district. No such person shall
be required to submit a certification of health if the person presents a
signed statement that the person is an adherent of a religious denomination
whose religious teachings are opposed to physical examinations. Such
persons shall be permitted to submit, as an alternative to a certification of
health, certification signed by a person licensed to practice medicine and
surgery under the laws of any state, or by a person who is licensed as a
physician assistant under the laws of this state when such person is
working at the direction of or in collaboration with a person licensed to
practice medicine and surgery, or by a person holding a license to practice
as an advanced practice registered nurse under the laws of this state when
such person is working at the direction of or in collaboration with a person
licensed to practice medicine and surgery that freedom of such persons
from tuberculosis has been established.

(d) The expense of obtaining certifications of health and certifications
of freedom from tuberculosis may be borne by the board of education.

Sec. 34. K.S.A. 2014 Supp. 75-7429 is hereby amended to read as
follows: 75-7429. (a) As used in this section, "medical home" means a
health care delivery model in which a patient establishes an ongoing
relationship with a physician or other personal care provider in a
physician-directed team, or with an advanced practice registered nurse to
provide comprehensive, accessible and continuous evidence-based primary
and preventive care, and to coordinate the patient's health care needs
across the health care system in order to improve quality and health
outcomes in a cost effective manner.

(b) The department of health and environment shall incorporate the
use of the medical home delivery system within:

(1) The Kansas program of medical assistance established in
accordance with title XIX of the federal social security act, 42 U.S.C. §
1396 et seq., and amendments thereto;

(2) the health benefits program for children established under K.S.A.
38-2001 et seq., and amendments thereto, and developed and submitted in
accordance with federal guidelines established under title XXI of the
federal social security act, section 4901 of public law 105-33, 42 U.S.C. §
1397aa et seq., and amendments thereto; and

(3) the state mediKan program.

c) The Kansas state employees health care commission established
under K.S.A. 75-6502, and amendments thereto, shall incorporate the use
of a medical home delivery system within the state health care benefits
program as provided in K.S.A. 75-6501 through 75-6523, and amendments
thereto. Except that compliance with a medical home delivery system shall
not be required of program participants receiving treatment in accordance
with a religious method of healing pursuant to the provisions of K.S.A.
2014 Supp. 75-6501, and amendments thereto.

Sec. 35. K.S.A. 40-4602, 59-2976, 65-1660, 65-2892, 65-4134 and
65-5502 and K.S.A. 2013 Supp. 65-1626, as amended by section 4 of
chapter 131 of the 2014 Session Laws of Kansas, 65-4101, as amended by
section 50 of chapter 131 of the 2014 Session Laws of Kansas, 65-6112, as
amended by section 51 of chapter 131 of the 2014 Session Laws of Kansas
and 65-6124, as amended by section 52 of chapter 131 of the 2014 Session

Sec. 36. This act shall take effect and be in force from and after July 1, 2016, and its publication in the statute book.
HOUSE BILL No. 2122

By Committee on Health and Human Services

1-23

AN ACT concerning advanced practice registered nurses; amending
K.S.A. 2013 Supp. 65-1626, as amended by section 4 of chapter 131 of
the 2014 Session Laws of Kansas, 65-4101, as amended by section 50
of chapter 131 of the 2014 Session Laws of Kansas, 65-6112, as
amended by section 51 of chapter 131 of the 2014 Session Laws of
Kansas and 65-6124, as amended by section 52 of chapter 131 of the
6120, 65-6121, 65-6123, 65-6144, 65-7003, 65-7302, 72-5213 and 75-
7429 and repealing the existing sections.

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

Section 1. K.S.A. 2014 Supp. 65-1113 is hereby amended to read as
follows: 65-1113. When used in this act and the act of which this section is
amendatory:

(a) "Board" means the board of nursing.

(b) "Diagnosis" in the context of nursing practice means that
identification of and discrimination between physical and psychosocial
signs and symptoms essential to effective execution and management of
the nursing regimen and shall be construed as distinct from a medical
diagnosis.

(c) "Treatment" means the selection and performance of those
therapeutic measures essential to effective execution and management of
the nursing regimen, and any prescribed medical regimen.

(d) Practice of nursing. (1) The practice of professional nursing as
performed by a registered professional nurse for compensation or
gratuitously, except as permitted by K.S.A. 65-1124, and amendments
thereto, means the process in which substantial specialized knowledge
derived from the biological, physical, and behavioral sciences is applied
to: the care, diagnosis, treatment, counsel and health teaching of persons
who are experiencing changes in the normal health processes or who
require assistance in the maintenance of health or the prevention or
management of illness, injury or infirmity; administration, supervision or
teaching of the process as defined in this section; and the execution of the
medical regimen as prescribed by a person licensed to practice medicine
and surgery—or, a person licensed to practice dentistry or by a person
licensed to practice as an advanced practice registered nurse. (2) The
practice of nursing as a licensed practical nurse means the performance for
compensation or gratuitously, except as permitted by K.S.A. 65-1124, and
any amendments thereto, of tasks and responsibilities defined in part (1) of
this subsection (d)(1) which tasks and responsibilities are based on
acceptable educational preparation within the framework of supportive and
restorative care under the direction of a registered professional nurse, a
person licensed to practice medicine and surgery—or, a person licensed to
practice dentistry or by a person licensed to practice as an advanced
practice registered nurse.

(e) A "professional nurse" means a person who is licensed to practice
professional nursing as defined in part (1) of subsection (d) of this
section(1).

(f) A "practical nurse" means a person who is licensed to practice
practical nursing as defined in part (2) of subsection (d) of this section(2).

(g) "Advanced practice registered nurse" or "APRN" means a
professional nurse who holds a license from the board to function as a
professional nurse in an advanced role, and this advanced role shall be
defined by rules and regulations adopted by the board in accordance with
K.S.A. 65-1130, and amendments thereto.

Sec. 2. K.S.A. 2014 Supp. 65-1130 is hereby amended to read as
follows: 65-1130. (a) No professional nurse shall announce or represent to
the public that such person is an advanced practice registered nurse unless
such professional nurse has complied with requirements established by the
board and holds a valid license as an advanced practice registered nurse in
accordance with the provisions of this section.

(b) On and after the effective date of this act, to be eligible for an
initial advanced practice registered nurse license, an applicant shall hold
and maintain a current advanced practice registered nurse certification
granted by a national certifying organization recognized by the board
whose certification standards are approved by the board as equal to or
greater than the corresponding standards established by the board.

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

(e) (d) The board shall adopt rules and regulations applicable to
advanced practice registered nurses which:
(1) Establish roles and identify titles and abbreviations of advanced practice registered nurses which are consistent with advanced nursing practice specialties recognized by the nursing profession.

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

(3) Define the role of advanced practice registered nurses and establish limitations and restrictions on such role. The board shall adopt a definition of the role under this subsection (c)(3) which is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse, which protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and which authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider: (A) The education required for a licensure as an advanced practice registered nurse; (B) the type of nursing practice and preparation in specialized advanced practice skills involved in each role of advanced practice registered nurse established by the board; (C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education in nursing; and (E) the certification standards established by an accredited national organization whose certification standards are approved by the board as equal to or greater than the corresponding standards established under this act for obtaining authorization to practice as an advanced practice registered nurse in the specific role.

(c) "Treatment" means, when used in conjunction with the practice of an advanced practice registered nurse, planning, diagnosing, ordering and executing of a healthcare plan including, but not limited to, pharmacologic and non-pharmacologic interventions. This term also includes prescribing medical devices and equipment, nutrition, and diagnostic and supportive services including, but not limited to, home health care, hospice, physical and occupational therapy.

(f) The practice of nursing as an advanced practice registered nurse
means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and amendments thereto, of the process in which advanced knowledge derived from the biological, physical and behavioral sciences is applied to direct and indirect care, including, but not limited to, creating and executing a health care plan; nursing and medical diagnosis, management, treatment and prescribing; administering pharmacologic and non-pharmacologic interventions; counseling and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health; or the prevention or management of illness, injury or infirmity; administration, supervising or teaching within the advanced practice registered nurse's role. Within the role of the advanced practice registered nurse, an advanced practice registered nurse may serve as a primary care provider and lead health care teams.

(d)(g) An advanced practice registered nurse may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced practice registered nurse is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced practice registered nurse. Advanced practice registered nurses are authorized to prescribe, procure and administer prescription drugs and controlled substances pursuant to applicable state and federal laws. Any written prescription order shall include the name, address and telephone number of the responsible physician advanced practice registered nurse. The advanced practice registered nurse may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician. In order to prescribe controlled substances, the advanced practice registered nurse shall: (1) Register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians. In no case shall the scope of authority of the advanced practice registered nurse exceed the normal and customary practice of the responsible physician nursing of the federal drug enforcement administration registration as prescribed by rules and regulations of the board. An advanced practice registered nurse shall comply with the federal drug enforcement administration requirements related to controlled substances. An advanced practice registered nurse certified in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the
provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person licensed to practice medicine and surgery in Kansas who has accepted responsibility for the protocol and the actions of the advanced practice registered nurse when prescribing drugs.

(e) (h) An advanced practice registered nurse is accountable to patients, the nursing profession and the board for complying with the requirements of the nurse practice act, and any rules and regulations adopted pursuant thereto, and is responsible for recognizing limits of knowledge and experience, planning for the management of situations beyond the advanced practice registered nurse's expertise and referring patients to other health care professionals as appropriate.

(i) (1) The board, by rules and regulations, shall establish a program of transition to full practice for all persons who on and after the effective date of this act are granted initial licensure as an advanced practice registered nurse or who have less than 2,000 hours of licensed active practice as an advanced practice registered nurse in their initial roles.

(2) Advanced practice registered nurses who are subject to the program of transition to full practice shall not prescribe medications except as provided in this subsection.

(3) As part of the program of transition to full practice, an advanced practice registered nurse shall complete, within two years from the commencement of the program by the advanced practice registered nurse, a transition to full practice period of 2,000 hours while maintaining a collaborative relationship for practice and for prescribing medications with either a licensed advanced practice registered nurse with full prescriptive authority under subsection (g) or with a physician. The advanced practice registered nurse shall engage in the practice of nursing as an advanced practice registered nurse and may prescribe medications as part of the collaborative relationship.

(4) As part of the program of transition to full practice, the board shall specify the manner and form in which the advanced practice registered nurse participating in the program may identify oneself professionally and to the public.

(5) The advanced practice registered nurse shall be responsible for completing the required documentation for the program of transition to full practice as specified by the board.

(6) Upon the successful completion of the program of transition to full practice, the board of nursing shall authorize the advanced practice registered nurse to engage in the practice of advanced practice registered nursing without the limitations of this subsection and as otherwise authorized by law.

(7) The board may adopt rules and regulations necessary to carry out the provisions of this subsection.
(8) An advanced practice registered nurse functioning in the role of registered nurse anesthetist shall be subject to the provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, and shall not be subject to the provisions of this subsection.

(9) As used in this subsection, "physician" means a person licensed to practice medicine and surgery.

(j) When a provision of law or rule and regulation requires a signature, certification, verification, affidavit or endorsement by a physician, that requirement may be fulfilled by a licensed advanced practice registered nurse working within the scope of practice of such nurse's respective role.

(k) The confidential relations and communications between an advance practice registered nurse and the advance practice registered nurse's patient are placed on the same basis as provided by law as those between a physician and a physician's patient in K.S.A. 60-427, and amendments thereto.

(l) An advanced practice registered nurse shall maintain malpractice insurance coverage in effect as a condition to rendering professional service as an advanced practice registered nurse in this state and shall provide proof of insurance at time of licensure and renewal of license. The requirements of this subsection shall not apply to an advanced practice registered nurse who practices solely in an employment which results in the advanced practice registered nurse being covered under the federal tort claim act or state tort claims act, or who practices solely as a charitable health care provider under K.S.A. 75-6102, and amendments thereto, or who is serving on active duty in the military service of the United States.

(m) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101, and amendments thereto.

(f) A person registered to practice as an advanced registered nurse practitioner in the state of Kansas immediately prior to the effective date of this act shall be deemed to be licensed to practice as an advanced practice registered nurse under this act and such person shall not be required to file an original application for licensure under this act. Any application for registration filed which has not been granted prior to the effective date of this act shall be processed as an application for licensure under this act.

Sec. 3. K.S.A. 2014 Supp. 39-923 is hereby amended to read as follows: 39-923. (a) As used in this act:

(1) "Adult care home" means any nursing facility, nursing facility for mental health, intermediate care facility for people with intellectual disability, assisted living facility, residential health care facility, home plus, boarding care home and adult day care facility; all of which are
classifications of adult care homes and are required to be licensed by the
secretary for aging and disability services.

(2) "Nursing facility" means any place or facility operating 24 hours a
day, seven days a week, caring for six or more individuals not related
within the third degree of relationship to the administrator or owner by
blood or marriage and who, due to functional impairments, need skilled
nursing care to compensate for activities of daily living limitations.

(3) "Nursing facility for mental health" means any place or facility
operating 24 hours a day, seven days a week, caring for six or more
individuals not related within the third degree of relationship to the
administrator or owner by blood or marriage and who, due to functional
impairments, need skilled nursing care and special mental health services
to compensate for activities of daily living limitations.

(4) "Intermediate care facility for people with intellectual disability"
means any place or facility operating 24 hours a day, seven days a week,
caring for four or more individuals not related within the third degree of
relationship to the administrator or owner by blood or marriage and who,
due to functional impairments caused by intellectual disability or related
conditions, need services to compensate for activities of daily living
limitations.

(5) "Assisted living facility" means any place or facility caring for six
or more individuals not related within the third degree of relationship to
the administrator, operator or owner by blood or marriage and who, by
choice or due to functional impairments, may need personal care and may
need supervised nursing care to compensate for activities of daily living
limitations and in which the place or facility includes apartments for
residents and provides or coordinates a range of services including
personal care or supervised nursing care available 24 hours a day, seven
days a week, for the support of resident independence. The provision of
skilled nursing procedures to a resident in an assisted living facility is not
prohibited by this act. Generally, the skilled services provided in an
assisted living facility shall be provided on an intermittent or limited term
basis, or if limited in scope, a regular basis.

(6) "Residential health care facility" means any place or facility, or a
contiguous portion of a place or facility, caring for six or more individuals
not related within the third degree of relationship to the administrator,
operator or owner by blood or marriage and who, by choice or due to
functional impairments, may need personal care and may need supervised
nursing care to compensate for activities of daily living limitations and in
which the place or facility includes individual living units and provides or
coordinates personal care or supervised nursing care available on a 24-
hour, seven-days-a-week basis for the support of resident independence.
The provision of skilled nursing procedures to a resident in a residential
health care facility is not prohibited by this act. Generally, the skilled
services provided in a residential health care facility shall be provided on
an intermittent or limited term basis, or if limited in scope, a regular basis.
(7) "Home plus" means any residence or facility caring for not more
than 12 individuals not related within the third degree of relationship to the
operator or owner by blood or marriage unless the resident in need of care
is approved for placement by the secretary for children and families, and
who, due to functional impairment, needs personal care and may need
supervised nursing care to compensate for activities of daily living
limitations. The level of care provided to residents shall be determined by
preparation of the staff and rules and regulations developed by the Kansas
department for aging and disability services. An adult care home may
convert a portion of one wing of the facility to a not less than five-bed and
not more than 12-bed home plus facility provided that the home plus
facility remains separate from the adult care home, and each facility must
remain contiguous. Any home plus that provides care for more than eight
individuals after the effective date of this act shall adjust staffing personnel
and resources as necessary to meet residents' needs in order to maintain the
current level of nursing care standards. Personnel of any home plus who
provide services for residents with dementia shall be required to take
annual dementia care training.
(8) "Boarding care home" means any place or facility operating 24
hours a day, seven days a week, caring for not more than 10 individuals
not related within the third degree of relationship to the operator or owner
by blood or marriage and who, due to functional impairment, need
supervision of activities of daily living but who are ambulatory and
essentially capable of managing their own care and affairs.
(9) "Adult day care" means any place or facility operating less than
24 hours a day caring for individuals not related within the third degree of
relationship to the operator or owner by blood or marriage and who, due to
functional impairment, need supervision of or assistance with activities of
daily living.
(10) "Place or facility" means a building or any one or more complete
floors of a building, or any one or more complete wings of a building, or
any one or more complete wings and one or more complete floors of a
building, and the term "place or facility" may include multiple buildings.
(11) "Skilled nursing care" means services performed by or under the
immediate supervision of a registered professional nurse and additional
licensed nursing personnel. Skilled nursing includes administration of
medications and treatments as prescribed by a licensed physician,
advanced practice registered nurse or dentist; and other nursing functions
which require substantial nursing judgment and skill based on the
knowledge and application of scientific principles.
(12) "Supervised nursing care" means services provided by or under the guidance of a licensed nurse with initial direction for nursing procedures and periodic inspection of the actual act of accomplishing the procedures; administration of medications and treatments as prescribed by a licensed physician, **advanced practice registered nurse** or dentist and assistance of residents with the performance of activities of daily living.

(13) "Resident" means all individuals kept, cared for, treated, boarded or otherwise accommodated in any adult care home.

(14) "Person" means any individual, firm, partnership, corporation, company, association or joint-stock association, and the legal successor thereof.

(15) "Operate an adult care home" means to own, lease, establish, maintain, conduct the affairs of or manage an adult care home, except that for the purposes of this definition the word "own" and the word "lease" shall not include hospital districts, cities and counties which hold title to an adult care home purchased or constructed through the sale of bonds.

(16) "Licensing agency" means the secretary for aging and disability services.

(17) "Skilled nursing home" means a nursing facility.

(18) "Intermediate nursing care home" means a nursing facility.

(19) "Apartment" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, a kitchen, sleeping, living and storage area and a lockable door.

(20) "Individual living unit" means a private unit which includes, but is not limited to, a toilet room with bathing facilities, sleeping, living and storage area and a lockable door.

(21) "Operator" means an individual registered pursuant to the operator registration act, K.S.A. 2014 Supp. 39-973 et seq., and amendments thereto, who may be appointed by a licensee to have the authority and responsibility to oversee an assisted living facility or residential health care facility with fewer than 61 residents, a home plus or adult day care facility.

(22) "Activities of daily living" means those personal, functional activities required by an individual for continued well-being, including, but not limited to, eating, nutrition, dressing, personal hygiene, mobility and toileting.

(23) "Personal care" means care provided by staff to assist an individual with, or to perform activities of daily living.

(24) "Functional impairment" means an individual has experienced a decline in physical, mental and psychosocial well-being and as a result, is unable to compensate for the effects of the decline.

(25) "Kitchen" means a food preparation area that includes a sink, refrigerator and a microwave oven or stove.
(26) The term "intermediate personal care home" for purposes of those individuals applying for or receiving veterans' benefits means residential health care facility.

(27) "Paid nutrition assistant" means an individual who is paid to feed residents of an adult care home, or who is used under an arrangement with another agency or organization, who is trained by a person meeting nurse aide instructor qualifications as prescribed by 42 C.F.R. § 483.152, 42 C.F.R. § 483.160 and paragraph (h) of 42 C.F.R. § 483.35, and who provides such assistance under the supervision of a registered professional or licensed practical nurse.

(28) "Medicaid program" means the Kansas program of medical assistance for which federal or state moneys, or any combination thereof, are expended, or any successor federal or state, or both, health insurance program or waiver granted thereunder.

(29) "Licensee" means any person or persons acting jointly or severally who are licensed by the secretary for aging and disability services pursuant to the adult care home licensure act, K.S.A. 39-923 et seq., and amendments thereto.

(b) The term "adult care home" shall not include institutions operated by federal or state governments, except institutions operated by the director of the Kansas commission on veterans affairs office, hospitals or institutions for the treatment and care of psychiatric patients, child care facilities, maternity centers, hotels, offices of physicians or hospices which are certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq., and amendments thereto, and which provide services only to hospice patients.

(e) Nursing facilities in existence on the effective date of this act changing licensure categories to become residential health care facilities shall be required to provide private bathing facilities in a minimum of 20% of the individual living units.

(d) Facilities licensed under the adult care home licensure act on the day immediately preceding the effective date of this act shall continue to be licensed facilities until the annual renewal date of such license and may renew such license in the appropriate licensure category under the adult care home licensure act subject to the payment of fees and other conditions and limitations of such act.

(e) Nursing facilities with less than 60 beds converting a portion of the facility to residential health care shall have the option of licensing for residential health care for less than six individuals but not less than 10% of the total bed count within a contiguous portion of the facility.

(f) The licensing agency may by rule and regulation change the name of the different classes of homes when necessary to avoid confusion in terminology and the agency may further amend, substitute, change and in a
manner consistent with the definitions established in this section, further
define and identify the specific acts and services which shall fall within the
respective categories of facilities so long as the above categories for adult
care homes are used as guidelines to define and identify the specific acts.
Sec. 4. K.S.A. 2014 Supp. 39-1401 is hereby amended to read as
follows: 39-1401. As used in this act:
(a) "Resident" means:
(1) Any resident, as defined by K.S.A. 39-923, and amendments
thereto; or
(2) any individual kept, cared for, treated, boarded or otherwise
accommodated in a medical care facility; or
(3) any individual, kept, cared for, treated, boarded or otherwise
accommodated in a state psychiatric hospital or state institution for people
with intellectual disability.
(b) "Adult care home" has the meaning ascribed thereto in K.S.A. 39-
923, and amendments thereto.
(c) "In need of protective services" means that a resident is unable to
perform or obtain services which are necessary to maintain physical or
mental health, or both.
(d) "Services which are necessary to maintain physical and mental
health" include, but are not limited to, the provision of medical care for
physical and mental health needs, the relocation of a resident to a facility
or institution able to offer such care, assistance in personal hygiene, food,
clothing, adequately heated and ventilated shelter, protection from health
and safety hazards, protection from maltreatment the result of which
includes, but is not limited to, malnutrition, deprivation of necessitites or
physical punishment and transportation necessary to secure any of the
above stated needs, except that this term shall not include taking such
person into custody without consent, except as provided in this act.
(e) "Protective services" means services provided by the state or other
governmental agency or any private organizations or individuals which are
necessary to prevent abuse, neglect or exploitation. Such protective
services shall include, but not be limited to, evaluation of the need for
services, assistance in obtaining appropriate social services and assistance
in securing medical and legal services.
(f) "Abuse" means any act or failure to act performed intentionally or
recklessly that causes or is likely to cause harm to a resident, including:
(1) Infliction of physical or mental injury;
(2) any sexual act with a resident when the resident does not consent
or when the other person knows or should know that the resident is
incapable of resisting or declining consent to the sexual act due to mental
deficiency or disease or due to fear of retribution or hardship;
(3) unreasonable use of a physical restraint, isolation or medication
that harms or is likely to harm a resident;
(4) unreasonable use of a physical or chemical restraint, medication
or isolation as punishment, for convenience, in conflict with a physician's
or advanced practice registered nurse's orders or as a substitute for
treatment, except where such conduct or physical restraint is in furtherance
of the health and safety of the resident or another resident;
(5) a threat or menacing conduct directed toward a resident that
results or might reasonably be expected to result in fear or emotional or
mental distress to a resident;
(6) fiduciary abuse; or
(7) omission or deprivation by a caretaker or another person of goods
or services which are necessary to avoid physical or mental harm or
illness.
(g) "Neglect" means the failure or omission by one's self, caretaker or
another person with a duty to provide goods or services which are
reasonably necessary to ensure safety and well-being and to avoid physical
or mental harm or illness.
(h) "Caretaker" means a person or institution who has assumed the
responsibility, whether legally or not, for the care of the resident
voluntarily, by contract or by order of a court of competent jurisdiction.
(i) "Exploitation" means misappropriation of resident property or
intentionally taking unfair advantage of an adult's physical or financial
resources for another individual's personal or financial advantage by the
use of undue influence, coercion, harassment, duress, deception, false
representation or false pretense by a caretaker or another person.
(j) "Medical care facility" means a facility licensed under K.S.A. 65-
425 et seq., and amendments thereto, but shall not include, for purposes of
this act, a state psychiatric hospital or state institution for people with
intellectual disability, including Larned state hospital, Osawatomie state
hospital and Rainbow mental health facility, Kansas neurological institute
and Parsons state hospital and training center.
(k) "Fiduciary abuse" means a situation in which any person who is
the caretaker of, or who stands in a position of trust to, a resident, takes,
secures, or appropriates the resident's money or property, to any use or
purpose not in the due and lawful execution of such person's trust.
(l) "State psychiatric hospital" means Larned state hospital,
Osawatomie state hospital and Rainbow mental health facility.
(m) "State institution for people with intellectual disability" means
Kansas neurological institute and Parsons state hospital and training
center.
(n) "Report" means a description or accounting of an incident or
incidents of abuse, neglect or exploitation under this act and for the
purposes of this act shall not include any written assessment or findings.
(o) "Law enforcement" means the public office which is vested by law with the duty to maintain public order, make arrests for crimes and investigate criminal acts, whether that duty extends to all crimes or is limited to specific crimes.

(p) "Legal representative" means an agent designated in a durable power of attorney, power of attorney or durable power of attorney for health care decisions or a court appointed guardian, conservator or trustee.

(q) "Financial institution" means any bank, trust company, escrow company, finance company, saving institution or credit union, chartered and supervised under state or federal law.

(r) "Governmental assistance provider" means an agency, or employee of such agency, which is funded solely or in part to provide assistance within the Kansas senior care act, K.S.A. 75-5926 et seq., and amendments thereto, including medicaid and medicare.

No person shall be considered to be abused, neglected or exploited or in need of protective services for the sole reason that such person relies upon spiritual means through prayer alone for treatment in accordance with the tenets and practices of a recognized church or religious denomination in lieu of medical treatment.

Sec. 5. K.S.A. 2014 Supp. 39-1430 is hereby amended to read as follows: 39-1430. As used in this act:

(a) "Adult" means an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed or threatened with harm, whether financial, mental or physical in nature, through action or inaction by either another individual or through their own action or inaction when: (1) Such person is residing in such person's own home, the home of a family member or the home of a friend; (2) such person resides in an adult family home as defined in K.S.A. 39-1501, and amendments thereto; or (3) such person is receiving services through a provider of community services and affiliates thereof operated or funded by the Kansas department for children and families or the Kansas department for aging and disability services or a residential facility licensed pursuant to K.S.A. 75-3307b, and amendments thereto. Such term shall not include persons to whom K.S.A. 39-1401 et seq., and amendments thereto, apply.

(b) "Abuse" means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including:

(1) Infliction of physical or mental injury;

(2) any sexual act with an adult when the adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;

(3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult;
(4) unreasonable use of a physical or chemical restraint, medication
or isolation as punishment, for convenience, in conflict with a physician's
or advanced practice registered nurse's orders or as a substitute for
treatment, except where such conduct or physical restraint is in furtherance
of the health and safety of the adult;
(5) a threat or menacing conduct directed toward an adult that results
or might reasonably be expected to result in fear or emotional or mental
distress to an adult;
(6) fiduciary abuse; or
(7) omission or deprivation by a caretaker or another person of goods
or services which are necessary to avoid physical or mental harm or
illness.
(c) "Neglect" means the failure or omission by one's self, caretaker or
another person with a duty to supply or provide goods or services which
are reasonably necessary to ensure safety and well-being and to avoid
physical or mental harm or illness.
(d) "Exploitation" means misappropriation of an adult's property or
intentionally taking unfair advantage of an adult's physical or financial
resources for another individual's personal or financial advantage by the
use of undue influence, coercion, harassment, duress, deception, false
representation or false pretense by a caretaker or another person.
(e) "Fiduciary abuse" means a situation in which any person who is
the caretaker of, or who stands in a position of trust to, an adult, takes,
secretes, or appropriates their money or property, to any use or purpose not
in the due and lawful execution of such person's trust or benefit.
(f) "In need of protective services" means that an adult is unable to
provide for or obtain services which are necessary to maintain physical or
mental health or both.
(g) "Services which are necessary to maintain physical or mental
health or both" include, but are not limited to, the provision of medical
care for physical and mental health needs, the relocation of an adult to a
facility or institution able to offer such care, assistance in personal
hygiene, food, clothing, adequately heated and ventilated shelter,
protection from health and safety hazards, protection from maltreatment
the result of which includes, but is not limited to, malnutrition, deprivation
of necessities or physical punishment and transportation necessary to
secure any of the above stated needs, except that this term shall not include
taking such person into custody without consent except as provided in this
act.
(h) "Protective services" means services provided by the state or other
governmental agency or by private organizations or individuals which are
necessary to prevent abuse, neglect or exploitation. Such protective
services shall include, but shall not be limited to, evaluation of the need for
services, assistance in obtaining appropriate social services, and assistance
in securing medical and legal services.
(i) "Caretaker" means a person who has assumed the responsibility,
whether legally or not, for an adult's care or financial management or both.
(j) "Secretary" means the secretary for the Kansas department for
children and families.
(k) "Report" means a description or accounting of an incident or
incidents of abuse, neglect or exploitation under this act and for the
purposes of this act shall not include any written assessment or findings.
(l) "Law enforcement" means the public office which is vested by law
with the duty to maintain public order, make arrests for crimes, investigate
criminal acts and file criminal charges, whether that duty extends to all
crimes or is limited to specific crimes.
(m) "Involved adult" means the adult who is the subject of a report of
abuse, neglect or exploitation under this act.
(n) "Legal representative," "financial institution" and "governmental
assistance provider" shall have the meanings ascribed thereto in K.S.A.
39-1401, and amendments thereto.
No person shall be considered to be abused, neglected or exploited or
in need of protective services for the sole reason that such person relies
upon spiritual means through prayer alone for treatment in accordance
with the tenets and practices of a recognized church or religious
denomination in lieu of medical treatment.
Sec. 6. K.S.A. 2014 Supp. 39-1504 is hereby amended to read as
follows: 39-1504. The secretary shall administer the adult family home
registration program in accordance with the following requirements:
(a) (1) The home shall meet health standards and safety regulations of
the community and the provisions of chapter 20 of the national fire
(2) The home shall have a written plan to get persons out of the home
rapidly in case of fire, tornado or other emergency.
(3) No more than two clients shall be in residence at any one time.
(4) The home shall have adequate living and sleeping space for
clients.
(5) Each room shall have an operable outside window.
(6) Electric fans shall be made available to reduce the temperature if
there is no air conditioning. Rooms shall be heated, lighted, ventilated and
available.
(7) Sleeping rooms shall have space for personal items.
(8) Each client shall have a bed which is clean and in good condition.
(9) Lavatory and toilet facilities shall be accessible, available and in
working order.
(10) The kitchen shall be clean with appliances in good working
order.
(b) (1) A healthy and safe environment shall be maintained for clients.
(2) There shall be a telephone in the home.
(3) The provider may assist a client with the taking of medications when the medication is in a labeled bottle which clearly shows a physician's orders or an advanced practice registered nurse's orders and when the client requires assistance because of tremor, visual impairment, or similar reasons due to health conditions. The provider may assist or perform for the client such physical activities which do not require daily supervision such as assistance with eating, bathing and dressing, help with brace or walker and transferring from wheelchairs.
(4) There shall be no use of corporal punishment, restraints or punitive measures.
(5) The house shall be free from accumulated dirt, trash and vermin.
(6) Meals shall be planned and prepared for adequate nutrition, and for diets if directed by a physician.
(c) (1) The provider shall be at least 18 years of age and in good health at the time of initial application for registration. A written statement must be received from a physician, nurse practitioner, or physician assistant stating that the applicant and the members of the applicant's household are free of any infectious or communicable disease or health condition and are physically and mentally healthy. Such statements shall be renewed every two years.
(2) The provider shall not be totally dependent on the income from the clients for support of the provider or the provider's family.
(3) A criminal conviction shall not necessarily exclude registration as an adult family home; but an investigation thereof will be made as part of the determination of the suitability of the home.
(4) The provider shall be responsible for supervision at all times and shall be in charge of the home and provision of care, or shall have a responsible person on call. Any such substitute responsible person shall meet the same requirements as the provider.
(5) The provider is responsible for encouraging the client to seek and utilize available services when needed.
(6) The provider shall comply with the requirements of state and federal regulations concerning civil rights and section 504 of the federal rehabilitation act of 1973.
(7) The provider shall assure that clients have the privilege of privacy as well as the right to see relatives, friends and participate in regular community activities.
(8) The provider shall keep client information confidential. The use or disclosure of any information concerning a client for any purpose is
prohibited except on written consent of the client or upon order of the
court.
(9) The provider shall maintain contact with an assigned social
worker and shall allow the secretary and authorized representatives of the
secretary access to the home and grounds and to the records related to
clients in residence.
(10) The provider shall inform the social worker immediately of any
unscheduled client absence from the home.
(11) The provider is responsible for helping clients maintain their
clothing.
(12) The provider shall furnish or help clients arrange for
transportation.
(13) The provider shall help a client arrange for emergency and
regular medical care when necessary.
(14) The provider shall submit any information relating to the
operation of the adult family home which is required by the secretary.

Sec. 7. K.S.A. 40-4602 is hereby amended to read as follows: 40-
4602. As used in this act:
(a) "Emergency medical condition" means the sudden and, at the
time, unexpected onset of a health condition that requires immediate
medical attention, where failure to provide medical attention would result
in serious impairment to bodily functions or serious dysfunction of a
bodily organ or part, or would place the person's health in serious
jeopardy.
(b) "Emergency services" means ambulance services and health care
items and services furnished or required to evaluate and treat an
emergency medical condition, as directed or ordered by a physician or an
advanced practice registered nurse.
(c) "Health benefit plan" means any hospital or medical expense
policy, health, hospital or medical service corporation contract, a plan
provided by a municipal group-funded pool, a policy or agreement entered
into by a health insurer or a health maintenance organization contract
offered by an employer or any certificate issued under any such policies,
contracts or plans. "Health benefit plan" does not include policies or
certificates covering only accident, credit, dental, disability income, long-
term care, hospital indemnity, medicare supplement, specified disease,
vision care, coverage issued as a supplement to liability insurance,
insurance arising out of a workers compensation or similar law,
automobile medical-payment insurance, or insurance under which benefits
are payable with or without regard to fault and which is statutorily
required to be contained in any liability insurance policy or equivalent
self-insurance.
(d) "Health insurer" means any insurance company, nonprofit medical
and hospital service corporation, municipal group-funded pool, fraternal
benefit society, health maintenance organization, or any other entity which
offers a health benefit plan subject to the Kansas Statutes Annotated.
(e) "Insured" means a person who is covered by a health benefit plan.
(f) "Participating provider" means a provider who, under a contract
with the health insurer or with its contractor or subcontractor, has agreed
to provide one or more health care services to insureds with an expectation
of receiving payment, other than coinsurance, copayments or deductibles,
directly or indirectly from the health insurer.
(g) "Provider" means a physician, advanced practice registered nurse,
hospital or other person which is licensed, accredited or certified to
perform specified health care services.
(h) "Provider network" means those participating providers who have
entered into a contract or agreement with a health insurer to provide items
or health care services to individuals covered by a health benefit plan
offered by such health insurer.
(i) "Physician" means a person licensed by the state board of healing
arts to practice medicine and surgery.

Sec. 8. K.S.A. 59-2976 is hereby amended to read as follows: 59-
2976. (a) Medications and other treatments shall be prescribed, ordered
and administered only in conformity with accepted clinical practice.
Medication shall be administered only upon the written order of a
physician or an advanced practice registered nurse or upon a verbal order
noted in the patient's medical records and subsequently signed by the
physician or an advanced practice registered nurse. The attending
physician or an advanced practice registered nurse shall review regularly
the drug regimen of each patient under the physician's or an advanced
practice registered nurse's care and shall monitor any symptoms of
harmful side effects. Prescriptions for psychotropic medications shall be
written with a termination date not exceeding 30 days thereafter but may
be renewed.
(b) During the course of treatment the responsible physician, an
advanced practice registered nurse or psychologist or such person's
designee shall reasonably consult with the patient, the patient's legal
guardian, or a minor patient's parent and give consideration to the views
the patient, legal guardian or parent expresses concerning treatment and
any alternatives. No medication or other treatment may be administered to
any voluntary patient without the patient's consent, or the consent of such
patient's legal guardian or of such patient's parent if the patient is a minor.
(c) Consent for medical or surgical treatments not intended primarily
to treat a patient's mental disorder shall be obtained in accordance with
applicable law.
(d) Whenever any patient is receiving treatment pursuant to K.S.A.
59-2954, 59-2958, 59-2959, 59-2964, 59-2966 or 59-2967, and amendments thereto, and the treatment facility is administering to the patient any medication or other treatment which alters the patient's mental state in such a way as to adversely affect the patient's judgment or hamper the patient in preparing for or participating in any hearing provided for by this act, then two days prior to and during any such hearing, the treatment facility may not administer such medication or other treatment unless such medication or other treatment is necessary to sustain the patient's life or to protect the patient or others. Prior to the hearing, a report of all such medications or other treatment which have been administered to the patient, along with a copy of any written consent(s) which the patient may have signed, shall be submitted to the court. Counsel for the patient may preliminarily examine the attending physician regarding the administration of any medication to the patient within two days of the hearing with regard to the affect that medication may have had upon the patient's judgment or ability to prepare for or participate in the hearing. On the basis thereof, if the court determines that medication or other treatment has been administered which adversely affects the patient's judgment or ability to prepare for or participate in the hearing, the court may grant to the patient a reasonable continuance in order to allow for the patient to be better able to prepare for or participate in the hearing and the court shall order that such medication or other treatment be discontinued until the conclusion of the hearing, unless the court finds that such medication or other treatment is necessary to sustain the patient's life or to protect the patient or others, in which case the court shall order that the hearing proceed.

(e) Whenever a patient receiving treatment pursuant to K.S.A. 59-2954, 59-2958, 59-2959, 59-2964, 59-2966 or 59-2967, and amendments thereto, objects to taking any medication prescribed for psychiatric treatment, and after full explanation of the benefits and risks of such medication continues their objection, the medication may be administered over the patient's objection; except that the objection shall be recorded in the patient's medical record and at the same time written notice thereof shall be forwarded to the medical director of the treatment facility or the director's designee. Within five days after receiving such notice, excluding Saturdays, Sundays and legal holidays, the medical director or designee shall deliver to the patient and the patient's physician the medical director's or designee's written decision concerning the administration of that medication, and a copy of that decision shall be placed in the patient's medical record.

(f) In no case shall experimental medication be administered without the patient's consent, which consent shall be obtained in accordance with subsection (a)(6) of K.S.A. 59-2978(a)(6), and amendments thereto.

Sec. 9. K.S.A. 2014 Supp. 65-468 is hereby amended to read as
follows: 65-468. As used in K.S.A. 65-468 to 65-474, inclusive, and amendments thereto:

(a) "Health care provider" means any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.

(b) "Member" means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic or nonemergency transportation system.

(c) "Mid-level practitioner" means a physician assistant or advanced practice registered nurse who has entered into a written protocol with a rural health network physician.

(d) "Advanced practice registered nurse" means an advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.

(e) "Physician" means a person licensed to practice medicine and surgery.

(f) "Rural health network" means an alliance of members including at least one critical access hospital and at least one other hospital which has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.

(g) "Critical access hospital" means a member of a rural health network which makes available twenty-four hour emergency care services; provides not more than 25 acute care inpatient beds or in the case of a facility with an approved swing-bed agreement a combined total of extended care and acute care beds that does not exceed 25 beds; provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient; and provides nursing services under the direction of a licensed professional nurse and continuous licensed professional nursing services for not less than 24 hours of every day when any bed is occupied or the facility is open to provide services for patients unless an exemption is granted by the licensing agency pursuant to rules and regulations. The critical access hospital may provide any services otherwise required to be provided by a full-time, on-site dietician,
pharmacist, laboratory technician, medical technologist and radiological
technologist on a part-time, off-site basis under written agreements or
arrangements with one or more providers or suppliers recognized under
medicare. The critical access hospital may provide inpatient services by a
physician assistant, advanced practice registered nurse or a clinical nurse-
specialist subject to the oversight of a physician who need not be present
in the facility or by an advanced practice registered nurse. In addition to
the facility's 25 acute beds or swing beds, or both, the critical access
hospital may have a psychiatric unit or a rehabilitation unit, or both. Each
unit shall not exceed 10 beds and neither unit will count toward the 25-bed
limit, nor will these units be subject to the average 96-hour length of stay
restriction.

(gg) "Hospital" means a hospital other than a critical access
hospital which has entered into a written agreement with at least one
critical access hospital to form a rural health network and to provide
medical or administrative supporting services within the limit of the
hospital's capabilities.

Sec. 10. K.S.A. 2014 Supp. 65-507 is hereby amended to read as
follows: 65-507. (a) Each maternity center licensee shall keep a record
upon forms prescribed and provided by the secretary of health and
environment and the secretary for children and families which shall
include the name of every patient, together with the patient's place of
residence during the year preceding admission to the center and the name
and address of the attending physician or advanced practice registered
nurse in the classification of a nurse-midwife. Each child care facility
licensee shall keep a record upon forms prescribed and provided by the
secretary of health and environment which shall include the name and age
of each child received and cared for in the facility; the name of the
physician who attended any sick children in the facility, together with the
names and addresses of the parents or guardians of such children; and such
other information as the secretary of health and environment or secretary
for children and families may require. Each maternity center licensee and
each child care facility licensee shall apply to and shall receive without
charge from the secretary of health and environment and the secretary for
children and families forms for such records as may be required, which
forms shall contain a copy of this act.

(b) Information obtained under this section shall be confidential and
shall not be made public in a manner which would identify individuals.

Sec. 11. K.S.A. 2013 Supp. 65-1626, as amended by section 4 of
chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to
read as follows: 65-1626. For the purposes of this act:

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

(1) A practitioner or pursuant to the lawful direction of a practitioner;
(2) the patient or research subject at the direction and in the presence
of the practitioner; or
(3) a pharmacist as authorized in K.S.A. 65-1635a, and amendments
thereto.

(b) "Agent" means an authorized person who acts on behalf of or at
the direction of a manufacturer, distributor or dispenser but shall not
include a common carrier, public warehouseman or employee of the
carrier or warehouseman when acting in the usual and lawful course of the
carrier's or warehouseman's business.

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

(d) "Authorized distributor of record" means a wholesale distributor
with whom a manufacturer has established an ongoing relationship to
distribute the manufacturer's prescription drug. An ongoing relationship is
deemed to exist between such wholesale distributor and a manufacturer
when the wholesale distributor, including any affiliated group of the
wholesale distributor, as defined in section 1504 of the internal revenue
code, complies with any one of the following: (1) The wholesale
distributor has a written agreement currently in effect with the
manufacturer evidencing such ongoing relationship; and (2) the wholesale
distributor is listed on the manufacturer's current list of authorized
distributors of record, which is updated by the manufacturer on no less
than a monthly basis.

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

(f) "Brand exchange" means the dispensing of a different drug
product of the same dosage form and strength and of the same generic
name as the brand name drug product prescribed.

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

(h) "Chain pharmacy warehouse" means a permanent physical
location for drugs or devices, or both, that acts as a central warehouse and
performs intracompany sales or transfers of prescription drugs or devices
to chain pharmacies that have the same ownership or control. Chain
pharmacy warehouses must be registered as wholesale distributors.

(i) "Co-licensee" means a pharmaceutical manufacturer that has
entered into an agreement with another pharmaceutical manufacturer to
engage in a business activity or occupation related to the manufacture or
distribution of a prescription drug and the national drug code on the drug
product label shall be used to determine the identity of the drug manufacturer.

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

(k) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of any drug whether or not an agency relationship exists.

(l) "Direct supervision" means the process by which the responsible pharmacist shall observe and direct the activities of a pharmacy student or pharmacy technician to a sufficient degree to assure that all such activities are performed accurately, safely and without risk or harm to patients, and complete the final check before dispensing.

(m) "Dispense" means to deliver prescription medication to the ultimate user or research subject by or pursuant to the lawful order of a practitioner or pursuant to the prescription of a mid-level practitioner.

(n) "Dispenser" means a practitioner or pharmacist who dispenses prescription medication, or a physician assistant who has authority to dispense prescription-only drugs in accordance with subsection (b) of K.S.A. 65-28a08(b), and amendments thereto.

(o) "Distribute" means to deliver, other than by administering or dispensing, any drug.

(p) "Distributor" means a person who distributes a drug.

(q) "Drop shipment" means the sale, by a manufacturer, that manufacturer's co-licensor, that manufacturer's third party logistics provider, or that manufacturer's exclusive distributor, of the manufacturer's prescription drug, to a wholesale distributor whereby the wholesale distributor takes title but not possession of such prescription drug and the wholesale distributor invoices the pharmacy, the chain pharmacy warehouse, or other designated person authorized by law to dispense or administer such prescription drug, and the pharmacy, the chain pharmacy warehouse, or other designated person authorized by law to dispense or administer such prescription drug receives delivery of the prescription drug directly from the manufacturer, that manufacturer's co-licensor, that manufacturer's third party logistics provider, or that manufacturer's exclusive distributor, of such prescription drug. Drop shipment shall be part of the "normal distribution channel."

(r) "Drug" means: (1) Articles recognized in the official United States pharmacopoeia, or other such official compendiums of the United States, or official national formulary, or any supplement of any of them; (2) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; (3) articles, other than food, intended to affect the structure or any function of the body of man or other animals; and (4) articles intended for use as a component of any articles
specified in clause (1), (2) or (3) of this subsection; but does not include
devices or their components, parts or accessories, except that the term
"drug" shall not include amygdalin (laetrile) or any livestock remedy, if
such livestock remedy had been registered in accordance with the
provisions of article 5 of chapter 47 of the Kansas Statutes Annotated,
prior to its repeal.

(s) "Durable medical equipment" means technologically sophisticated
medical devices that may be used in a residence, including the following:
(1) Oxygen and oxygen delivery system; (2) ventilators; (3) respiratory
disease management devices; (4) continuous positive airway pressure
(CPAP) devices; (5) electronic and computerized wheelchairs and seating
systems; (6) apnea monitors; (7) transcutaneous electrical nerve stimulator
(TENS) units; (8) low air loss cutaneous pressure management devices; (9)
sequential compression devices; (10) feeding pumps; (11) home
phototherapy devices; (12) infusion delivery devices; (13) distribution of
medical gases to end users for human consumption; (14) hospital beds;
(15) nebulizers; or (16) other similar equipment determined by the board
in rules and regulations adopted by the board.

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

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

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

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

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

(y) "Exclusive distributor" means any entity that: (1) Contracts with a
manufacturer to provide or coordinate warehousing, wholesale distribution
or other services on behalf of a manufacturer and who takes title to that
manufacturer's prescription drug, but who does not have general
responsibility to direct the sale or disposition of the manufacturer's
prescription drug; (2) is registered as a wholesale distributor under the
pharmacy act of the state of Kansas; and (3) to be considered part of the
normal distribution channel, must be an authorized distributor of record.

(z) "Facsimile transmission" or "fax transmission" means the
transmission of a digital image of a prescription from the prescriber or the
prescriber's agent to the pharmacy. "Facsimile transmission" includes, but
is not limited to, transmission of a written prescription between the
prescriber's fax machine and the pharmacy's fax machine; transmission of
an electronically prepared prescription from the prescriber's electronic
prescription application to the pharmacy's fax machine, computer or
printer; or transmission of an electronically prepared prescription from the
prescriber's fax machine to the pharmacy's fax machine, computer or
printer.

(aa) "Generic name" means the established chemical name or official
name of a drug or drug product.

(bb) (1) "Institutional drug room" means any location where
prescription-only drugs are stored and from which prescription-only drugs
are administered or dispensed and which is maintained or operated for the
purpose of providing the drug needs of:

(A) Inmates of a jail or correctional institution or facility;

(B) residents of a juvenile detention facility, as defined by the revised
Kansas code for care of children and the revised Kansas juvenile justice
code;

(C) students of a public or private university or college, a community
college or any other institution of higher learning which is located in
Kansas;

(D) employees of a business or other employer; or

(E) persons receiving inpatient hospice services.

(2) "Institutional drug room" does not include:

(A) Any registered pharmacy;

(B) any office of a practitioner; or

(C) a location where no prescription-only drugs are dispensed and no
prescription-only drugs other than individual prescriptions are stored or
administered.

(cc) "Intermediary" means any technology system that receives and
transmits an electronic prescription between the prescriber and the
pharmacy.

(dd) "Intracompany transaction" means any transaction or transfer
between any division, subsidiary, parent or affiliated or related company
under common ownership or control of a corporate entity, or any
transaction or transfer between co-licensees of a co-licensed product.

(ee) "Medical care facility" shall have the meaning provided in
K.S.A. 65-425, and amendments thereto, except that the term shall also
include facilities licensed under the provisions of K.S.A. 75-3307b, and
amendments thereto, except community mental health centers and
facilities for people with intellectual disability.

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

(1) A practitioner or a practitioner's authorized agent incident to such practitioner's administering or dispensing of a drug in the course of the practitioner's professional practice;

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

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

(gg) "Manufacturer" means a person licensed or approved by the FDA to engage in the manufacture of drugs and devices.

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

(ii) "Normal distribution channel" means a chain of custody for a prescription-only drug that goes from a manufacturer of the prescription-only drug, from that manufacturer to that manufacturer's co-licensed partner, from that manufacturer to that manufacturer's third-party logistics provider, or from that manufacturer to that manufacturer's exclusive distributor, directly or by drop shipment, to:

(1) A pharmacy to a patient or to other designated persons authorized by law to dispense or administer such drug to a patient;

(2) a wholesale distributor to a pharmacy to a patient or other designated persons authorized by law to dispense or administer such drug to a patient;

(3) a wholesale distributor to a chain pharmacy warehouse to that chain pharmacy warehouse's intracompany pharmacy to a patient or other designated persons authorized by law to dispense or administer such drug
to a patient; or

(4) a chain pharmacy warehouse to the chain pharmacy warehouse's
intragroup pharmacy to a patient or other designated persons authorized
by law to dispense or administer such drug to a patient.

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

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

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

(mm) "Pharmacist intern" means: (1) A student currently enrolled in
an accredited pharmacy program; (2) a graduate of an accredited pharmacy
program serving an internship; or (3) a graduate of a pharmacy program
located outside of the United States which is not accredited and who has
successfully passed equivalency examinations approved by the board.

(nn) "Pharmacy," "drugstore" or "apothecary" means premises,
laboratory, area or other place: (1) Where drugs are offered for sale where
the profession of pharmacy is practiced and where prescriptions are
compounded and dispensed; or (2) which has displayed upon it or within it
the words "pharmacist," "pharmaceutical chemist," "pharmacy,"
apothecary," "drugstore," "druggist," "drugs," "drug sundries" or any of
these words or combinations of these words or words of similar import
either in English or any sign containing any of these words; or (3) where
the characteristic symbols of pharmacy or the characteristic prescription
sign "Rx" may be exhibited. As used in this subsection, premises refers
only to the portion of any building or structure leased, used or controlled
by the licensee in the conduct of the business registered by the board at the
address for which the registration was issued.

(oo) "Pharmacy prescription application" means software that is used
to process prescription information, is installed on a pharmacy's computers
or servers, and is controlled by the pharmacy.

(pp) "Pharmacy technician" means an individual who, under the
direct supervision and control of a pharmacist, may perform packaging,
manipulative, repetitive or other nondiscretionary tasks related to the
processing of a prescription or medication order and who assists the
pharmacist in the performance of pharmacy related duties, but who does
not perform duties restricted to a pharmacist.

(qq) "Practitioner" means a person licensed to practice medicine and
surgery, dentist, podiatrist, veterinarian, optometrist, advanced practice
registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1130, and amendments thereto, a registered
nurse anesthetist registered pursuant to K.S.A. 65-1154, and amendments
thereo, or scientific investigator or other person authorized by law to use a
prescription-only drug in teaching or chemical analysis or to conduct
research with respect to a prescription-only drug.

(rr) "Preceptor" means a licensed pharmacist who possesses at least
two years' experience as a pharmacist and who supervises students
obtaining the pharmaceutical experience required by law as a condition to
taking the examination for licensure as a pharmacist.

(ss) "Prescriber" means a practitioner or a mid-level practitioner.

(tt) "Prescription" or "prescription order" means: (1) An order to be
filled by a pharmacist for prescription medication issued and signed by a
prescriber in the authorized course of such prescriber's professional
practice; or (2) an order transmitted to a pharmacist through word of
mouth, note, telephone or other means of communication directed by such
prescriber, regardless of whether the communication is oral, electronic,
facsimile or in printed form.

(uu) "Prescription medication" means any drug, including label and
container according to context, which is dispensed pursuant to a
prescription order.

(vv) "Prescription-only drug" means any drug whether intended for
use by man or animal, required by federal or state law, including 21 U.S.C.
§ 353, to be dispensed only pursuant to a written or oral prescription or
order of a practitioner or is restricted to use by practitioners only.

(ww) "Probation" means the practice or operation under a temporary
license, registration or permit or a conditional license, registration or
permit of a business or profession for which a license, registration or
permit is granted by the board under the provisions of the pharmacy act of
the state of Kansas requiring certain actions to be accomplished or certain
actions not to occur before a regular license, registration or permit is
issued.

(xx) "Professional incompetency" means:

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

(2) repeated instances involving failure to adhere to the applicable
standard of pharmaceutical care to a degree which constitutes ordinary
negligence, as determined by the board; or
(3) a pattern of pharmacy practice or other behavior which
demonstrates a manifest incapacity or incompetence to practice pharmacy.
(yyyy) "Readily retrievable" means that records kept by automatic data
processing applications or other electronic or mechanized record-keeping
systems can be separated out from all other records within a reasonable
time not to exceed 48 hours of a request from the board or other authorized
agent or that hard-copy records are kept on which certain items are
asterisked, redlined or in some other manner visually identifiable apart
from other items appearing on the records.
(zz) "Retail dealer" means a person selling at retail nonprescription
drugs which are prepackaged, fully prepared by the manufacturer or
distributor for use by the consumer and labeled in accordance with the
requirements of the state and federal food, drug and cosmetic acts. Such
nonprescription drugs shall not include: (1) A controlled substance; (2) a
prescription-only drug; or (3) a drug intended for human use by
hypodermic injection.
(aaa) "Secretary" means the executive secretary of the board.
(bbb) "Third party logistics provider" means an entity that: (1)
Provides or coordinates warehousing, distribution or other services on
behalf of a manufacturer, but does not take title to the prescription drug or
have general responsibility to direct the prescription drug's sale or
disposition; (2) is registered as a wholesale distributor under the pharmacy
act of the state of Kansas; and (3) to be considered part of the normal
distribution channel, must also be an authorized distributor of record.
(ccc) "Unprofessional conduct" means:
(1) Fraud in securing a registration or permit;
(2) intentional adulteration or mislabeling of any drug, medicine,
chemical or poison;
(3) causing any drug, medicine, chemical or poison to be adulterated
or mislabeled, knowing the same to be adulterated or mislabeled;
(4) intentionally falsifying or altering records or prescriptions;
(5) unlawful possession of drugs and unlawful diversion of drugs to
others;
(6) willful betrayal of confidential information under K.S.A. 65-1654,
and amendments thereto;
(7) conduct likely to deceive, defraud or harm the public;
(8) making a false or misleading statement regarding the licensee's
professional practice or the efficacy or value of a drug;
(9) commission of any act of sexual abuse, misconduct or exploitation
related to the licensee's professional practice; or
(10) performing unnecessary tests, examinations or services which
have no legitimate pharmaceutical purpose.
"Vaccination protocol" means a written protocol, agreed to by a pharmacist and a person licensed to practice medicine and surgery by the state board of healing arts, which establishes procedures and recordkeeping and reporting requirements for administering a vaccine by the pharmacist for a period of time specified therein, not to exceed two years.

"Valid prescription order" means a prescription that is issued for a legitimate medical purpose by an individual prescriber licensed by law to administer and prescribe drugs and acting in the usual course of such prescriber's professional practice. A prescription issued solely on the basis of an internet-based questionnaire or consultation without an appropriate prescriber-patient relationship is not a valid prescription order.

"Veterinary medical teaching hospital pharmacy" means any location where prescription-only drugs are stored as part of an accredited college of veterinary medicine and from which prescription-only drugs are distributed for use in treatment of or administration to a nonhuman.

"Wholesale distributor" means any person engaged in wholesale distribution of prescription drugs or devices in or into the state, including, but not limited to, manufacturers, repackers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses, co-licensees, exclusive distributors, third party logistics providers, chain pharmacy warehouses that conduct wholesale distributions, and wholesale drug warehouses, independent wholesale drug traders and retail pharmacies that conduct wholesale distributions. Wholesale distributor shall not include persons engaged in the sale of durable medical equipment to consumers or patients.

"Wholesale distribution" means the distribution of prescription drugs or devices by wholesale distributors to persons other than consumers or patients, and includes the transfer of prescription drugs by a pharmacy to another pharmacy if the total number of units of transferred drugs during a twelve-month period does not exceed 5% of the total number of all units dispensed by the pharmacy during the immediately preceding twelve-month period. Wholesale distribution does not include:

1. The sale, purchase or trade of a prescription drug or device, an offer to sell, purchase or trade a prescription drug or device or the dispensing of a prescription drug or device pursuant to a prescription;
2. The sale, purchase or trade of a prescription drug or device for emergency medical reasons;
3. Intracompany transactions, as defined in this section, unless in violation of own use provisions;
4. The sale, purchase or trade of a prescription drug or device or an
offer to sell, purchase or trade a prescription drug or device among
hospitals, chain pharmacy warehouses, pharmacies or other health care
entities that are under common control;

(5) the sale, purchase or trade of a prescription drug or device or the
offer to sell, purchase or trade a prescription drug or device by a charitable
organization described in 503(c)(3) of the internal revenue code of 1954 to
a nonprofit affiliate of the organization to the extent otherwise permitted
by law;

(6) the purchase or other acquisition by a hospital or other similar
health care entity that is a member of a group purchasing organization of a
prescription drug or device for its own use from the group purchasing
organization or from other hospitals or similar health care entities that are
members of these organizations;

(7) the transfer of prescription drugs or devices between pharmacies
pursuant to a centralized prescription processing agreement;

(8) the sale, purchase or trade of blood and blood components
intended for transfusion;

(9) the return of recalled, expired, damaged or otherwise non-salable
prescription drugs, when conducted by a hospital, health care entity,
pharmacy, chain pharmacy warehouse or charitable institution in
accordance with the board's rules and regulations;

(10) the sale, transfer, merger or consolidation of all or part of the
business of a retail pharmacy or pharmacies from or with another retail
pharmacy or pharmacies, whether accomplished as a purchase and sale of
stock or business assets, in accordance with the board's rules and
regulations;

(11) the distribution of drug samples by manufacturers' and
authorized distributors' representatives;

(12) the sale of minimal quantities of drugs by retail pharmacies to
licensed practitioners for office use; or

(13) the sale or transfer from a retail pharmacy or chain pharmacy
warehouse of expired, damaged, returned or recalled prescription drugs to
the original manufacturer, originating wholesale distributor or to a third
party returns processor in accordance with the board's rules and
regulations.

Sec. 12. K.S.A. 65-1660 is hereby amended to read as follows: 65-
1660. (a) Except as otherwise provided in this section, the provisions of
the pharmacy act of the state of Kansas shall not apply to dialysates,
devices or drugs which are designated by the board for the purposes of this
section relating to treatment of a person with chronic kidney failure
receiving dialysis and which are prescribed or ordered by a physician, an
advanced practice registered nurse or a mid-level practitioner for
administration or delivery to a person with chronic kidney failure if:
(1) The wholesale distributor is registered with the board and lawfully
holds the drug or device; and
(2) the wholesale distributor: (A) Delivers the drug or device to: (i) A
person with chronic kidney failure for self-administration at the person's
home or specified address; (ii) a physician for administration or delivery to
a person with chronic kidney failure; or (iii) a medicare approved renal
dialysis facility for administering or delivering to a person with chronic
kidney failure; and (B) has sufficient and qualified supervision to
adequately protect the public health.
(b) The wholesale distributor pursuant to subsection (a) shall be
supervised by a pharmacist consultant pursuant to rules and regulations
adopted by the board.
(c) The board shall adopt such rules or regulations as are necessary to
effectuate the provisions of this section.
(d) As used in this section, "physician" means a person licensed to
practice medicine and surgery; "mid-level practitioner" means mid-level
practitioner as such term is defined in subsection (ii) of K.S.A. 65-
1626, and amendments thereto; "advanced practice registered nurse"
means an advanced practice registered nurse who is licensed pursuant to
K.S.A. 65-1131, and amendments thereto, and who has authority to
prescribe drugs in accordance with K.S.A. 65-1130, and amendments
thereto.
(e) This section shall be part of and supplemental to the pharmacy act
of the state of Kansas.
Sec. 13. K.S.A. 2014 Supp. 65-1682 is hereby amended to read as
follows: 65-1682. As used in this act, unless the context otherwise
requires:
(a) "Board" means the state board of pharmacy.
(b) "Dispenser" means a practitioner or pharmacist who delivers a
scheduled substance or drug of concern to an ultimate user, but does not
include:
(1) A licensed hospital pharmacy that distributes such substances for
the purpose of inpatient hospital care;
(2) a medical care facility as defined in K.S.A. 65-425, and
amendments thereto, practitioner or other authorized person who
administers such a substance;
(3) a registered wholesale distributor of such substances;
(4) a veterinarian licensed by the Kansas board of veterinary
examiners who dispenses or prescribes a scheduled substance or drug of
concern; or
(5) a practitioner who has been exempted from the reporting
requirements of this act in rules and regulations promulgated by the board.
(c) "Drug of concern" means any drug that demonstrates a potential
for abuse and is designated as a drug of concern in rules and regulations promulgated by the board.

(d) "Patient" means the person who is the ultimate user of a drug for whom a prescription is issued or for whom a drug is dispensed, or both.

(e) "Pharmacist" means an individual currently licensed by the board to practice the profession of pharmacy in this state.

(f) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, optometrist, advanced practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto, or other person authorized by law to prescribe or dispense scheduled substances and drugs of concern.

(g) "Scheduled substance" means controlled substances included in schedules II, III or IV of the schedules designated in K.S.A. 65-4107, 65-4109 and 65-4111, and amendments thereto, respectively, or the federal controlled substances act (21 U.S.C. § 812).

Sec. 14. K.S.A. 2014 Supp. 65-2837a is hereby amended to read as follows: 65-2837a. (a) It shall be unlawful for any person licensed to practice medicine and surgery to prescribe, order, dispense, administer, sell, supply or give or for any person licensed as an advanced practice registered nurse or for a mid-level practitioner as defined in subsection (ii) of K.S.A. 65-1626, and amendments thereto, to prescribe, administer, supply or give any amphetamine or sympathomimetic amine designated in schedule II, III or IV under the uniform controlled substances act, except as provided in this section. Failure to comply with this section by a licensee shall constitute unprofessional conduct under K.S.A. 65-2837, and amendments thereto.

(b) When any licensee prescribes, orders, dispenses, administers, sells, supplies or gives or when any advanced practice registered nurse or any mid-level practitioner as defined in subsection (ii) of K.S.A. 65-1626, and amendments thereto, prescribes, administers, sells, supplies or gives any amphetamine or sympathomimetic amine designated in schedule II, III or IV under the uniform controlled substances act, the patient's medical record shall adequately document the purpose for which the drug is being given. Such purpose shall be restricted to one or more of the following:

1. The treatment of narcolepsy.
2. The treatment of drug-induced brain dysfunction.
3. The treatment of hyperkinesis.
4. The differential diagnostic psychiatric evaluation of depression.
5. The treatment of depression shown by adequate medical records and documentation to be unresponsive to other forms of treatment.
6. The clinical investigation of the effects of such drugs or
compounds, in which case, before the investigation is begun, the licensee
shall, in addition to other requirements of applicable laws, apply for and
obtain approval of the investigation from the board of healing arts.
(7) The treatment of obesity with controlled substances, as may be
defined by rules and regulations adopted by the board of healing arts.
(8) The treatment of any other disorder or disease for which such
drugs or compounds have been found to be safe and effective by
competent scientific research which findings have been generally accepted
by the scientific community, in which case, the licensee before prescribing,
ordering, dispensing, administering, selling, supplying or giving the drug
or compound for a particular condition, or the licensee before authorizing
a mid-level practitioner to prescribe the drug or compound for a particular
condition, or the advanced practice registered nurse before prescribing,
ordering, administering or giving the drug for a particular condition, shall
obtain a determination from the board of healing arts that the drug or
compound can be used for that particular condition.
Sec. 15. K.S.A. 65-2892 is hereby amended to read as follows: 65-
2892. Any physician or advanced practice registered nurse, upon
consultation by any person under eighteen (18) years of age as a
patient, may, with the consent of such person who is hereby granted the
right of giving such consent, make a diagnostic examination for venereal
disease and prescribe for and treat such person for venereal disease
including prophylactic treatment for exposure to venereal disease
whenever such person is suspected of having a venereal disease or contact
with anyone having a venereal disease. All such examinations and
treatment may be performed without the consent of, or notification to, the
parent, parents, guardian or any other person having custody of such
person. Any physician or advanced practice registered nurse examining or
treating such person for venereal disease may, but shall not be obligated to,
in accord with his opinion of what will be most beneficial for such person,
inform the spouse, parent, custodian, guardian or fiancé of such person as
to the treatment given or needed without the consent of such person. Such
informing shall not constitute libel or slander or a violation of the right of
privacy or privilege or otherwise subject the physician or advanced
practice registered nurse to any liability whatsoever. In any such case, the
physician or advanced practice registered nurse shall incur no civil or
criminal liability by reason of having made such diagnostic examination or
rendered such treatment, but such immunity shall not apply to any
negligent acts or omissions. The physician or advanced practice registered
nurse shall incur no civil or criminal liability by reason of any adverse
reaction to medication administered, provided reasonable care has been
taken to elicit from such person under eighteen (18) years of age any
history of sensitivity or previous adverse reaction to the medication.
Sec. 16. K.S.A. 2014 Supp. 65-2921 is hereby amended to read as follows: 65-2921. (a) Except as otherwise provided in subsection (d), a physical therapist may evaluate and initiate physical therapy treatment on a patient without referral from a licensed health care practitioner. If treating a patient without a referral from a licensed health care practitioner and the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable or functional improvement, or any combination thereof, after 10 patient visits or in a period of 15 business days from the initial treatment visits following the initial evaluation visit, the physical therapist shall obtain a referral from an appropriate licensed health care practitioner prior to continuing treatment.

(b) Physical therapists may provide, without a referral, services to: (1) Employees solely for the purpose of education and instruction related to workplace injury prevention; or (2) the public for the purpose of fitness, health promotion and education.

(c) Physical therapists may provide services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan (IEP) or individualized family service plan (IFSP).

(d) Nothing in this section shall be construed to prevent a hospital or ambulatory surgical center from requiring a physician order or referral for physical therapy services for a patient currently being treated in such facility.

(e) When a patient self-refers to a physical therapist pursuant to this section, the physical therapist, prior to commencing treatment, shall provide written notice to the patient that a physical therapy diagnosis is not a medical diagnosis by a physician.

(f) Physical therapists shall perform wound debridement services only after approval by a person licensed to practice medicine and surgery or other licensed health care practitioner in appropriately related cases.

(g) As used in this section, "licensed health care practitioner" means a person licensed to practice medicine and surgery, a licensed podiatrist, a licensed physician assistant or a licensed advanced practice registered nurse working pursuant to the order or direction of a person licensed to practice medicine and surgery, a licensed chiropractor, a licensed dentist or a licensed optometrist or a licensed advanced practice registered nurse in appropriately related cases.

Sec. 17. K.S.A. 2013 Supp. 65-4101, as amended by section 50 of chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to read as follows: 65-4101. As used in this act: (a) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:
(1) A practitioner or pursuant to the lawful direction of a practitioner;
or

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

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

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

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

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

(f) "Controlled substance" means any drug, substance or immediate
precursor included in any of the schedules designated in K.S.A. 65-4105,

(g) (1) "Controlled substance analog" means a substance that is
intended for human consumption, and:

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

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

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

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

(A) A controlled substance;

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

(C) a substance with respect to which an exemption is in effect for
investigational use by a particular person under section 505 of the federal
food, drug and cosmetic act, 21 U.S.C. § 355, to the extent conduct with
respect to the substance is permitted by the exemption.
(h) "Counterfeit substance" means a controlled substance which, or
the container or labeling of which, without authorization bears the
trademark, trade name or other identifying mark, imprint, number or
device or any likeness thereof of a manufacturer, distributor or dispenser
other than the person who in fact manufactured, distributed or dispensed
the substance.
(i) "Cultivate" means the planting or promotion of growth of five or
more plants which contain or can produce controlled substances.
(j) "DEA" means the U.S. department of justice, drug enforcement
administration.
(k) "Deliver" or "delivery" means the actual, constructive or
attempted transfer from one person to another of a controlled substance,
whether or not there is an agency relationship.
(l) "Dispense" means to deliver a controlled substance to an ultimate
user or research subject by or pursuant to the lawful order of a practitioner,
including the packaging, labeling or compounding necessary to prepare the
substance for that delivery, or pursuant to the prescription of a mid-level
practitioner.
(m) "Dispenser" means a practitioner or pharmacist who dispenses, or
a physician assistant who has authority to dispense prescription-only drugs
in accordance with subsection (b) of K.S.A. 65-28a08(b), and amendments
thereto.
(n) "Distribute" means to deliver other than by administering or
dispensing a controlled substance.
(o) "Distributor" means a person who distributes.
(p) "Drug" means: (1) Substances recognized as drugs in the official
United States pharmacopoeia, official homeopathic pharmacopoeia of the
United States or official national formulary or any supplement to any of
them; (2) substances intended for use in the diagnosis, cure, mitigation,
treatment or prevention of disease in man or animals; (3) substances (other
than food) intended to affect the structure or any function of the body of
man or animals; and (4) substances intended for use as a component of any
article specified in clause (1), (2) or (3) of this subsection (p)(1), (2) or (3).
It does not include devices or their components, parts or accessories.
(q) "Immediate precursor" means a substance which the board has
found to be and by rule and regulation designates as being the principal
compound commonly used or produced primarily for use and which is an
immediate chemical intermediary used or likely to be used in the
manufacture of a controlled substance, the control of which is necessary to
prevent, curtail or limit manufacture.
(r) "Electronic prescription" means an electronically prepared
prescription that is authorized and transmitted from the prescriber to the
pharmacy by means of electronic transmission.
(s) "Electronic prescription application" means software that is used
to create electronic prescriptions and that is intended to be installed on the
prescriber's computers and servers where access and records are controlled
by the prescriber.
(t) "Electronic signature" means a confidential personalized digital
key, code, number or other method for secure electronic data transmissions
which identifies a particular person as the source of the message,
authenticates the signatory of the message and indicates the person's
approval of the information contained in the transmission.
(u) "Electronic transmission" means the transmission of an electronic
prescription, formatted as an electronic data file, from a prescriber's
electronic prescription application to a pharmacy's computer, where the
data file is imported into the pharmacy prescription application.
(v) "Electronically prepared prescription" means a prescription that is
generated using an electronic prescription application.
(w) "Facsimile transmission" or "fax transmission" means the
transmission of a digital image of a prescription from the prescriber or the
prescriber's agent to the pharmacy. "Facsimile transmission" includes, but
is not limited to, transmission of a written prescription between the
prescriber's fax machine and the pharmacy's fax machine; transmission of
an electronically prepared prescription from the prescriber's electronic
prescription application to the pharmacy's fax machine, computer or
printer; or transmission of an electronically prepared prescription from the
prescriber's fax machine to the pharmacy's fax machine, computer or
printer.
(x) "Intermediary" means any technology system that receives and
transmits an electronic prescription between the prescriber and the
pharmacy.
(y) "Isomer" means all enantiomers and diastereomers.
(z) "Manufacture" means the production, preparation, propagation,
compounding, conversion or processing of a controlled substance either
directly or indirectly or by extraction from substances of natural origin or
independently by means of chemical synthesis or by a combination of
extraction and chemical synthesis and includes any packaging or
repackaging of the substance or labeling or relabeling of its container,
except that this term does not include the preparation or compounding of a
controlled substance by an individual for the individual's own lawful use
or the preparation, compounding, packaging or labeling of a controlled
substance:
(1) By a practitioner or the practitioner's agent pursuant to a lawful
order of a practitioner as an incident to the practitioner's administering or
dispensing of a controlled substance in the course of the practitioner's
professional practice; or
(2) by a practitioner or by the practitioner's authorized agent under
such practitioner's supervision for the purpose of or as an incident to
research, teaching or chemical analysis or by a pharmacist or medical care
facility as an incident to dispensing of a controlled substance.

(aa) "Marijuana" means all parts of all varieties of the plant Cannabis
whether growing or not, the seeds thereof, the resin extracted from any
part of the plant and every compound, manufacture, salt, derivative,
mixture or preparation of the plant, its seeds or resin. It does not include
the mature stalks of the plant, fiber produced from the stalks, oil or cake
made from the seeds of the plant, any other compound, manufacture, salt,
derivative, mixture or preparation of the mature stalks, except the resin
extracted therefrom, fiber, oil, or cake or the sterilized seed of the plant
which is incapable of germination.

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

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

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

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

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

(3) opium poppy and poppy straw;

(4) coca leaves and any salt, compound, derivative or preparation of
coca leaves, and any salt, compound, isomer, derivative or preparation
thereof which is chemically equivalent or identical with any of these
substances, but not including decocainized coca leaves or extractions of
coca leaves which do not contain cocaine or ecgonine.

(ee) "Opiate" means any substance having an addiction-forming or
addiction-sustaining liability similar to morphine or being capable of
conversion into a drug having addiction-forming or addiction-sustaining
liability. It does not include, unless specifically designated as controlled
under K.S.A. 65-4102, and amendments thereto, the dextronrotatory isomer
of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does
include its racemic and levorotatory forms.

(ff) "Opium poppy" means the plant of the species Papaver
sonniferum l. except its seeds.

(gg) "Person" means an individual, corporation, government, or
governmental subdivision or agency, business trust, estate, trust,
partnership or association or any other legal entity.

(hh) "Pharmacist" means any natural person licensed under K.S.A.
65-1625 et seq., to practice pharmacy.

(ii) "Pharmacist intern" means: (1) A student currently enrolled in an
accredited pharmacy program; (2) a graduate of an accredited pharmacy
program serving such person's internship; or (3) a graduate of a pharmacy
program located outside of the United States which is not accredited and
who had successfully passed equivalency examinations approved by the
board.

(jj) "Pharmacy prescription application" means software that is used
to process prescription information, is installed on a pharmacy's computers
and servers, and is controlled by the pharmacy.

(kk) "Poppy straw" means all parts, except the seeds, of the opium
poppy, after mowing.

(ll) "Practitioner" means a person licensed to practice medicine and
surgery, dentist, podiatrist, veterinarian, optometrist, advanced practice
registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1136, and amendments thereto, or scientific
investigator or other person authorized by law to use a controlled
substance in teaching or chemical analysis or to conduct research with
respect to a controlled substance.

(mm) "Prescriber" means a practitioner or a mid-level practitioner.

(nn) "Production" includes the manufacture, planting, cultivation,
growing or harvesting of a controlled substance.

(oo) "Readily retrievable" means that records kept by automatic data
processing applications or other electronic or mechanized recordkeeping
systems can be separated out from all other records within a reasonable
time not to exceed 48 hours of a request from the board or other authorized
agent or that hard-copy records are kept on which certain items are
asterisked, redlined or in some other manner visually identifiable apart
from other items appearing on the records.

(pp) "Ultimate user" means a person who lawfully possesses a
controlled substance for such person's own use or for the use of a member
of such person's household or for administering to an animal owned by
such person or by a member of such person's household.
Sec. 18. K.S.A. 2014 Supp. 65-4116 is hereby amended to read as follows: 65-4116. (a) Every person who manufactures, distributes or dispenses any controlled substance within this state or who proposes to engage in the manufacture, distribution or dispensing of any controlled substance within this state shall obtain annually a registration issued by the board in accordance with the uniform controlled substances act and with rules and regulations adopted by the board.

(b) Persons registered by the board under this act to manufacture, distribute, dispense or conduct research with controlled substances may possess, manufacture, distribute, dispense or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of this act.

(c) The following persons need not register and may lawfully possess controlled substances under this act, as specified in this subsection:

(1) An agent or employee of any registered manufacturer, distributor or dispenser of any controlled substance if the agent or employee is acting in the usual course of such agent or employee's business or employment;

(2) a common carrier or warehouseman or an employee thereof whose possession of any controlled substance is in the usual course of business or employment;

(3) an ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a practitioner or a mid-level practitioner or in lawful possession of a schedule V substance;

(4) persons licensed and registered by the board under the provisions of the acts contained in article 16 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, to manufacture, dispense or distribute drugs are considered to be in compliance with the registration provision of the uniform controlled substances act without additional proceedings before the board or the payment of additional fees, except that manufacturers and distributors shall complete and file the application form required under the uniform controlled substances act;

(5) any person licensed by the state board of healing arts under the Kansas healing arts act;

(6) any person licensed by the state board of veterinary examiners;

(7) any person licensed by the Kansas dental board;

(8) a mid-level practitioner; and

(9) any person who is a member of the Native American Church, with respect to use or possession of peyote, whose use or possession of peyote is in, or for use in, bona fide religious ceremonies of the Native American Church, but nothing in this paragraph shall authorize the use or possession of peyote in any place used for the confinement or housing of persons arrested, charged or convicted of criminal offenses or in the state security hospital; and
(10) any person licensed as an advanced practice registered nurse under K.S.A. 65-1131, and amendments thereto, and who has authority to prescribe drugs in accordance with K.S.A. 65-1130, and amendments thereto.

(d) (1) The board may waive by rules and regulations the requirement for registration of certain manufacturers, distributors or dispensers if the board finds it consistent with the public health and safety, except that licensure of any person by the state board of healing arts to practice any branch of the healing arts, Kansas dental board—or, the state board of veterinary examiners or the board of nursing of advanced practice registered nurses shall constitute compliance with the registration requirements of the uniform controlled substances act by such person for such person's place of professional practice.

(2) Evidence of abuse as determined by the board relating to a person licensed by the state board of healing arts shall be submitted to the state board of healing arts and the attorney general within 60 days. The state board of healing arts shall, within 60 days, make findings of fact and take such action against such person as it deems necessary. All findings of fact and any action taken shall be reported by the state board of healing arts to the board of pharmacy and the attorney general.

(3) Evidence of abuse as determined by the board relating to a person licensed by the state board of veterinary examiners shall be submitted to the state board of veterinary examiners and the attorney general within 60 days. The state board of veterinary examiners shall, within 60 days, make findings of fact and take such action against such person as it deems necessary. All findings of fact and any action taken shall be reported by the state board of veterinary examiners to the board of pharmacy and the attorney general.

(4) Evidence of abuse as determined by the board relating to a dentist licensed by the Kansas dental board shall be submitted to the Kansas dental board and the attorney general within 60 days. The Kansas dental board shall, within 60 days, make findings of fact and take such action against such dentist as it deems necessary. All findings of fact and any action taken shall be reported by the Kansas dental board to the board of pharmacy and the attorney general.

(5) Evidence of abuse as determined by the board relating to an advanced practice registered nurse licensed by the board of nursing shall be submitted to the board of nursing and the attorney general within 60 days. The board of nursing shall, within 60 days, make findings of fact and take such action against such advanced practice registered nurse as it deems necessary. All findings of fact and any action taken shall be reported by the board of nursing to the board of pharmacy and the attorney general.
(e) A separate annual registration is required at each place of business
or professional practice where the applicant manufactures, distributes or
dispenses controlled substances.

(f) The board may inspect the establishment of a registrant or
applicant for registration in accordance with the board’s rules and
regulations.

(g) (1) The registration of any person or location shall terminate when
such person or authorized representative of a location dies, ceases legal
existence, discontinues business or professional practice or changes the
location as shown on the certificate of registration. Any registrant who
ceases legal existence, discontinues business or professional practice, or
changes location as shown on the certificate of registration, shall notify the
board promptly of such fact and forthwith deliver the certificate of
registration directly to the secretary or executive secretary of the board. In
the event of a change in name or mailing address the person or authorized
representative of the location shall notify the board promptly in advance of
the effective date of this change by filing the change of name or mailing
address with the board. This change shall be noted on the original
application on file with the board.

(2) No registration or any authority conferred thereby shall be
assigned or otherwise transferred except upon such conditions as the board
may specifically designate and then only pursuant to the written consent of
the board.

Sec. 19. K.S.A. 65-4134 is hereby amended to read as follows: 65-
4134. A practitioner engaged in medical practice or research, a
practitioner who is an advanced practice registered nurse acting in the
usual course of such practitioner’s practice or a mid-level practitioner
acting in the usual course of such mid-level practitioner’s practice is not
required or compelled to furnish the name or identity of a patient or
research subject to the board, nor may such practitioner or mid-level
practitioner be compelled in any state or local civil, criminal,
administrative, legislative or other proceedings to furnish the name or
identity of an individual that the practitioner or mid-level practitioner is
obligated to keep confidential.

Sec. 20. K.S.A. 2014 Supp. 65-4202 is hereby amended to read as
follows: 65-4202. As used in this act: (a) "Board" means the state board of
nursing.

(b) The "practice of mental health technology" means the
performance, under the direction of a physician licensed to practice
medicine and surgery or registered professional nurse, of services in caring
for and treatment of the mentally ill, emotionally disturbed, or people with
intellectual disability for compensation or personal profit, which services:

(1) Involve responsible nursing and therapeutic procedures for
patients with mental illness or intellectual disability requiring interpersonal
and technical skills in the observations and recognition of symptoms and
reactions of such patients, the accurate recording of such symptoms and
reactions and the carrying out of treatments and medications as prescribed
by a licensed physician, a licensed advanced practice registered nurse or a
mid-level practitioner as defined in subsection (ii) of K.S.A. 65-1626,
and amendments thereto; and
(2) require an application of techniques and procedures that involve
understanding of cause and effect and the safeguarding of life and health
of the patient and others; and
(3) require the performance of duties that are necessary to facilitate
rehabilitation of the patient or are necessary in the physical, therapeutic
and psychiatric care of the patient and require close work with persons
licensed to practice medicine and surgery, psychiatrists, psychologists,
rehabilitation therapists, social workers, registered nurses, and other
professional personnel.
(c) A "licensed mental health technician" means a person who
lawfully practices mental health technology as defined in this act.
(d) An "approved course in mental health technology" means a
program of training and study including a basic curriculum which shall be
prescribed and approved by the board in accordance with the standards
prescribed herein, the successful completion of which shall be required
before licensure as a mental health technician, except as hereinafter
provided.
Sec. 21. K.S.A. 2014 Supp. 65-5402 is hereby amended to read as
follows: 65-5402. As used in K.S.A. 65-5401 to 65-5417, inclusive, and
K.S.A. 65-5418 to 65-5420, inclusive, and amendments thereto:
(a) "Board" means the state board of healing arts.
(b) "Practice of occupational therapy" means the therapeutic use of
purposeful and meaningful occupations (goal-directed activities) to
evaluate and treat, pursuant to the referral, supervision, order or direction
of a physician, a licensed podiatrist, a licensed dentist, a licensed physician
assistant, or a licensed advanced practice registered nurse working
pursuant to the order or direction of a person licensed to practice medicine
and surgery, a licensed advanced practice registered nurse, a licensed
chiropractor, or a licensed optometrist, individuals who have a disease or
disorder, impairment, activity limitation or participation restriction that
interferes with their ability to function independently in daily life roles and
to promote health and wellness. Occupational therapy intervention may
include:
(1) Remediation or restoration of performance abilities that are
limited due to impairment in biological, physiological, psychological or
neurological cognitive processes;
(2) adaptation of tasks, process, or the environment or the teaching of compensatory techniques in order to enhance performance;
(3) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and
(4) health promotion strategies and practices that enhance performance abilities.
(c) "Occupational therapy services" include, but are not limited to:
(1) Evaluating, developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, including instrumental activities of daily living (IADL) and play and leisure activities;
(2) evaluating, developing, remediating, or restoring sensorimotor, cognitive or psychosocial components of performance;
(3) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices;
(4) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;
(5) applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;
(6) evaluating and providing intervention in collaboration with the client, family, caregiver or others;
(7) educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; and
(8) consulting with groups, programs, organizations or communities to provide population-based services.
(d) "Occupational therapist" means a person licensed to practice occupational therapy as defined in this act.
(e) "Occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under the supervision of an occupational therapist.
(f) "Person" means any individual, partnership, unincorporated organization or corporation.
(g) "Physician" means a person licensed to practice medicine and surgery.
(h) "Occupational therapy aide," "occupational therapy tech" or "occupational therapy paraprofessional" means a person who provides supportive services to occupational therapists and occupational therapy assistants in accordance with K.S.A. 65-5419, and amendments thereto.
Sec. 22. K.S.A. 2014 Supp. 65-5418 is hereby amended to read as follows: 65-5418. (a) Nothing in the occupational therapy practice act is intended to limit, preclude or otherwise interfere with the practices of other health care providers formally trained and licensed, registered,
credentialed or certified by appropriate agencies of the state of Kansas.

(b) The practice of occupational therapy shall not be construed to include the following:

(1) Persons rendering assistance in the case of an emergency;
(2) members of any church practicing their religious tenets;
(3) persons whose services are performed pursuant to the delegation of and under the supervision of an occupational therapist who is licensed under this act;
(4) any person employed as an occupational therapist or occupational therapy assistant by the government of the United States or any agency thereof, if such person practices occupational therapy solely under the direction or control of the organization by which such person is employed;
(5) licensees under the healing arts act when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to a delegation authorized under subsection (g) of K.S.A. 65-2872(g), and amendments thereto;
(6) dentists practicing their professions, when licensed and practicing in accordance with the provisions of law;
(7) nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed nurse under subsection (m) of K.S.A. 65-1124(m), and amendments thereto;
(8) health care providers who have been formally trained and are practicing in accordance with the training or have received specific training in one or more functions included in the occupational therapy practice act pursuant to established educational protocols, or both;
(9) any person pursuing a supervised course of study leading to a degree or certificate in occupational therapy at an accredited or approved educational program, if the person is designated by the title which clearly indicates such person's status as a student or trainee;
(10) any person fulfilling the supervised fieldwork experience requirements as part of the experience necessary to meet the requirement of the occupational therapy practice act;
(11) self-care by a patient or gratuitous care by a friend or family member who does not represent or hold oneself out to the public to be an occupational therapist or an occupational therapy assistant;
(12) optometrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
(13) podiatrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto;
(14) physical therapists practicing their profession when licensed and
practicing in accordance with K.S.A. 65-2901 et seq., and amendments thereto;
(15) physician assistants practicing their profession when licensed and practicing in accordance with the physician assistant licensure act;
(16) athletic trainers practicing their profession when licensed and practicing in accordance with the athletic trainers licensure act;
(17) manufacturers of prosthetic devices;
(18) any person performing occupational therapy services, if these services are performed for no more than 45 days in a calendar year in association with an occupational therapist licensed under the occupational therapy practice act so long as: (A) The person is registered or licensed under the laws of another state which has licensure requirements at least as stringent as the licensure requirements of this act; or (B) the person meets the requirements for certification as an occupational therapist registered (O'TR) or a certified occupational therapy assistant (COTA) established by the national board for certification in occupational therapy (NBCOT).
(c) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed occupational therapy must be performed by or pursuant to the delegation of a licensed occupational therapist or other health care provider.
(d) Education related therapy services provided by an occupational therapist to school systems or consultation regarding prevention, ergonomics and wellness within the occupational therapy scope of practice shall not require a referral, supervision, order or direction of a physician, an advanced practice registered nurse, a licensed podiatrist, a licensed dentist or a licensed optometrist. However, when in the course of providing such services an occupational therapist reasonably believes that an individual may have an underlying injury, illness, disease, disorder or impairment, the occupational therapist shall refer the individual to a physician, an advanced practice registered nurse, a licensed podiatrist, a licensed dentist or a licensed optometrist, as appropriate.
(e) Nothing in the occupational therapy practice act shall be construed to permit the effective practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon occupational therapists to engage in any activity not conferred by the occupational therapy practice act.
(f) This section shall be part of and supplemental to the occupational therapy practice act.
Sec. 23. K.S.A. 65-5502 is hereby amended to read as follows: 65-5502. As used in K.S.A. 65-5501 to 65-5517, inclusive and amendments thereto:
(a) "Board" means the state board of healing arts.
(b) "Respiratory therapy" is a health care profession whose therapists
practice under the supervision of a qualified medical director and with the
prescription of a licensed physician or an advanced practice registered
nurse providing therapy, management, rehabilitation, respiratory
assessment and care of patients with deficiencies and abnormalities which
affect the pulmonary system and associated other systems functions. The
duties which may be performed by a respiratory therapist include:
(1) Direct and indirect respiratory therapy services that are safe,
aseptic, preventative and restorative to the patient.
(2) Direct and indirect respiratory therapy services, including but not
limited to, the administration of pharmacological and diagnostic and
therapeutic agents related to respiratory therapy procedures to implement a
treatment, disease prevention or pulmonary rehabilitative regimen
prescribed by a physician or an advanced practice registered nurse.
(3) Administration of medical gases, exclusive of general anesthesia,
aerosols, humidification and environmental control systems.
(4) Transcription and implementation of written or verbal orders of a
physician or an advanced practice registered nurse pertaining to the
practice of respiratory therapy.
(5) Implementation of respiratory therapy protocols as defined by the
medical staff of an institution or a qualified medical director or other
written protocol, changes in treatment pursuant to the written or verbal
orders of a physician or an advanced practice registered nurse or the
initiation of emergency procedures as authorized by written protocols.
(c) "Respiratory therapist" means a person who is licensed to practice
respiratory therapy as defined in this act.
(d) "Person" means any individual, partnership, unincorporated
organization or corporation.
(e) "Physician" means a person who is licensed by the board to
practice medicine and surgery.
(f) "Qualified medical director" means the medical director of any
inpatient or outpatient respiratory therapy service, department or home
care agency. The medical director shall be a physician who has interest and
knowledge in the diagnosis and treatment of respiratory problems. This
physician shall be responsible for the quality, safety and appropriateness of
the respiratory services provided and require that respiratory therapy be
ordered by a physician or an advanced practice registered nurse who has
medical responsibility for the patient. The medical director shall be readily
accessible to the respiratory therapy practitioner.
(g) "Advanced practice registered nurse" means an advanced
practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1130, and amendments thereto.
chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to
read as follows: 65-6112. As used in this act:
(a) "Administrator" means the executive director of the emergency
medical services board.
(b) "Advanced emergency medical technician" means a person who
holds an advanced emergency medical technician certificate issued
pursuant to this act.
(c) "Advanced practice registered nurse" means an advanced practice
registered nurse as defined in K.S.A. 65-1113, and amendments thereto.
(d) "Ambulance" means any privately or publicly owned motor
vehicle, airplane or helicopter designed, constructed, prepared, staffed and
equipped for use in transporting and providing emergency care for
individuals who are ill or injured.
(e) "Ambulance service" means any organization operated for the
purpose of transporting sick or injured persons to or from a place where
medical care is furnished, whether or not such persons may be in need of
emergency or medical care in transit.
(f) "Attendant" means a first responder, an emergency medical
responder, emergency medical technician, emergency medical technician-
intermediate, emergency medical technician-defibrillator, emergency
medical technician-intermediate/defibrillator, advanced emergency
medical technician, mobile intensive care technician or paramedic certified
pursuant to this act.
(g) "Board" means the emergency medical services board established
pursuant to K.S.A. 65-6102, and amendments thereto.
(h) "Emergency medical service" means the effective and coordinated
delivery of such care as may be required by an emergency which includes
the care and transportation of individuals by ambulance services and the
performance of authorized emergency care by a physician, advanced
practice registered nurse, professional nurse, a licensed physician assistant
or attendant.
(i) "Emergency medical technician" means a person who holds an
emergency medical technician certificate issued pursuant to this act.
(j) "Emergency medical technician-defibrillator" means a person who
holds an emergency medical technician-defibrillator certificate issued
pursuant to this act.
(k) "Emergency medical technician-intermediate" means a person
who holds an emergency medical technician-intermediate certificate issued
pursuant to this act.
(l) "Emergency medical technician-intermediate/defibrillator" means
a person who holds both an emergency medical technician-intermediate
and emergency medical technician-defibrillator certificate issued pursuant
to this act.
(m) "Emergency medical responder" means a person who holds an emergency medical responder certificate issued pursuant to this act.
(n) "First responder" means a person who holds a first responder certificate issued pursuant to this act.
(o) "Hospital" means a hospital as defined by K.S.A. 65-425, and amendments thereto.
(p) "Instructor-coordinator" means a person who is certified under this act to teach initial certification and continuing education classes.
(q) "Medical director" means a physician.
(r) "Medical protocols" mean written guidelines which authorize attendants to perform certain medical procedures prior to contacting a physician, physician assistant authorized by a physician, advanced practice registered nurse authorized by a physician or professional nurse authorized by a physician. The medical protocols shall be approved by a county medical society or the medical staff of a hospital to which the ambulance service primarily transports patients, or if neither of the above are able or available to approve the medical protocols, then the medical protocols shall be submitted to the medical advisory council for approval.
(s) "Mobile intensive care technician" means a person who holds a mobile intensive care technician certificate issued pursuant to this act.
(t) "Municipality" means any city, county, township, fire district or ambulance service district.
(u) "Nonemergency transportation" means the care and transport of a sick or injured person under a foreseen combination of circumstances calling for continuing care of such person. As used in this subsection, transportation includes performance of the authorized level of services of the attendant whether within or outside the vehicle as part of such transportation services.
(v) "Operator" means a person or municipality who has a permit to operate an ambulance service in the state of Kansas.
(w) "Paramedic" means a person who holds a paramedic certificate issued pursuant to this act.
(x) "Person" means an individual, a partnership, an association, a joint-stock company or a corporation.
(y) "Physician" means a person licensed by the state board of healing arts to practice medicine and surgery.
(z) "Physician assistant" means a person who is licensed under the physician assistant licensure act and who is acting under the direction of a supervising physician.
(aa) "Professional nurse" means a licensed professional nurse as defined by K.S.A. 65-1113, and amendments thereto.
(bb) "Provider of training" means a corporation, partnership, accredited postsecondary education institution, ambulance service, fire
department, hospital or municipality that conducts training programs that
include, but are not limited to, initial courses of instruction and continuing
education for attendants, instructor-coordinators or training officers.

(cc) "Supervising physician" means supervising physician as such
term is defined under K.S.A. 65-28a02, and amendments thereto.

(dd) "Training officer" means a person who is certified pursuant to
this act to teach, coordinate or both, initial courses of instruction for first
responders or emergency medical responders and continuing education as
prescribed by the board.

Sec. 25. K.S.A. 2014 Supp. 65-6119 is hereby amended to read as
follows: 65-6119. (a) Notwithstanding any other provision of law, mobile
intensive care technicians may:

(1) Perform all the authorized activities identified in K.S.A. 65-6120,
65-6121, 65-6123, 65-6144, and amendments thereto;

(2) when voice contact or a telemetered electrocardiogram is
monitored by a physician, physician assistant where authorized by a
physician, an advanced practice registered nurse where authorized by a
physician or licensed professional nurse where authorized by a physician
and direct communication is maintained, and upon order of such person
may administer such medications or procedures as may be deemed
necessary by a person identified in subsection (a)(2);

(3) perform, during an emergency, those activities specified in
subsection (a)(2) before contacting a person identified in subsection (a)(2)
when specifically authorized to perform such activities by medical
protocols; and

(4) perform, during nonemergency transportation, those activities
specified in this section when specifically authorized to perform such
activities by medical protocols.

(b) An individual who holds a valid certificate as a mobile intensive
care technician once meeting the continuing education requirements
prescribed by the rules and regulations of the board, upon application for
renewal, shall be deemed to hold a certificate as a paramedic under this
act, and such individual shall not be required to file an original application
as a paramedic for certification under this act.

(c) "Renewal" as used in subsection (b), refers to the first opportunity
that a mobile intensive care technician has to apply for renewal of a
certificate following the effective date of this act.

(d) Upon transition notwithstanding any other provision of law, a
paramedic may:

(1) Perform all the authorized activities identified in K.S.A. 65-6120,
65-6121, 65-6144, and amendments thereto;

(2) when voice contact or a telemetered electrocardiogram is
monitored by a physician, physician assistant where authorized by a
physician or an advanced practice registered nurse where authorized by a physician or licensed professional nurse where authorized by a physician and direct communication is maintained, and upon order of such person, may administer such medications or procedures as may be deemed necessary by a person identified in subsection (d)(2);

(3) perform, during an emergency, those activities specified in subsection (d)(2) before contacting a person identified in subsection (d)(2) when specifically authorized to perform such activities by medical protocols; and

(4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.

Sec. 26. K.S.A. 2014 Supp. 65-6120 is hereby amended to read as follows: 65-6120. (a) Notwithstanding any other provision of law to the contrary, an emergency medical technician-intermediate may:

(1) Perform any of the activities identified by K.S.A. 65-6121, and amendments thereto;

(2) when approved by medical protocols or where voice contact by radio or telephone is monitored by a physician, physician assistant where authorized by a physician, advanced practice registered nurse where authorized by a physician or licensed professional nurse where authorized by a physician, and direct communication is maintained, upon order of such person, may perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions or ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol;

(3) perform, during an emergency, those activities specified in subsection (a)(2) before contacting the persons identified in subsection (a) (2) when specifically authorized to perform such activities by medical protocols; or

(4) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols.

(b) An individual who holds a valid certificate as an emergency medical technician-intermediate once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of the successful completion of a transition course and such individual shall not be required to file an
original application for certification as an advanced emergency medical
technician under this act.

(c) "Renewal" as used in subsection (b), refers to the first or second
opportunity after December 31, 2011, that an emergency medical
technician-intermediate has to apply for renewal of a certificate.

(d) Emergency medical technician-intermediates who fail to meet the
transition requirements as specified may complete either the board
prescribed emergency medical technician transition course or emergency
medical responder transition course, provide validation of cognitive and
psychomotor competency and all continuing education hour requirements
inclusive of the successful completion of a transition course as determined
by rules and regulations of the board. Upon completion, such emergency
medical technician-intermediate may apply to transition to become an
emergency medical technician or an emergency medical responder,
depending on the transition course that was successfully completed.
Alternatively, upon application for renewal of an emergency medical
technician-intermediate certificate, the applicant shall be renewed as an
emergency medical technician or an emergency medical responder,
depending on the transition course that was successfully completed. Such
individual shall not be required to file an original application for
certification as an emergency medical technician or emergency medical
responders.

(e) Failure to successfully complete either an advanced emergency
medical technician transition course, an emergency medical technician
transition course or emergency medical responder transition course will
result in loss of certification.

(f) Upon transition, notwithstanding any other provision of law to the
contrary, an advanced emergency medical technician may:

(1) Perform any of the activities identified by K.S.A. 65-6121, and
amendments thereto; and

(2) perform any of the following interventions, by use of the devices,
medications and equipment, or any combination thereof, as specifically
identified in rules and regulations, after successfully completing an
approved course of instruction, local specialized device training and
competency validation and when authorized by medical protocols, or upon
order when direct communication is maintained by radio, telephone or
video conference with a physician, physician assistant where authorized by
a physician, an advanced practice registered nurse where authorized by a
physician, or licensed professional nurse where authorized by a physician
upon order of such a person: (A) Continuous positive airway pressure
devices; (B) advanced airway management; (C) referral of patient of
alternate medical care site based on assessment; (D) transportation of a
patient with a capped arterial line; (E) veni-puncture for obtaining blood
sample; (F) initiation and maintenance of intravenous infusion or saline lock; (G) initiation of intraosseous infusion; (H) nebulized therapy; (I) manual defibrillation and cardioversion; (J) cardiac monitoring; (K) electrocardiogram interpretation; (L) administration of generic or trade name medications by one or more of the following methods: (i) Aerosolization; (ii) nebulization; (iii) intravenous; (iv) intranasal; (v) rectal; (vi) subcutaneous; (vii) intraosseous; (viii) intramuscular; or (ix) sublingual.

(g) An individual who holds a valid certificate as both an emergency medical technician-intermediate and as an emergency medical technician-defibrillator once successfully completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to an advanced emergency medical technician. Alternatively, upon application for renewal, such individual shall be deemed to hold a certificate as an advanced emergency medical technician under this act, provided such individual has completed all continuing education hour requirements inclusive of successful completion of a transition course, and such individual shall not be required to file an original application for certification as an advanced emergency medical technician under this act.

(h) "Renewal" as used in subsection (g), refers to the first or second opportunity after December 31, 2011, that an emergency medical technician-intermediate and emergency medical technician-defibrillator has to apply for renewal of a certificate.

(i) An individual who holds both an emergency medical technician-intermediate certificate and an emergency medical technician-defibrillator certificate, who fails to meet the transition requirements as specified may complete either the board prescribed emergency medical technician transition course or emergency medical responder transition course, and provide validation of cognitive and psychomotor competency and all continuing education hour requirements inclusive of successful completion of a transition course as determined by rules and regulations of the board. Upon completion, such individual may apply to transition to become an emergency medical technician or emergency medical responder, depending on the transition course that was successfully completed. Alternatively, upon application for renewal of an emergency medical technician-intermediate certificate and an emergency medical technician-defibrillator certificate, the applicant shall be renewed as an emergency medical technician or an emergency medical responder, depending on the transition course that was successfully completed. Such individual shall not be required to file an original application for certification as an emergency medical technician or emergency medical responder.

(j) Failure to successfully complete either the advanced emergency...
medical technician transition requirements, an emergency medical
technician transition course or the emergency medical responder transition
course will result in loss of certification.
Sec. 27. K.S.A. 2014 Supp. 65-6121 is hereby amended to read as
follows: 65-6121. (a) Notwithstanding any other provision of law to the
contrary, an emergency medical technician may perform any of the
following activities:
(1) Patient assessment and vital signs;
(2) airway maintenance including the use of:
(A) oropharyngeal and nasopharyngeal airways;
(B) esophageal obturator airways with or without gastric suction
device;
(C) multi-lumen airway; and
(D) oxygen demand valves.
(3) Oxygen therapy;
(4) oropharyngeal suctioning;
(5) cardiopulmonary resuscitation procedures;
(6) control accessible bleeding;
(7) apply pneumatic anti-shock garment;
(8) manage outpatient medical emergencies;
(9) extricate patients and utilize lifting and moving techniques;
(10) manage musculoskeletal and soft tissue injuries including
dressing and bandaging wounds or the splinting of fractures, dislocations,
sprains or strains;
(11) use of backboards to immobilize the spine;
(12) administer activated charcoal and glucose;
(13) monitor intravenous line delivering intravenous fluids during
interfacility transport with the following restrictions:
(A) The physician approves the transfer by an emergency medical
technician;
(B) no medications or nutrients have been added to the intravenous
fluids; and
(C) the emergency medical technician may monitor, maintain and
shut off the flow of intravenous fluid;
(14) use automated external defibrillators;
(15) administer epinephrine auto-injectors provided that:
(A) The emergency medical technician successfully completes a
course of instruction approved by the board in the administration of
epinephrine;
(B) the emergency medical technician serves with an ambulance
service or a first response organization that provides emergency medical
services; and
(C) the emergency medical technician is acting pursuant to medical
protocols;
(16) perform, during nonemergency transportation, those activities
specified in this section when specifically authorized to perform such
activities by medical protocols; or
(17) when authorized by medical protocol, assist the patient in the
administration of the following medications which have been prescribed
for that patient: Auto-injection epinephrine, sublingual nitroglycerin and
inhalers for asthma and emphysema.
(b) An individual who holds a valid certificate as an emergency
medical technician at the current basic level once successfully completing
the board prescribed transition course, and validation of cognitive and
psychomotor competency as determined by rules and regulations of the
board, may apply to transition to become an emergency medical
techician. Alternatively, upon application for renewal, such individual
shall be deemed to hold a certificate as an emergency medical technician
under this act, provided such individual has completed all continuing
education hour requirements inclusive of successful completion of a
transition course, and such individual shall not be required to file an
original application for certification as an emergency medical technician.
(c) "Renewal" as used in subsection (b), refers to the first opportunity
after December 31, 2011, that an emergency medical technician has to
apply for renewal of a certificate following the effective date of this act.
(d) Emergency medical technicians who fail to meet the transition
requirements as specified may successfully complete the board prescribed
emergency medical responder transition course, provide validation of
cognitive and psychomotor competency and all continuing education hour
requirements inclusive of the successful completion of a transition course
as determined by rules and regulations of the board. Alternatively, upon
application for renewal of an emergency medical technician certificate, the
applicant shall be deemed to hold a certificate as an emergency medical
responder under this act, and such individual shall not be required to file
an original application for certification as an emergency medical
responder.
(e) Failure to successfully complete either an emergency medical
technician transition course or emergency medical responder transition
course will result in loss of certification.
(f) Upon transition, notwithstanding any other provision of law to the
contrary, an emergency medical technician may perform any activities
identified in K.S.A. 65-6144, and amendments thereto, and any of the
following interventions, by use of the devices, medications and equipment,
or any combination thereof, after successfully completing an approved
course of instruction, local specialized device training and competency
validation and when authorized by medical protocols, or upon order when
direct communication is maintained by radio, telephone or video
conference is monitored by a physician, physician assistant when
authorized by a physician, an advanced practice registered nurse when
authorized by a physician, or a licensed professional nurse when authorized
by a physician, upon order of such person:

(1) Airway maintenance including use of:
(A) Single lumen airways as approved by the board;
(B) multilumen airways;
(C) ventilator devices;
(D) forceps removal of airway obstruction;
(E) CO2 monitoring;
(F) airway suctioning;
(2) apply pneumatic anti-shock garment;
(3) assist with childbirth;
(4) monitoring urinary catheter;
(5) capillary blood sampling;
(6) cardiac monitoring;
(7) administration of patient assisted medications as approved by the
board;
(8) administration of medications as approved by the board by
appropriate routes; and
(9) monitor, maintain or discontinue flow of IV line if a physician
approves transfer by an emergency medical technician.

Sec. 28. K.S.A. 2014 Supp. 65-6123 is hereby amended to read as
follows: 65-6123. (a) Notwithstanding any other provision of law to the
contrary, an emergency medical technician-defibrillator may:
(1) Perform any of the activities identified in K.S.A. 65-6121, and
amendments thereto;
(2) when approved by medical protocols or where voice contact by
radio or telephone is monitored by a physician, physician assistant where
authorized by a physician, advanced practice registered nurse where-
authorized by a physician, or licensed professional nurse where authorized
by a physician, and direct communication is maintained, upon order of
such person, may perform electrocardiographic monitoring and
defibrillation;
(3) perform, during an emergency, those activities specified in
subsection (b) before contacting the persons identified in subsection (b)
when specifically authorized to perform such activities by medical
protocols; or
(4) perform, during nonevacuation transportation, those activities
specified in this section when specifically authorized to perform such
activities by medical protocols.
(b) An individual who holds a valid certificate as an emergency
medical technician-defibrillator once successfully completing an
emergency medical technician-intermediate, initial course of instruction
and the board prescribed transition course, and validation of cognitive and
psychomotor competency as determined by rules and regulations of the
board, may apply to transition to become an advanced emergency medical
technician. Alternatively, upon application for renewal, such individual
shall be deemed to hold a certificate as an advanced emergency medical
technician under this act, provided such individual has completed all
continuing education hour requirements inclusive of successful completion
of a transition course, and such individual shall not be required to file an
original application for certification as an advanced emergency medical
technician.

(c) "Renewal" as used in subsection (b), refers to the second
opportunity after December 31, 2011, that an attendant has to apply for
renewal of a certificate.

(d) Emergency medical technician-defibrillator attendants who fail to
meet the transition requirements as specified may complete either the
board prescribed emergency medical technician transition course or
emergency medical responder transition course, provide validation of
cognitive and psychomotor competency provided such individual has
completed all continuing education hour requirements inclusive of the
successful completion of a transition course as determined by rules and
regulations of the board. Upon completion, such emergency medical
technician-defibrillator may apply to transition to become an emergency
medical technician or an emergency medical responder, depending on the
transition course that was successfully completed. Alternatively, upon
application for renewal of an emergency medical technician-defibrillator
certificate, the applicant shall be renewed as an emergency medical
technician or an emergency medical responder, depending on the transition
course that was successfully completed. Such individual shall not be
required to file an original application for certification as an emergency
medical technician or emergency medical responder.

(e) Failure to complete either the advanced emergency medical
technician transition requirements, an emergency medical technician
transition course or an emergency medical responder transition course will
result in loss of certification.

Sec. 29. K.S.A. 2013 Supp. 65-6124, as amended by section 52 of
chapter 131 of the 2014 Session Laws of Kansas, is hereby amended to
read as follows: 65-6124. (a) No physician, physician assistant, advanced
practice registered nurse or licensed professional nurse, who gives
emergency instructions to an attendant as defined by K.S.A. 65-6112, and
amendments thereto, during an emergency, shall be liable for any civil
damages as a result of issuing the instructions, except such damages which
may result from gross negligence in giving such instructions.

(b) No attendant as defined by K.S.A. 65-6112, and amendments thereto, who renders emergency care during an emergency pursuant to instructions given by a physician, an advanced practice registered nurse, the supervising physician for a physician assistant, an advanced practice registered nurse or licensed professional nurse shall be liable for civil damages as a result of implementing such instructions, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of such attendant as defined by K.S.A. 65-6112, and amendments thereto.

(c) No person certified as an instructor-coordinator and no training officer shall be liable for any civil damages which may result from such instructor-coordinator's or training officer's course of instruction, except such damages which may result from gross negligence or by willful or wanton acts or omissions on the part of the instructor-coordinator or training officer.

(d) No medical adviser who reviews, approves and monitors the activities of attendants shall be liable for any civil damages as a result of such review, approval or monitoring, except such damages which may result from gross negligence in such review, approval or monitoring.

Sec. 30. K.S.A. 2014 Supp. 65-6144 is hereby amended to read as follows: 65-6144. (a) A first responder may perform any of the following activities:

(1) Initial scene management including, but not limited to, gaining access to the individual in need of emergency care, extricating, lifting and moving the individual;
(2) cardiopulmonary resuscitation and airway management;
(3) control of bleeding;
(4) extremity splinting excluding traction splinting;
(5) stabilization of the condition of the individual in need of emergency care;
(6) oxygen therapy;
(7) use of oropharyngeal airways;
(8) use of bag valve masks;
(9) use automated external defibrillators; and
(10) other techniques of preliminary care a first responder is trained to provide as approved by the board.

(b) An individual who holds a valid certificate as a first responder, once completing the board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the board, may apply to transition to become an emergency medical responder. Alternatively, upon application for renewal of such certificate, such individual shall be deemed to hold a certificate as an
emergency medical responder under this act, provided such individual has
completed all continuing education hour requirements inclusive of a
transition course and such individual shall not be required to file an
original application for certification as an emergency medical responder.
(c) "Renewal" as used in subsection (b), refers to the first opportunity
after December 31, 2011, that an attendant has to apply for renewal of a
certificate.
(d) First responder attendants who fail to meet the transition
requirements as specified will forfeit their certification.
(e) Upon transition, notwithstanding any other provision of law to the
contrary, an emergency medical responder may perform any of the
following interventions, by use of the devices, medications and equipment,
or any combination thereof, after successfully completing an approved
course of instruction, local specialized device training and competency
validation and when authorized by medical protocols, or upon order when
direct communication is maintained by radio, telephone or video
conference is monitored by a physician, physician assistant when
authorized by a physician, an advanced practice registered nurse when
authorized by a physician or a licensed professional nurse when authorized
by a physician, upon order of such person: (1) Emergency vehicle
operations; (2) initial scene management; (3) patient assessment and
stabilization; (4) cardiopulmonary resuscitation and airway management;
(5) control of bleeding; (6) extremity splinting; (7) spinal immobilization;
(8) oxygen therapy; (9) use of bag-valve-mask; (10) use of automated
external defibrillator; (11) nebulizer therapy; (12) intramuscular injections
with auto-injector; (13) administration of oral glucose; (14) administration
of aspirin; (15) recognize and comply with advanced directives; (16)
insertion and maintenance of oral and nasal pharyngeal airways; (17) use
of blood glucose monitoring; and (18) other techniques and devices of
preliminary care an emergency medical responder is trained to provide as
approved by the board.
Sec. 31. K.S.A. 2014 Supp. 65-7003 is hereby amended to read as
follows: 65-7003. As used in K.S.A. 65-7001 through 65-7015, and
amendments thereto:
(a) "Act" means the Kansas chemical control act;
(b) "administer" means the application of a regulated chemical
whether by injection, inhalation, ingestion or any other means, directly
into the body of a patient or research subject, such administration to be
conducted by: (1) A practitioner, or in the practitioner's presence, by such
practitioner's authorized agent; or
(2) the patient or research subject at the direction and in the presence
of the practitioner;
(e) "agent or representative" means a person who is authorized to
receive, possess, manufacture or distribute or in any other manner control
or has access to a regulated chemical on behalf of another person;
(d) "bureau" means the Kansas bureau of investigation;
(e) "department" means the Kansas department of health and
environment;
(f) "director" means the director of the Kansas bureau of
investigation;
(g) "dispense" means to deliver a regulated chemical to an ultimate
user, patient or research subject by, or pursuant to the lawful order of, a
practitioner, including the prescribing, administering, packaging, labeling
or compounding necessary to prepare the regulated chemical for that
delivery;
(h) "distribute" means to deliver other than by administering or
dispensing a regulated chemical;
(i) "manufacture" means to produce, prepare, propagate, compound,
convert or process a regulated chemical directly or indirectly, by extraction
from substances of natural origin, chemical synthesis or a combination of
extraction and chemical synthesis, and includes packaging or repackaging
of the substance or labeling or relabeling of its container. The term
excludes the preparation, compounding, packaging, repackaging, labeling
or relabeling of a regulated chemical:
(1) By a practitioner as an incident to the practitioner's administering
or dispensing of a regulated chemical in the course of the practitioner's
professional practice; or
(2) by a practitioner, or by the practitioner's authorized agent under
the practitioner's supervision, for the purpose of, or as an incident to
research, teaching or chemical analysis and not for sale;
(j) "person" means individual, corporation, business trust, estate,
trust, partnership, association, joint venture, government, governmental
subdivision or agency, or any other legal or commercial entity;
(k) "practitioner" means a person licensed to practice medicine and
surgery, pharmacist, dentist, podiatrist, veterinarian, optometrist, advanced
practice registered nurse who is licensed pursuant to K.S.A. 65-1131, and
amendments thereto, and who has authority to prescribe drugs in
accordance with K.S.A. 65-1130, and amendments thereto, or scientific
investigator or other person authorized by law to use a controlled
substance in teaching or chemical analysis or to conduct research with
respect to a controlled substance;
(l) "regulated chemical" means a chemical that is used directly or
indirectly to manufacture a controlled substance or other regulated
chemical, or is used as a controlled substance analog, in violation of the
state controlled substances act or this act. The fact that a chemical may be
used for a purpose other than the manufacturing of a controlled substance
or regulated chemical does not exempt it from the provisions of this act.

Regulated chemical includes:

1. Acetic anhydride (CAS No. 108-24-7);
2. Benzaldehyde (CAS No. 100-52-7);
3. Benzyl chloride (CAS No. 100-44-7);
4. Benzyl cyanide (CAS No. 140-29-4);
5. Diethylamine and its salts (CAS No. 109-89-7);
6. Ephedrine, its salts, optical isomers and salts of optical isomers (CAS No. 299-42-3), except products containing ephedra or ma huang, which do not contain any chemically synthesized ephedrine alkaloids, and are lawfully marketed as dietary supplements under federal law;
7. Hydroiodic acid (CAS No. 10034-85-2);
8. Iodine (CAS No. 7553-56-2);
9. Lithium (CAS No. 7439-93-2);
10. Methylamine and its salts (CAS No. 74-89-5);
11. Nitroethane (CAS No. 79-24-3);
12. Chloroephedrine, its salts, optical isomers, and salts of optical isomers (CAS No. 30572-91-9);
13. Phenylacetic acid, its esters and salts (CAS No. 103-82-2);
14. Phenylpropanolamine, its salts, optical isomers, and salts of optical isomers (CAS No. 14838-15-4);
15. Piperidine and its salts (CAS No. 110-89-4);
16. Pseudoephedrine, its salts, optical isomers, and salts of optical isomers (CAS No. 90-82-4);
17. Red phosphorous (CAS No. 7723-14-0);
18. Sodium (CAS No. 7440-23-5); and
19. Thionyl chloride (CAS No. 7719-09-7);
20. Gamma butyrolactone (GBL), including butyrolactone; butyrolactone gamma; 4-butyrolactone; 2(3H)-furanone dihydro; dihydro-2(3H)-furanone; tetrahydro-2-furanone; 1,2-butanolide; 1,4-butanolide; 4-butanolide; gamma-hydroxybutyric acid lactone; 3-hydroxybutyric acid lactone and 4-hydroxybutanoic acid lactone; CAS No. 96-48-0; and
21. 1,4 butanediol, including butanediol; butane-1,4-diol; 1,4-butylen glycol; butylene glycol; 1,4-dihydroxybutane; 1,4-tetramethylene glycol; tetramethylene glycol; tetramethylene 1,4-diol; CAS No. 110-63-4;
22. "regulated chemical distributor" means any person subject to the provisions of the Kansas chemical control act who manufactures or distributes a regulated chemical;
23. "regulated chemical retailer" means any person who sells regulated chemicals directly to the public;
24. "regulated chemical transaction" means the manufacture of a regulated chemical or the distribution, sale, exchange or other transfer of a regulated chemical within or into the state or from this state into another
state; and

(p) "secretary" means the secretary of health and environment.

Sec. 32. K.S.A. 2014 Supp. 65-7302 is hereby amended to read as
follows: 65-7302. As used in this act:

(a) "Board" means the state board of healing arts.

(b) "Ionizing radiation" means x-rays, gamma rays, alpha and beta
particles, high speed electrons, protons, neutrons and other nuclear
particles capable of producing ions directly or indirectly in its passage
through matter.

(c) "License" means a certificate issued by the board authorizing the
licensee to perform radiologic technology procedures on humans for
diagnostic or therapeutic purposes.

(d) "Licensed practitioner" means a person licensed to practice
medicine and surgery, dentistry, podiatry—or, chiropractic or advanced
practice registered nursing in this state.

(e) "Licensure" and "licensing" mean a method of regulation by
which the state grants permission to persons who meet predetermined
qualifications to engage in a health related occupation or profession.

(f) "Nuclear medicine technologist" means a person who uses radio
pharmaceutical agents on humans for diagnostic or therapeutic purposes.

(g) "Nuclear medicine technology" means the use of radio nuclides on
human beings for diagnostic or therapeutic purposes.

(h) "Radiation therapist" means a person who applies radiation to
humans for therapeutic purposes.

(i) "Radiation therapy" means the use of any radiation procedure or
article intended for the cure, mitigation or prevention of disease in
humans.

(j) "Radiographer" means a person who applies radiation to humans
for diagnostic purposes.

(k) "Radiography" means the use of ionizing radiation on human
beings for diagnostic purposes.

(l) "Radiologic technologist" means any person who is a
radiographer, radiation therapist or nuclear medicine technologist.

(m) "Radiologic technology" means the use of radioactive substance
or equipment emitting or detecting ionizing radiation on humans for
diagnostic or therapeutic purposes upon prescription of a licensed
practitioner. The term includes the practice of radiography, nuclear
medicine technology and radiation therapy, but does not include
echocardiography, diagnostic sonography and magnetic resonance
imaging.

(n) This section shall take effect on and after July 1, 2005.

Sec. 33. K.S.A. 2014 Supp. 72-5213 is hereby amended to read as
follows: 72-5213. (a) Every board of education shall require all employees
of the school district, who come in regular contact with the pupils of the
school district, to submit a certification of health on a form prescribed by
the secretary of health and environment and signed by a person licensed to
practice medicine and surgery under the laws of any state, or by a person
who is licensed as a physician assistant under the laws of this state when
such person is working at the direction of or in collaboration with a person
licensed to practice medicine and surgery, or by a person holding a license
to practice as an advanced practice registered nurse under the laws of this
state when such person is working at the direction of or in collaboration
with a person licensed to practice medicine and surgery. The certification
shall include a statement that there is no evidence of a physical condition
that would conflict with the health, safety, or welfare of the pupils; and
that freedom from tuberculosis has been established by chest x-ray or
negative tuberculin skin test. If at any time there is reasonable cause to
believe that any such employee of the school district is suffering from an
illness detrimental to the health of the pupils, the school board may require
a new certification of health.

(b) Upon presentation of a signed statement by the employee of a
school district, to whom the provisions of subsection (a) apply, that the
employee is an adherent of a religious denomination whose religious
teachings are opposed to physical examinations, the employee shall be
permitted to submit, as an alternative to the certification of health required
under subsection (a), certification signed by a person licensed to practice
medicine and surgery under the laws of any state, or by a person who is
licensed as a physician assistant under the laws of this state when such
person is working at the direction of or in collaboration with a person
licensed to practice medicine and surgery, or by a person holding a license
to practice as an advanced practice registered nurse under the laws of this
state when such person is working at the direction of or in collaboration
with a person licensed to practice medicine and surgery that freedom of
the employee from tuberculosis has been established.

(c) Every board of education may require persons, other than
employees of the school district, to submit to the same certification of
health requirements as are imposed upon employees of the school district
under the provisions of subsection (a) if such persons perform or provide
services to or for a school district which require such persons to come in
regular contact with the pupils of the school district. No such person shall
be required to submit a certification of health if the person presents a
signed statement that the person is an adherent of a religious denomination
whose religious teachings are opposed to physical examinations. Such
persons shall be permitted to submit, as an alternative to a certification of
health, certification signed by a person licensed to practice medicine and
surgery under the laws of any state, or by a person who is licensed as a
physician assistant under the laws of this state when such person is
working at the direction of or in collaboration with a person licensed to
practice medicine and surgery, or by a person holding a license to practice
as an advanced practice registered nurse under the laws of this state when
such person is working at the direction of or in collaboration with a person
licensed to practice medicine and surgery that freedom of such persons
from tuberculosis has been established.
(d) The expense of obtaining certifications of health and certifications
of freedom from tuberculosis may be borne by the board of education.
Sec. 34. K.S.A. 2014 Supp. 75-7429 is hereby amended to read as
follows: 75-7429. (a) As used in this section, "medical home" means a
health care delivery model in which a patient establishes an ongoing
relationship with a physician or other personal care provider in a
physician-directed team, or with an advanced practice registered nurse to
provide comprehensive, accessible and continuous evidence-based primary
and preventive care, and to coordinate the patient's health care needs
across the health care system in order to improve quality and health
outcomes in a cost effective manner.
(b) The department of health and environment shall incorporate the
use of the medical home delivery system within:
(1) The Kansas program of medical assistance established in
accordance with title XIX of the federal social security act, 42 U.S.C. §
1396 et seq., and amendments thereto;
(2) the health benefits program for children established under K.S.A.
38-2001 et seq., and amendments thereto, and developed and submitted in
accordance with federal guidelines established under title XXI of the
federal social security act, section 4901 of public law 105-33, 42 U.S.C. §
1397aa et seq., and amendments thereto; and
(3) the state mediKan program.
(c) The Kansas state employees health care commission established
under K.S.A. 75-6502, and amendments thereto, shall incorporate the use
of a medical home delivery system within the state health care benefits
program as provided in K.S.A. 75-6501 through 75-6523, and amendments
thereto. Except that compliance with a medical home delivery system shall
not be required of program participants receiving treatment in accordance
with a religious method of healing pursuant to the provisions of K.S.A.
2014 Supp. 75-6501, and amendments thereto.
Sec. 35. K.S.A. 40-4602, 59-2976, 65-1660, 65-2892, 65-4134 and
65-5502 and K.S.A. 2013 Supp. 65-1626, as amended by section 4 of
chapter 131 of the 2014 Session Laws of Kansas, 65-4101, as amended by
section 50 of chapter 131 of the 2014 Session Laws of Kansas, 65-6112, as
amended by section 51 of chapter 131 of the 2014 Session Laws of Kansas
and 65-6124, as amended by section 52 of chapter 131 of the 2014 Session

Sec. 36. This act shall take effect and be in force from and after July 1, 2016, and its publication in the statute book.
AN ACT concerning the board of nursing; relating to the certified nurse-
midwives; amending K.S.A. 2014 Supp. 65-1130 and repealing the
existing section.

Be it enacted by the Legislature of the State of Kansas:
Section 1. K.S.A. 2014 Supp. 65-1130 is hereby amended to read as
follows: 65-1130. (a) No professional nurse shall announce or represent to
the public that such person is an advanced practice registered nurse unless
such professional nurse has complied with requirements established by the
board and holds a valid license as an advanced practice registered nurse in
accordance with the provisions of this section.
(b) The board shall establish standards and requirements for any
professional nurse who desires to obtain licensure as an advanced practice
registered nurse. Such standards and requirements shall include, but not be
limited to, standards and requirements relating to the education of
advanced practice registered nurses. The board may give such
examinations and secure such assistance as it deems necessary to
determine the qualifications of applicants.
(c) The board shall adopt rules and regulations applicable to advanced
practice registered nurses which:
(1) Establish roles and identify titles and abbreviations of advanced
practice registered nurses which are consistent with nursing practice
specialties recognized by the nursing profession.
(2) Establish education and qualifications necessary for licensure for
each role of advanced practice registered nurse established by the board at
a level adequate to assure the competent performance by advanced
practice registered nurses of functions and procedures which advanced
practice registered nurses are authorized to perform. Advanced practice
registered nursing is based on knowledge and skills acquired in basic
nursing education, licensure as a registered nurse and graduation from or
completion of a master's or higher degree in one of the advanced practice
registered nurse roles approved by the board of nursing.
(3) Define the role of advanced practice registered nurses and
establish limitations and restrictions on such role. The board shall adopt a
definition of the role under this subsection (c)(3) which is consistent with
the education and qualifications required to obtain a license as an
advanced practice registered nurse, which protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and which authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider: (A) The education required for a licensure as an advanced practice registered nurse; (B) the type of nursing practice and preparation in specialized advanced practice skills involved in each role of advanced practice registered nurse established by the board; (C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education in nursing.

(d) An advanced practice registered nurse may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced practice registered nurse is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced practice registered nurse. Any written prescription order shall include the name, address and telephone number of the responsible physician. The advanced practice registered nurse may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician. In order to prescribe controlled substances, the advanced practice registered nurse shall: (1) Register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians. In no case shall the scope of authority of the advanced practice registered nurse exceed the normal and customary practice of the responsible physician.

(e) An advanced practice registered nurse certified in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 through 65-1164, inclusive, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 through 65-1164, inclusive, and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the provisions of this subsection (d).

(f) An advanced practice registered nurse certified in the role of certified nurse-midwife while functioning as a certified nurse-midwife under sections 2 through 10, and amendments thereto, shall be subject to the provisions of sections 2 through 10, and amendments thereto, with
respect to prescribing drugs and shall not be subject to the provisions of
this section.

(g) As used in this section, "drug" means those articles and
substances defined as drugs in K.S.A. 65-1626 and 65-4101, and
amendments thereto.

(h) For the purposes of this subsection As used in the section,
"responsible physician" means a person licensed to practice medicine and
surgery in Kansas who has accepted responsibility for the protocol and the
actions of the advanced practice registered nurse when prescribing drugs.

(e) As used in this section, "drug" means those articles and substances
defined as drugs in K.S.A. 65-1626 and 65-4101, and amendments thereto.

(f) (i) A person registered to practice as an advanced registered nurse
practitioner in the state of Kansas immediately prior to the effective date of
this act shall be deemed to be licensed to practice as an advanced practice
registered nurse under this act and such person shall not be required to file
an original application for licensure under this act. Any application for
registration filed which has not been granted prior to the effective date of
this act shall be processed as an application for licensure under this act.

New Sec. 2. (a) As used in sections 2 through 10, and amendments
thereto:

(1) "Active midwifery practice" means clinical practice and
midwifery related administrative, educational and research activities.

(2) "Board" means the board of nursing.

(3) "Certified nurse-midwife" means an individual who meets the
following requirements:

(A) Is educated in the two disciplines of nursing and midwifery;

(B) is currently certified by a certifying board approved by the state
board of nursing; and

(C) is currently licensed under the Kansas nurse practice act.

(b) The board may adopt rules and regulations as necessary to
administer the provisions of sections 2 through 10, and amendments
thereto.

New Sec. 3. (a) In order to obtain authorization from the board to
practice as a certified nurse-midwife an individual shall meet the following
requirements:

(1) Be licensed to practice professional nursing under the Kansas
nurse practice act;

(2) has successfully completed a course of study in nurse-midwifery
in a school of nurse-midwifery approved by the board;

(3) has successfully completed a national certification approved by
the board; and

(4) has successfully completed a refresher course as defined in rules
and regulations of the board if the individual has not been in active
midwifery practice for five years preceding the application.

(b) Approval of schools of nurse-midwifery shall be based on approval standards specified in K.S.A. 65-1133, and amendments thereto.

(c) For the purposes of determining whether an individual meets the requirements of subsection (a)(2), the board, by rules and regulations, shall establish criteria for determining whether a particular school of nurse-midwifery maintains standards which are at least equal to schools of nurse-midwifery which are approved by the board.

New Sec. 4. Upon application to the board by any licensed professional nurse in this state and upon satisfaction of the standards and requirements established under this act and K.S.A. 65-1130, and amendments thereto, the board shall grant an authorization to the applicant to perform the duties of a certified nurse-midwife and be licensed as an advanced practice registered nurse. An application to the board for an authorization, for an authorization with temporary authorization, for biennial renewal of authorization, for reinstatement of authorization and for reinstatement of authorization with temporary authorization shall be upon such form and contain such information as the board may require and shall be accompanied by a fee to assist in defraying the expenses in connection with the administration of the provisions of this act. The fee shall be fixed by rules and regulations adopted by the board in an amount fixed by the board under K.S.A 65-1118, and amendments thereto. There shall be no fee assessed for the initial, renewal or reinstatement of the advanced practice registered nurse license as long as the certified nurse-midwife maintains authorization. The executive administrator of the board shall remit all moneys received to the state treasurer as provided by K.S.A. 74-1108, and amendments thereto.

New Sec. 5. (a) All authorizations to practice under this act, whether initial or renewal, shall expire every two years. The biennial authorizations to practice as a certified nurse-midwife shall expire at the same time as the license to practice as a registered nurse. The board shall send a notice for renewal of the authorization to practice to every certified nurse-midwife at least 60 days prior to the expiration date of such person's authorization to practice. To renew such authorization to practice the certified nurse-midwife shall file with the board, before the date of expiration of such authorization to practice, a renewal application together with the prescribed biennial renewal fee. Upon satisfaction of the requirements of section 7(a), and amendments thereto, the board shall grant the renewal of an authorization to practice as a certified nurse-midwife to the applicant.

(b) Any person who fails to secure the renewal of an authorization to practice prior to the expiration of the authorization may secure a reinstatement of such lapsed authorization by making application on a form provided by the board. Such reinstatement shall be granted upon
receipt of proof that the applicant is competent and qualified to act as a
certified nurse-midwife, has satisfied all of the requirements and has paid
the board a reinstatement fee as established by the board by rules and
regulations in accordance with K.S.A. 65-1118, and amendments thereto.
New Sec. 6. (a) Each certified nurse-midwife shall be authorized to:
(1) Provide a full range of primary health care services for women
from adolescence to menopause and beyond. These services include
primary care, gynecologic and family planning services, pre-conception
care, care during pregnancy, childbirth and the postpartum period, care of
the normal newborn and treatment of male partners for sexually
transmitted infections;
(2) provide initial and ongoing comprehensive assessment, diagnosis
and treatment;
(3) conduct physical examinations;
(4) prescribe, distribute and administer medications, devices and
contraceptive methods, and controlled substances in schedules II-V of the
uniform controlled substances act;
(5) admit, manage and discharge patients;
(6) utilize and order diagnostic services, including a clinical
laboratory, sonography, radiology and electronic monitoring;
(7) interpret laboratory and diagnostic tests;
(8) order the use of medical devices; and
(9) provide health promotion, disease prevention and individualized
wellness education and counseling.
(b) The surgical procedures performed by a certified nurse-midwife
shall be limited to the following: (1) Episiotomy; (2) repair of episiotomy
or laceration; and (3) circumcision. Any certified nurse-midwife who may
perform other surgical procedures if such certified nurse-midwife meets
the requirements of competencies of the American college of nurse-
midwife as approved by the board.
(c) Any certified nurse-midwife shall practice within a coordinated
system of health care system and have clinical relationships that provide
for consultation, collaborative management, co-management or referral, as
indicated by the health status of the patient.
(d) Any certified nurse-midwife shall have a written plan for
emergency referrals, with names and contact information of physicians,
hospitals and other medical personnel or facilities to be used in case of
emergency.
New Sec. 7. (a) The applicant for renewal of an authorization to
practice as a certified nurse-midwife shall:
(1) Have met the continuing education requirements for a certified
nurse-midwife as developed by the board or by a national organization
whose certifying standards are approved by the board as equal to or greater
than the corresponding standards established under this act;
(2) be currently licensed as a professional nurse; and
(3) have paid all applicable fees provided for in this act as fixed by
rules and regulations of the board.
(b) Continuing education credits approved by the board for purposes
of this section may be applied to satisfy the continuing education
requirements established by the board for licensed professional nurses
under K.S.A. 65-1117, and amendments thereto, if the board finds such
continuing education credits are equivalent to those required by the board
under K.S.A. 65-1117, and amendments thereto.
New Sec. 8. (a) Except as otherwise provided in sections 2 through
10, and amendments thereto, any licensed professional nurse or licensed
practical nurse who engages in nurse-midwifery without being authorized
by the board to practice as a certified nurse-midwife is guilty of a class A
misdemeanor.
(b) Any person, corporation, association or other entity, except as
otherwise provided in sections 2 through 10, and amendments thereto, who
engages in any of the following activities is guilty of a class B
misdemeanor except that upon conviction of a second or subsequent
violation of this subsection, the person is guilty of a class A misdemeanor:
(1) Employing or offering to employ any person as a certified nurse-
midwife with knowledge that such person is not authorized by the board to
practice as a certified nurse-midwife;
(2) fraudulently seeking, obtaining or furnishing documents
indicating that a person is authorized by the board to practice as a certified
nurse-midwife when such person is not so authorized, or aiding and
abetting such activities; or
(3) using in connection with one's name the title certified nurse-
midwife, the abbreviation NM or CNM, or any other designation tending
to imply that such person is authorized by the board to practice as a
certified nurse-midwife when such person is not authorized by the board to
practice as a certified nurse-midwife.
New Sec. 9. (a) The board, by rules and regulations, shall establish a
program of transition to full practice for all persons who, on and after the
effective date of this act, are granted initial licensure as an advanced
practice registered nurse in the classification of nurse-midwife, who have
less than 1,500 hours of licensed active practice as an advanced practice
registered nurse in their initial roles.
(b) As part of the program of transition to full practice, a certified
nurse-midwife shall complete, within two years from the commencement
of the program by the certified nurse-midwife, a transition to full practice
period of 1,500 hours of licensed active practice either with a certified
nurse-midwife or with a physician. The certified nurse-midwife shall
administer medications as needed for safety and therapeutic purposes.

(e) As part of the program of transition to full practice, the board shall specify the manner and form in which the advanced practice registered nurse in the classification of nurse-midwife participating in the program may identify oneself professionally and to the public.

(d) The certified nurse-midwife shall be responsible for completing the required documentation for the program of transition to full practice as specified by the board. Upon the successful completion of the program of transition to full practice, the board of nursing shall authorize the certified nurse-midwife to engage in the practice of advanced practice registered nursing without the limitations of this subsection and as otherwise authorized by law.

(e) A person licensed to practice as a certified nurse-midwife in the state immediately prior to the effective date of this act shall be deemed to be licensed to practice as a certified nurse-midwife under this act and such person shall not be required to file an original application for licensure under this act. Any application for licensure filed which has not been granted prior to the effective date of this act shall be processed as an application for licensure under this act.

(f) All rules and regulations of the board in effect prior to the effective date of this act which were adopted by the board and are applicable to certified nurse-midwives shall continue to be effective until revised, amended, revoked or nullified pursuant to law.

New Sec. 10. Sections 2 through 10, and amendments thereto, shall be part of and supplemental to the Kansas nurse practice act.

Sec. 11. K.S.A. 2014 Supp. 65-1130 is hereby repealed.

Sec. 12. This act shall take effect and be in force from and after its publication in the statute book.
AN ACT concerning advanced practice registered nurses; amending K.S.A. 2014 Supp. 65-1113 and 65-1130 and repealing the existing sections.

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

New Section 1. (a) For the purposes of this act, the board of nursing and the board of healing arts shall jointly adopt rules and regulations relating to the role of advanced practice registered nurses including such conditions, limitations and restrictions that the boards determine to be necessary to protect the public health and safety, and to protect the public from advanced practice registered nurses performing functions and procedures for which they lack adequate education, training and qualifications. Such rules and regulations shall include the authority to prescribe medications, sign for and order tests and treatments, and perform other delegated medical acts and functions, and shall specify those services or clinical settings which shall require a collaborative practice agreement or protocol with a physician. In such cases, the scope of authority of the advanced practice registered nurse shall be within and consistent with the normal and customary specialty, practice and competence of any collaborating, delegating or supervising physician.

(b) In developing the rules and regulations defining the role of the advanced practice registered nurse, the boards shall consider:

(1) The different practice and clinical settings in which advanced practice registered nurses function, and the differing degrees of collaboration, direction or supervision appropriate for such settings;

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

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

(4) The scope and limitations of advanced practice nursing prescribed by national advanced practice organizations; and

(5) Acts recognized by the nursing profession as appropriate to be performed by persons with post basic education in nursing.

(c) Subject to the provisions of subsection (a), the rules and regulations adopted pursuant to this section shall:
(1) Establish roles and identify titles and abbreviations of advanced
practice registered nurses which are consistent with nursing practice
specialties recognized by the nursing profession; and
(2) establish education and qualifications necessary for licensure for
each role of advanced practice registered nurse established by the board at
a level adequate to assure the competent performance by advanced
practice registered nurses of functions and procedures which advanced
practice registered nurses are authorized to perform. Advanced practice
registered nursing is based on knowledge and skills acquired in basic
nursing education, licensure as a registered nurse and graduation from or
completion of a master's or higher degree in one of the advanced practice
registered nurse roles approved by the board of nursing.
(d) The board of nursing and the state board of healing arts shall
constitute a joint adopting authority for the purpose of adopting rules and
regulations as provided in this section. On and before July 1, 2016, rules
and regulations adopted under this section shall be to implement the
provisions of K.S.A. 2014 Supp. 65-1130, as that section will be amended
on July 1, 2016, by section 4 of this act even though such section will not
be effective until July 1, 2016, and such rules and regulations shall become
effective on July 1, 2016. On and after July 1, 2016, rules and regulations
adopted by the joint adopting authority under this section shall apply as
provided in this section.
(e) The joint adopting authority shall provide, on or before January
15, 2016, a report to the senate committee on public health and welfare
and to the house committee on health and human services concerning the
progress made toward adopting rules and regulations under this section
which report shall include a copy of the rules and regulations which have
been developed.
New Sec. 2. (a) For the purposes of assisting the board of nursing and
board of healing arts to develop the rules and regulations required to be
adopted jointly under section 1, and amendments thereto, there is hereby
established a joint APRN advisory committee, which shall be attached to
the board of nursing. The committee shall be advisory to the boards of
nursing and healing arts on matters relating to APRN licensure, regulation
and practice and shall assist with the development of regulations which
define the role of advanced practice registered nurses and establish
limitations and restrictions on such role.
(b) The joint committee shall be composed of six members. Three
members shall be appointed by the board of nursing, and three members
shall be appointed by the board of healing arts. All appointees of the board
of nursing must hold a license as an advanced practice registered nurse and
be actively engaged in advanced practice nursing. All appointees of the
board of healing arts must hold a license to practice medicine and surgery
and be actively engaged in the practice of medicine and surgery. One
member appointed by the board of nursing must be a member of that
board, and one member appointed by the board of healing arts must be a
member of that board. In appointing their remaining representatives on the
joint committee, the boards shall consider any names submitted by the
respective professional associations.
(c) All members shall serve at the pleasure of the appointing board,
and any vacancies shall be filled by the respective appointing boards.
During odd-numbered years, the member of the joint committee who is a
member of the board of nursing shall serve as chairperson, and during
even-numbered years, the member of the joint committee who is a member
of the board of healing arts shall serve as chairperson. A quorum of the
joint committee shall be four, and all actions of the committee shall be
taken by a majority of those present when there is a quorum.
(d) The joint committee shall meet within the state on the call of the
chairperson or as requested by the two appointing boards.
(e) Members of the joint committee shall receive from their
appointing board amounts as provided in K.S.A. 75-3223(c), and
amendments thereto, when attending meetings of the committee. The
expenses of the committee shall be shared equally by the board of nursing
and the board of healing arts.
Sec. 3. On and after July 1, 2016, K.S.A. 2014 Supp. 65-1113 is
hereby amended to read as follows: 65-1113. When used in this act and the
act of which this section is amendatory:
(a) "Board" means the board of nursing.
(b) "Diagnosis" in the context of nursing practice means that
identification of and discrimination between physical and psychosocial
signs and symptoms essential to effective execution and management of
the nursing regimen and shall be construed as distinct from a medical
diagnosis.
(c) "Treatment" means the selection and performance of those
therapeutic measures essential to effective execution and management of
the nursing regimen, and any prescribed medical regimen.
(d) Practice of nursing. (1) The practice of professional nursing as
performed by a registered professional nurse for compensation or
gratuitously, except as permitted by K.S.A. 65-1124, and amendments
thereto, means the process in which substantial specialized knowledge
derived from the biological, physical, and behavioral sciences is applied
to: the care, diagnosis, treatment, counsel and health teaching of persons
who are experiencing changes in the normal health processes or who
require assistance in the maintenance of health or the prevention or
management of illness, injury or infirmity; administration, supervision or
teaching of the process as defined in this section; and the execution of the
medical regimen as prescribed by a person licensed to practice medicine
and surgery or a person licensed to practice dentistry. (2) The practice of
nursing as a licensed practical nurse means the performance for
compensation or gratuitously, except as permitted by K.S.A. 65-1124, and
any amendments thereto, of tasks and responsibilities defined in part (1) of
this subsection (d)(1) which tasks and responsibilities are based on
acceptable educational preparation within the framework of supportive and
restorative care under the direction of a registered professional nurse, a
person licensed to practice medicine and surgery or a person licensed to
practice dentistry.

(e) A "professional nurse" means a person who is licensed to practice
professional nursing as defined in part (1) of subsection (d)(1) of this
section.

(f) A "practical nurse" means a person who is licensed to practice
practical nursing as defined in part (2) of subsection (d)(2) of this section.

(g) "Advanced practice registered nurse" or "APRN" means a
professional nurse who holds a license from the board to function as a
professional nurse in an advanced role by virtue of additional knowledge
and skills gained through a formal advanced practice education program
of nursing in a specialty area, and this advanced role shall be defined by
rules and regulations which are jointly adopted by the board of nursing
and the board of healing arts in accordance with section 1, and
amendments thereto, and K.S.A. 65-1130, and amendments thereto.

(b) "Joint adopting authority" means the state board of nursing and
the state board of healing arts as specified in section 1, and amendments
thereo.

Sec. 4. On and after July 1, 2016, K.S.A. 2014 Supp. 65-1130 is
hereby amended to read as follows: 65-1130. (a) No professional nurse
shall announce or represent to the public that such person is an advanced
practice registered nurse unless such professional nurse has complied with
requirements established by the board pursuant to law and holds a valid
license as an advanced practice registered nurse in accordance with the
provisions of this section.

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

(c) The board shall adopt rules and regulations applicable to advanced
practice registered nurses which:

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

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

(3) Define the role of advanced practice registered nurses and
establish limitations and restrictions on such role. The board shall adopt a
definition of the role under this subsection (e)(3) which is consistent with
the education and qualifications required to obtain a license as an
advanced practice registered nurse, which protects the public from persons
performing functions and procedures as advanced practice registered
nurses for which they lack adequate education and qualifications and
which authorizes advanced practice registered nurses to perform acts
generally recognized by the profession of nursing as capable of being
performed, in a manner consistent with the public health and safety, by
persons with postbasic education in nursing. In defining such role, the
board shall consider: (A) The education required for a license as an
advanced practice registered nurse; (B) the type of nursing practice and
preparation in specialized advanced practice skills involved in each role of
advanced practice registered nurse established by the board; (C) the scope
and limitations of advanced practice nursing prescribed by national
advanced practice organizations; and (D) acts recognized by the nursing
profession as appropriate to be performed by persons with postbasic
education in nursing.

(d) An advanced practice registered nurse may prescribe drugs
pursuant to a written protocol as authorized by a responsible physician.
Each written protocol shall contain a precise and detailed medical plan of
care for each classification of disease or injury for which the advanced
practice registered nurse is authorized to prescribe and shall specify all
drugs which may be prescribed by the advanced practice registered nurse.
Any written prescription order shall include the name, address and
telephone number of the responsible physician pursuant to the rules and
regulations adopted by the joint adopting authority. The advanced practice
registered nurse may not dispense drugs, but may request, receive and sign
for professional samples and may distribute professional samples to
patients pursuant to a written protocol as authorized by a responsible
physician. In order to prescribe controlled substances, the advanced
practice registered nurse shall—(1) register with the federal drug
enforcement administration; and (2) notify the board of the name and
address of the responsible physician or physicians. In no case shall the
scope of authority of the advanced practice registered nurse exceed the
normal and customary practice of the responsible physician. An advanced
practice registered nurse certified in the role of registered nurse anesthetist
while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to
65-1164, inclusive, and amendments thereto, shall be subject to the
provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments
thereto, with respect to drugs and anesthetic agents and shall not be subject
to the provisions of this subsection. For the purposes of this subsection,
"responsible physician" means a person licensed to practice medicine and
surgery in Kansas who has accepted responsibility for the protocol and the
actions of the advanced practice registered nurse when prescribing drugs.
(e)(d) As used in this section, "drug" means those articles and
substances defined as drugs in K.S.A. 65-1626 and 65-4101, and
amendments thereto.
(f)(e) A person—registered licensed to practice as an advanced
registered nurse practitioner in the state of Kansas immediately prior to the
effective date of this act July 1, 2016, shall be deemed to be licensed to
practice as an advanced practice registered nurse under this act and such
person shall not be required to file an original application for licensure
under this act. Any application for registration filed which has not been
granted prior to the effective date of this act July 1, 2016, shall be
processed as an application for licensure under this act.
(f) All rules and regulations of the board in effect prior to July 1,
2016, which were adopted under this section and are applicable to
advanced practice registered nurses shall continue to be effective until
revised, amended, revoked or nullified pursuant to law.
Sec. 5. On July 1, 2016, K.S.A. 2014 Supp. 65-1113 and 65-1130 are
hereby repealed.
Sec. 6. This act shall take effect and be in force from and after and its
publication in the statute book.
SENATE BILL No. 218

By Committee on Ways and Means

2-12

AN ACT concerning advanced practice registered nurses; amending K.S.A. 2014 Supp. 65-1113 and 65-1130 and repealing the existing sections.

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

New Section 1. (a) For the purposes of this act, the board of nursing and the board of healing arts shall jointly adopt rules and regulations relating to the role of advanced practice registered nurses including such conditions, limitations and restrictions that the boards determine to be necessary to protect the public health and safety, and to protect the public from advanced practice registered nurses performing functions and procedures for which they lack adequate education, training and qualifications. Such rules and regulations shall include the authority to prescribe medications, sign for and order tests and treatments, and perform other delegated medical acts and functions, and shall specify those services or clinical settings which shall require a collaborative practice agreement or protocol with a physician. In such cases, the scope of authority of the advanced practice registered nurse shall be within and consistent with the normal and customary specialty, practice and competence of any collaborating, delegating or supervising physician.

(b) In developing the rules and regulations defining the role of the advanced practice registered nurse, the boards shall consider:

(1) The different practice and clinical settings in which advanced practice registered nurses function, and the differing degrees of collaboration, direction or supervision appropriate for such settings;

(2) the education required for licensure as an advanced practice registered nurse;

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

(4) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations; and

(5) acts recognized by the nursing profession as appropriate to be performed by persons with post basic education in nursing.

(c) Subject to the provisions of subsection (a), the rules and regulations adopted pursuant to this section shall:
(1) Establish roles and identify titles and abbreviations of advanced practice registered nurses which are consistent with nursing practice specialties recognized by the nursing profession; and

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

(d) The board of nursing and the state board of healing arts shall constitute a joint adopting authority for the purpose of adopting rules and regulations as provided in this section. On and before July 1, 2016, rules and regulations adopted under this section shall be to implement the provisions of K.S.A. 2014 Supp. 65-1130, as that section will be amended on July 1, 2016, by section 4 of this act even though such section will not be effective until July 1, 2016, and such rules and regulations shall become effective on July 1, 2016. On and after July 1, 2016, rules and regulations adopted by the joint adopting authority under this section shall apply as provided in this section.

(e) The joint adopting authority shall provide, on or before January 15, 2016, a report to the senate committee on public health and welfare and to the house committee on health and human services concerning the progress made toward adopting rules and regulations under this section, which report shall include a copy of the rules and regulations which have been developed.

New Sec. 2. (a) For the purposes of assisting the board of nursing and board of healing arts to develop the rules and regulations required to be adopted jointly under section 1, and amendments thereto, there is hereby established a joint APRN advisory committee, which shall be attached to the board of nursing. The committee shall be advisory to the boards of nursing and healing arts on matters relating to APRN licensure, regulation and practice and shall assist with the development of regulations which define the role of advanced practice registered nurses and establish limitations and restrictions on such role.

(b) The joint committee shall be composed of six members. Three members shall be appointed by the board of nursing, and three members shall be appointed by the board of healing arts. All appointees of the board of nursing must hold a license as an advanced practice registered nurse and be actively engaged in advanced practice nursing. All appointees of the board of healing arts must hold a license to practice medicine and surgery
and be actively engaged in the practice of medicine and surgery. One
member appointed by the board of nursing must be a member of that
board, and one member appointed by the board of healing arts must be a
member of that board. In appointing their remaining representatives on the
joint committee, the boards shall consider any names submitted by the
respective professional associations.

c) All members shall serve at the pleasure of the appointing board,
and any vacancies shall be filled by the respective appointing boards.
During odd-numbered years, the member of the joint committee who is a
member of the board of nursing shall serve as chairperson, and during
even-numbered years, the member of the joint committee who is a member
of the board of healing arts shall serve as chairperson. A quorum of the
joint committee shall be four, and all actions of the committee shall be
taken by a majority of those present when there is a quorum.

d) The joint committee shall meet within the state on the call of the
chairperson or as requested by the two appointing boards.

e) Members of the joint committee shall receive from their
appointing board amounts as provided in K.S.A. 75-3223(c), and
amendments thereto, when attending meetings of the committee. The
expenses of the committee shall be shared equally by the board of nursing
and the board of healing arts.

Sec. 3. On and after July 1, 2016, K.S.A. 2014 Supp. 65-1113 is
hereby amended to read as follows: 65-1113. When used in this act and the
act of which this section is amendatory:

a) "Board" means the board of nursing.

b) "Diagnosis" in the context of nursing practice means that
identification of and discrimination between physical and psychosocial
signs and symptoms essential to effective execution and management of
the nursing regimen and shall be construed as distinct from a medical
diagnosis.

c) "Treatment" means the selection and performance of those
therapeutic measures essential to effective execution and management of
the nursing regimen, and any prescribed medical regimen.

d) Practice of nursing. (1) The practice of professional nursing as
performed by a registered professional nurse for compensation or
gratuitously, except as permitted by K.S.A. 65-1124, and amendments
thereto, means the process in which substantial specialized knowledge
derived from the biological, physical, and behavioral sciences is applied
to: the care, diagnosis, treatment, counsel and health teaching of persons
who are experiencing changes in the normal health processes or who
require assistance in the maintenance of health or the prevention or
management of illness, injury or infirmity; administration, supervision or
teaching of the process as defined in this section; and the execution of the
medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry. (2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124, and any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d)(1) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (1) of subsection (d)(1) of this section.

(f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d)(2) of this section.

(g) "Advanced practice registered nurse" or "APRN" means a professional nurse who holds a license from the board to function as a professional nurse in an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area, and this advanced role shall be defined by rules and regulations which are jointly adopted by the board of nursing and the board of healing arts in accordance with section 1, and amendments thereto, and K.S.A. 65-1130, and amendments thereto.

(h) "Joint adopting authority" means the state board of nursing and the state board of healing arts as specified in section 1, and amendments thereto.

Scc. 4. On and after July 1, 2016, K.S.A. 2014 Supp. 65-1130 is hereby amended to read as follows: 65-1130. (a) No professional nurse shall announce or represent to the public that such person is an advanced practice registered nurse unless such professional nurse has complied with requirements established by the board pursuant to law and holds a valid license as an advanced practice registered nurse in accordance with the provisions of this section.

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

(c) The board shall adopt rules and regulations applicable to advanced practice registered nurses which:

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


(4)—An—advanced—practice—registered—nurse—may—prescribe—drugs—pursuant—to—a—written—protocol—as—authorized—by—a—responsible—physician.—Each—written—protocol—shall—contain—a—precise—and—detailed—medical—plan—of—care—for—each—classification—of—disease—or—injury—for—which—the—advanced—practice—registered—nurse—is—authorized—to—prescribe—and—shall—specify—all—drugs—which—may—be—prescribed—by—the—advanced—practice—registered—nurse.—Any—written—prescription—order—shall—including—the—name,—address,—and—telephone—number—of—the—responsible—physician—pursuant—to—the—rules—and—regulations—adopted—by—the—joint—adopting—authority.—The—advanced—practice—registered—nurse—may—not—dispense—drugs,—but—may—request,—receive—and—sign—for—professional—samples—and—may—distribute—professional—samples—to—patients—pursuant—to—a—written—protocol—as—authorized—by—a—responsible—physician.—In—or—to—prescribe—controlled—substances,—the—advanced
practice registered nurse shall—(1) register with the federal drug
enforcement administration; and (2) notify the board of the name and
address of the responsible physician or physicians. In no case shall the
scope of authority of the advanced practice registered nurse exceed the
normal and customary practice of the responsible physician. An advanced
practice registered nurse certified in the role of registered nurse anesthetist
while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to
65-1164, inclusive, and amendments thereto, shall be subject to the
provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments
thereto, with respect to drugs and anesthetic agents and shall not be subject
to the provisions of this subsection. For the purposes of this subsection,
"responsible physician" means a person licensed to practice medicine and
surgery in Kansas who has accepted responsibility for the protocol and the
actions of the advanced practice registered nurse when prescribing drugs.

(e)(d) As used in this section, "drug" means those articles and
substances defined as drugs in K.S.A. 65-1626 and 65-4101, and
amendments thereto.

(e)(e) A person—registered licensed to practice as an advanced
registered nurse practitioner in the state of Kansas immediately prior to the
effective date of this act July 1, 2016, shall be deemed to be licensed to
practice as an advanced practice registered nurse under this act and such
person shall not be required to file an original application for licensure
under this act. Any application for registration filed which has not been
granted prior to the effective date of this act July 1, 2016, shall be
processed as an application for licensure under this act.

(f) All rules and regulations of the board in effect prior to July 1,
2016, which were adopted under this section and are applicable to
advanced practice registered nurses shall continue to be effective until
revised, amended, revoked or nullified pursuant to law.

Sec. 5. On July 1, 2016, K.S.A. 2014 Supp. 65-1113 and 65-1130 are
hereby repealed.

Sec. 6. This act shall take effect and be in force from and after its
publication in the statute book.
SENATE BILL No. 141

By Committee on Public Health and Welfare

2-3

AN ACT concerning the state board of healing arts; podiatrists; scope of practice; amending K.S.A. 65-28a02, as amended by section 42 of chapter 131 of the 2014 Session Laws of Kansas and K.S.A. 2014 Supp. 65-1130 and repealing the existing sections.

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

New Section 1. (a) A podiatrist may delegate to a licensed physician assistant and licensed advanced practice registered nurse the authority to perform acts that constitute the practice of podiatry to the extent and in the manner authorized by rules and regulations promulgated by the state board of healing arts. Such acts shall be consistent with sound practices of podiatry. Each prescription issued by a physician assistant and an advanced practice registered nurse shall have the name of the supervising podiatrist printed on the prescription. Nothing in this section shall limit the ability of otherwise licensed health care providers to perform delegated acts. The dispensing of prescription medication by a physician assistant and an advanced practice registered nurse shall be subject to the provisions of K.S.A. 65-28a08, and amendments thereto. The dispensing of prescription medication by an advanced practice registered nurse shall be subject to the provisions of K.S.A. 65-1130, and amendments thereto.

(b) The board shall limit the number of physician assistants and advanced practice registered nurses a supervising podiatrist may be responsible for at any one time to the equivalent of two full-time physician assistants and advanced practice registered nurses combined as approved in each case by the board. Any limitation on the number of physician assistants and advanced practice registered nurses combined in this subsection shall not apply to services performed in a medical care facility, as defined in K.S.A. 65-425, and amendments thereto.

(c) The board shall adopt rules and regulations governing the direction and supervision of a physician assistant and an advanced practice registered nurse by the supervising podiatrist.

Sec. 2. K.S.A. 2014 Supp. 65-1130 is hereby amended to read as follows: 65-1130. (a) No professional nurse shall announce or represent to the public that such person is an advanced practice registered nurse unless such professional nurse has complied with requirements established by the board and holds a valid license as an advanced practice registered nurse in
accordance with the provisions of this section.

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

(c) The board shall adopt rules and regulations applicable to advanced practice registered nurses which:

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

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

3. Define the role of advanced practice registered nurses and establish limitations and restrictions on such role. The board shall adopt a definition of the role under this subsection (c)(3) which is consistent with the education and qualifications required to obtain a license as an advanced practice registered nurse, which protects the public from persons performing functions and procedures as advanced practice registered nurses for which they lack adequate education and qualifications and which authorizes advanced practice registered nurses to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider: (A) The education required for a licensure as an advanced practice registered nurse; (B) the type of nursing practice and preparation in specialized advanced practice skills involved in each role of advanced practice registered nurse established by the board; (C) the scope and limitations of advanced practice nursing prescribed by national advanced practice organizations; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education in nursing.

(d) An advanced practice registered nurse may prescribe drugs pursuant to a written protocol as authorized by a responsible physician.
Each written protocol shall contain a precise and detailed medical plan of
care for each classification of disease or injury for which the advanced
practice registered nurse is authorized to prescribe and shall specify all
drugs which may be prescribed by the advanced practice registered nurse.
Any written prescription order shall include the name, address and
telephone number of the responsible physician. The advanced practice
registered nurse may not dispense drugs, but may request, receive and sign
for professional samples and may distribute professional samples to
patients pursuant to a written protocol as authorized by a responsible
physician. In order to prescribe controlled substances, the advanced
practice registered nurse shall: (1) Register with the federal drug
enforcement administration; and (2) notify the board of the name and
address of the responsible physician or physicians. In no case shall the
scope of authority of the advanced practice registered nurse exceed the
normal and customary practice of the responsible physician. An advanced
practice registered nurse certified in the role of registered nurse anesthetist
while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to
65-1164, inclusive, and amendments thereto, shall be subject to the
provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments
thereto, with respect to drugs and anesthetic agents and shall not be subject
to the provisions of this subsection. For the purposes of this subsection,
"responsible physician" means a person licensed to practice medicine and
surgery and a person licensed to practice podiatry in Kansas who has
accepted responsibility for the protocol and the actions of the advanced
practice registered nurse when prescribing drugs.
(e) As used in this section, "drug" means those articles and substances
defined as drugs in K.S.A. 65-1626 and 65-4101, and amendments thereto.
(f) A person registered to practice as an advanced registered nurse
practitioner in the state of Kansas immediately prior to the effective date of
this act shall be deemed to be licensed to practice as an advanced practice
registered nurse under this act and such person shall not be required to file
an original application for licensure under this act. Any application for
registration filed which has not been granted prior to the effective date of
this act shall be processed as an application for licensure under this act.
Sec. 3. K.S.A. 65-28a02, as amended by section 42 of chapter 131 of
the 2014 Session Laws of Kansas is hereby amended to read as follows:
65-28a02. (a) The following words and phrases when used in the physician
assistant licensure act shall have the meanings respectively ascribed to
them in this section:
(1) "Board" means the state board of healing arts.
(2) "Direction and supervision" means the guidance, direction and
coordination of activities of a physician assistant by such physician
assistant's supervising physician, whether written or verbal, whether
immediate or by prior arrangement, in accordance with standards
established by the board by rules and regulations, which standards shall be
designed to ensure adequate direction and supervision by the supervising
physician of the physician assistant. The term "direction and supervision"
shall not be construed to mean that the immediate or physical presence of
the supervising physician is required during the performance of the
physician assistant.
(3) "Physician" means any person licensed by the state board of
healing arts to practice medicine and surgery and any person licensed by
the state board of healing arts to practice podiatry.
(4) "Physician assistant" means a person who is licensed in
accordance with the provisions of K.S.A. 65-28a04, and amendments
thereto, and who provides patient services under the direction and
supervision of a supervising physician.
(5) "Supervising physician" means a physician who has accepted
responsibility for the medical services rendered and actions of the
physician assistant while performing under the direction and supervision
of the supervising physician.
(6) "Licensee," for purposes of the physician assistant licensure act,
means all persons issued a license or temporary license pursuant to the
physician assistant licensure act.
(7) "License," for purposes of the physician assistant licensure act,
means any license or temporary license granted by the physician assistant
licensure act.
Sec. 4. K.S.A. 65-28a02, as amended by section 42 of chapter 131 of
the 2014 Session Laws of Kansas and K.S.A. 2014 Supp. 65-1130 are
hereby repealed.
Sec. 5. This act shall take effect and be in force from and after July 1,
2016 and its publication in the statute book.
AN ACT concerning health care; expanding the definition of charitable
health care provider; amending K.S.A. 2014 Supp. 75-6102 and
repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:
Section 1. K.S.A. 2014 Supp. 75-6102 is hereby amended to read as
follows: 75-6102. As used in K.S.A. 75-6101 through 75-6118, and
amendments thereto, unless the context clearly requires otherwise:
(a) "State" means the state of Kansas and any department or branch of
state government, or any agency, authority, institution or other
instrumentality thereof.
(b) "Municipality" means any county, township, city, school district
or other political or taxing subdivision of the state, or any agency,
authority, institution or other instrumentality thereof.
(c) "Governmental entity" means state or municipality.
(d) (1) "Employee" means: (A) Any officer, employee, servant or
member of a board, commission, committee, division, department, branch
or council of a governmental entity, including elected or appointed
officials and persons acting on behalf or in service of a governmental
entity in any official capacity, whether with or without compensation and a
charitable health care provider;
(B) any steward or racing judge appointed pursuant to K.S.A. 74-
8818, and amendments thereto, regardless of whether the services of such
steward or racing judge are rendered pursuant to contract as an
independent contractor;
(C) employees of the United States marshal's service engaged in the
transportation of inmates on behalf of the secretary of corrections;
(D) a person who is an employee of a nonprofit independent
contractor, other than a municipality, under contract to provide educational
or vocational training to inmates in the custody of the secretary of
corrections and who is engaged in providing such service in an institution
under the control of the secretary of corrections provided that such
employee does not otherwise have coverage for such acts and omissions
within the scope of their employment through a liability insurance contract
of such independent contractor;
(E) a person who is an employee or volunteer of a nonprofit program,
other than a municipality, who has contracted with the commissioner of
juvenile justice or with another nonprofit program that has contracted with
the commissioner of juvenile justice to provide a juvenile justice program
for juvenile offenders in a judicial district provided that such employee or
volunteer does not otherwise have coverage for such acts and omissions
within the scope of their employment or volunteer activities through a
liability insurance contract of such nonprofit program;
(F) a person who contracts with the Kansas guardianship program to
provide services as a court-appointed guardian or conservator;
(G) an employee of an indigent health care clinic;
(H) former employees for acts and omissions within the scope of their
employment during their former employment with the governmental
entity;
(I) any member of a regional medical emergency response team,
created under the provisions of K.S.A. 48-928, and amendments thereto, in
connection with authorized training or upon activation for an emergency
response; and
(J) medical students enrolled at the university of Kansas medical
center who are in clinical training, on or after July 1, 2008, at the
university of Kansas medical center or at another health care institution.
(2) "Employee" does not include: (A) An individual or entity for
actions within the scope of K.S.A. 60-3614, and amendments thereto; or
(B) any independent contractor under contract with a governmental
entity except those contractors specifically listed in paragraph (1) of this
subsection.
(e) "Charitable health care provider" means a person licensed by the
state board of healing arts as an exempt licensee or a federally active
licensee, a person issued a limited permit by the state board of healing arts,
a physician assistant licensed by the state board of healing arts, a mental
health practitioner licensed by the behavioral sciences regulatory board, an
ultrasound technologist currently registered in any area of sonography
credentialled through the American registry of radiology technologists, the
American registry for diagnostic medical sonography or cardiovascular
credentialing international and working under the supervision of a person
licensed to practice medicine and surgery, or a health care provider as the
term "health care provider" is defined under K.S.A. 65-4921, and
amendments thereto, who has entered into an agreement with:
(1) The secretary of health and environment under K.S.A. 75-6120,
and amendments thereto, who, pursuant to such agreement, gratuitously
renders professional services to a person who has provided information
which would reasonably lead the health care provider to make the good
faith assumption that such person meets the definition of medically
indigent person as defined by this section or to a person receiving medical
assistance from the programs operated by the department of health and
environment, and who is considered an employee of the state of Kansas
under K.S.A. 75-6120, and amendments thereto;
(2) the secretary of health and environment and who, pursuant to such
agreement, gratuitously renders professional services in conducting
children's immunization programs administered by the secretary;
(3) a local health department or indigent health care clinic, which
renders professional services to medically indigent persons or persons
receiving medical assistance from the programs operated by the
department of health and environment gratuitously or for a fee paid by the
local health department or indigent health care clinic to such provider and
who is considered an employee of the state of Kansas under K.S.A. 75-
6120, and amendments thereto. Professional services rendered by a
provider under this paragraph (3) shall be considered gratuitous
notwithstanding fees based on income eligibility guidelines charged by a
local health department or indigent health care clinic and notwithstanding
any fee paid by the local health department or indigent health care clinic to
a provider in accordance with this paragraph (3); or
(4) the secretary of health and environment to provide dentistry
services defined by K.S.A. 65-1422 et seq., and amendments thereto, or
dental hygienist services defined by K.S.A. 65-1456, and amendments
thereto, that are targeted, but are not limited to, medically indigent
persons, and are provided on a gratuitous basis: (A) At a location
sponsored by a not-for-profit organization that is not the dentist or dental
hygienist office location; or (B) at the office location of a dentist or dental
hygienist provided the care be delivered as part of a program organized by
a not-for-profit organization and approved by the secretary of health and
environment; or (C) as part of a charitable program organized by the
dentist that has been approved by the secretary of health and environment
upon a showing that the dentist seeks to treat medically indigent patients
on a gratuitous basis, except that such dentistry services and dental
hygienist services shall not include "oral and maxillofacial surgery" as
defined by K.A.R. 71-2-2, or use sedation or general anesthesia that result
in "deep sedation" or "general anesthesia" as defined by K.A.R. 71-5-7; or
(5) the shriners national network of hospitals for children to
participate in free medical care given by means of tele-medicine services.
Services rendered by a provider under this paragraph shall be considered
gratuitous notwithstanding compensation received for such services.
(f) "Medically indigent person" means a person who lacks resources
to pay for medically necessary health care services and who meets the
eligibility criteria for qualification as a medically indigent person
established by the secretary of health and environment under K.S.A. 75-
6120, and amendments thereto.

(g) "Indigent health care clinic" means an outpatient medical care clinic operated on a not-for-profit basis which has a contractual agreement in effect with the secretary of health and environment to provide health care services to medically indigent persons.

(h) "Local health department" shall have the meaning ascribed to such term under K.S.A. 65-241, and amendments thereto.

(i) "Fire control, fire rescue or emergency medical services equipment" means any vehicle, firefighting tool, protective clothing, breathing apparatus and any other supplies, tools or equipment used in firefighting or fire rescue or in the provision of emergency medical services.

Sec. 2. K.S.A. 2014 Supp. 75-6102 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.
AN ACT concerning crimes, punishment and criminal procedure; relating to assault; battery; unlawful interference with a firefighter; unlawful interference with an emergency medical services attendant; creating the crime of unlawful interference with a health care provider; amending K.S.A. 2014 Supp. 21-5412, 21-5413, 21-6325 and 21-6326 and repealing the existing sections.

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

Section 1. K.S.A. 2014 Supp. 21-5412 is hereby amended to read as follows: 21-5412. (a) Assault is knowingly placing another person in reasonable apprehension of immediate bodily harm;
(b) Aggravated assault is assault, as defined in subsection (a), committed:
(1) With a deadly weapon;
(2) while disguised in any manner designed to conceal identity; or
(3) with intent to commit any felony.
(c) Assault of a law enforcement officer is assault, as defined in subsection (a), committed against:
(1) A uniformed or properly identified state, county or city law enforcement officer while such officer is engaged in the performance of such officer's duty; or
(2) a uniformed or properly identified university or campus police officer while such officer is engaged in the performance of such officer's duty.
(d) Aggravated assault of a law enforcement officer is assault of a law enforcement officer, as defined in subsection (c), committed:
(1) With a deadly weapon;
(2) while disguised in any manner designed to conceal identity; or
(3) with intent to commit any felony.
(e) Assault of a health care provider is assault, as defined in subsection (a), committed against a health care provider while such provider is engaged in the performance of such provider's duty.
(f) Aggravated assault of a health care provider is assault of a health care provider, as defined in subsection (e), committed:
(1) With a deadly weapon;
(2) while disguised in any manner designed to conceal identity; or
(3) with intent to commit any felony.

(e) (g) (1) Assault is a class C person misdemeanor.
(2) Aggravated assault is a severity level 7, person felony.
(3) Assault of a law enforcement officer is a class A person misdemeanor.
(4) Aggravated assault of a law enforcement officer is a severity level 6, person felony. A person convicted of aggravated assault of a law enforcement officer shall be subject to the provisions of subsection (g) of K.S.A. 2014 Supp. 21-6804(g), and amendments thereto.
(5) Assault of a health care provider is a class A person misdemeanor.
(6) Aggravated assault of a health care provider is a severity level 6, person felony.
(h) As used in this section, "health care provider" means:
(1) A person licensed by the state board of healing arts;
(2) a person engaged in a postgraduate training program approved by the state board of healing arts;
(3) an attendant certified by the emergency medical services board;
(4) a person registered or licensed by the state board of pharmacy;
(5) a person licensed by the behavioral sciences regulatory board;
(6) a licensed optometrist, dietician, speech-language pathologist, audiologist, dentist, dental hygienist, practical nurse or professional nurse;
(7) a person certified by the secretary for aging and disability services as a nurse aide, medication aide or paid nutrition assistant;
(8) a person performing services for a medical care facility licensed under K.S.A. 65-425 et seq., and amendments thereto, but who does not receive compensation, either directly or indirectly, for those services;
(9) a person currently enrolled in a postsecondary educational institution, as defined in K.S.A. 74-3201b, and amendments thereto, and performing health care related services for a medical care facility licensed under K.S.A. 65-425 et seq., and amendments thereto; and
(10) a person currently enrolled in a training program approved by the emergency medical services board pursuant to K.S.A. 65-6111, and amendments thereto.

Sec. 2. K.S.A. 2014 Supp. 21-5413 is hereby amended to read as follows: 21-5413. (a) Battery is:
(1) Knowingly or recklessly causing bodily harm to another person;
or
(2) knowingly causing physical contact with another person when done in a rude, insulting or angry manner;
(b) Aggravated battery is:
(1) (A) Knowingly causing great bodily harm to another person or
disfigurement of another person;

(B) knowingly causing bodily harm to another person with a deadly
weapon, or in any manner whereby great bodily harm, disfigurement or
death can be inflicted; or

(C) knowingly causing physical contact with another person when
done in a rude, insulting or angry manner with a deadly weapon, or in any
manner whereby great bodily harm, disfigurement or death can be
inflicted;

(2) (A) recklessly causing great bodily harm to another person or
disfigurement of another person; or

(B) recklessly causing bodily harm to another person with a deadly
weapon, or in any manner whereby great bodily harm, disfigurement or
death can be inflicted; or

(3) (A) committing an act described in K.S.A. 8-1567, and
amendments thereto, when great bodily harm to another person or
disfigurement of another person results from such act; or

(B) committing an act described in K.S.A. 8-1567, and amendments
thereto, when bodily harm to another person results from such act under
circumstances whereby great bodily harm, disfigurement or death can
result from such act.

c Battery against a law enforcement officer is:

(1) Battery, as defined in subsection (a)(2), committed against a:

(A) Uniformed or properly identified university or campus police
officer while such officer is engaged in the performance of such officer's
duty; or

(B) uniformed or properly identified state, county or city law
enforcement officer, other than a state correctional officer or employee, a
city or county correctional officer or employee, a juvenile correctional
facility officer or employee or a juvenile detention facility officer, or
employee, while such officer is engaged in the performance of such
officer's duty; or

(2) battery, as defined in subsection (a)(1), committed against a:

(A) Uniformed or properly identified university or campus police
officer while such officer is engaged in the performance of such officer's
duty; or

(B) uniformed or properly identified state, county or city law
enforcement officer, other than a state correctional officer or employee, a
city or county correctional officer or employee, a juvenile correctional
facility officer or employee or a juvenile detention facility officer, or
employee, while such officer is engaged in the performance of such
officer's duty; or

(3) battery, as defined in subsection (a) committed against a:

(A) State correctional officer or employee by a person in custody of
the secretary of corrections, while such officer or employee is engaged in
the performance of such officer's or employee's duty;
(B) juvenile correctional facility officer or employee by a person
confined in such juvenile correctional facility, while such officer or
employee is engaged in the performance of such officer's or employee's
duty;
(C) juvenile detention facility officer or employee by a person
confined in such juvenile detention facility, while such officer or employee
is engaged in the performance of such officer's or employee's duty; or
(D) city or county correctional officer or employee by a person
confined in a city holding facility or county jail facility, while such officer
or employee is engaged in the performance of such officer's or employee's
duty.
(d) Aggravated battery against a law enforcement officer is:
(1) An—Aggravated battery, as defined in subsection (b)(1)(A)
committed against a:
(A) Uniformed or properly identified state, county or city law
enforcement officer while the officer is engaged in the performance of the
officer's duty; or
(B) uniformed or properly identified university or campus police
officer while such officer is engaged in the performance of such officer's
duty;
(2) an—Aggravated battery, as defined in subsection (b)(1)(B) or (b)(1)
(C), committed against a:
(A) Uniformed or properly identified state, county or city law
enforcement officer while the officer is engaged in the performance of the
officer's duty; or
(B) uniformed or properly identified university or campus police
officer while such officer is engaged in the performance of such officer's
duty; or
(3) knowingly causing, with a motor vehicle, bodily harm to a:
(A) Uniformed or properly identified state, county or city law
enforcement officer while the officer is engaged in the performance of the
officer's duty; or
(B) uniformed or properly identified university or campus police
officer while such officer is engaged in the performance of such officer's
duty.
(e) Battery against a school employee is a battery, as defined in
subsection (a), committed against a school employee in or on any school
property or grounds upon which is located a building or structure used by a
unified school district or an accredited nonpublic school for student
instruction or attendance or extracurricular activities of pupils enrolled in
kindergarten or any of the grades one through 12 or at any regularly
scheduled school sponsored activity or event, while such employee is engaged in the performance of such employee's duty.

(f) Battery against a mental health employee is a battery, as defined in subsection (a), committed against a mental health employee by a person in the custody of the secretary for aging and disability services, while such employee is engaged in the performance of such employee's duty.

(g) Battery against a health care provider is:

(1) Battery, as defined in subsection (a)(2), committed against a health care provider while such provider is engaged in the performance of such provider's duty;

(2) battery, as defined in subsection (a)(1), committed against a health care provider while such provider is engaged in the performance of such provider's duty; or

(3) intentionally causing human bodily fluid to make physical contact with a health care provider while such provider is engaged in the performance of such provider's duty.

(h) Aggravated battery against a health care provider is:

(1) Aggravated battery, as defined in subsection (b)(1)(A), committed against a health care provider while such provider is engaged in the performance of such provider's duty;

(2) aggravated battery, as defined in subsection (b)(1)(B) or (b)(1)(C), committed against a health care provider while such provider is engaged in the performance of such provider's duty; or

(3) intentionally causing human bodily fluid to make physical contact with a health care provider while such provider is engaged in the performance of such provider's duty and the offender has knowledge that the source of the human bodily fluid is infected with human immunodeficiency virus, hepatitis B or hepatitis C at the time the offense is committed.

(i) Battery is a class B person misdemeanor.

(2) Aggravated battery as defined in:

(A) Subsection (b)(1)(A) is a severity level 4, person felony;

(B) subsection (b)(1)(B) or (b)(1)(C) is a severity level 7, person felony;

(C) subsection (b)(2)(A) or (b)(3)(A) is a severity level 5, person felony; and

(D) subsection (b)(2)(B) or (b)(3)(B) is a severity level 8, person felony.

(3) Battery against a law enforcement officer as defined in:

(A) Subsection (c)(1) is a class A person misdemeanor;

(B) subsection (c)(2) is a severity level 7, person felony; and

(C) subsection (c)(3) is a severity level 5, person felony.

(4) Aggravated battery against a law enforcement officer as defined
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in:
(A) Subsection (d)(1) or (d)(3) is a severity level 3, person felony; and
(B) subsection (d)(2) is a severity level 4, person felony.
(5) Battery against a school employee is a class A person misdemeanor.
(6) Battery against a mental health employee is a severity level 7, person felony.
(7) Battery against a health care provider as defined in:
(A) Subsection (g)(1) is a class A person misdemeanor; and
(B) subsection (g)(2) or (g)(3) is a severity level 7, person felony.
(8) Aggravated battery against a health care provider as defined in:
(A) Subsection (h)(1) is a severity level 3, person felony; and
(B) subsection (h)(2) or (h)(3) is a severity level 4, person felony.
(4) (j) As used in this section:
(1) "Correctional institution" means any institution or facility under the supervision and control of the secretary of corrections;
(2) "state correctional officer or employee" means any officer or employee of the Kansas department of corrections or any independent contractor, or any employee of such contractor, working at a correctional institution;
(3) "juvenile correctional facility officer or employee" means any officer or employee of the juvenile justice authority or any independent contractor, or any employee of such contractor, working at a juvenile correctional facility, as defined in K.S.A. 2014 Supp. 38-2302, and amendments thereto;
(4) "juvenile detention facility officer or employee" means any officer or employee of a juvenile detention facility as defined in K.S.A. 2014 Supp. 38-2302, and amendments thereto;
(5) "city or county correctional officer or employee" means any correctional officer or employee of the city or county or any independent contractor, or any employee of such contractor, working at a city holding facility or county jail facility;
(6) "school employee" means any employee of a unified school district or an accredited nonpublic school for student instruction or attendance or extracurricular activities of pupils enrolled in kindergarten or any of the grades one through 12; and
(7) "mental health employee" means an employee of the Kansas department for aging and disability services working at Larned state hospital, Osawatomie state hospital and Rainbow mental health facility, Kansas neurological institute and Parsons state hospital and training center and the treatment staff as defined in K.S.A. 59-29a02, and amendments thereto;
(8) "health care provider" means:
(A) a person licensed by the state board of healing arts;
(B) a person engaged in a postgraduate training program approved
by the state board of healing arts;
(C) an attendant certified by the emergency medical services board;
(D) a person registered or licensed by the state board of pharmacy;
(E) a person licensed by the behavioral sciences regulatory board;
(F) a licensed optometrist, dietician, speech-language pathologist,
audiologist, dentist, dental hygienist, practical nurse or professional
nurse;
(G) a person certified by the secretary for aging and disability
services as a nurse aide, medication aide or paid nutrition assistant;
(H) a person performing services for a medical care facility licensed
under K.S.A. 65-425 et seq., and amendments thereto, but who does not
receive compensation, either directly or indirectly, for those services;
(I) a person currently enrolled in a postsecondary educational
institution, as defined in K.S.A. 74-3201b, and amendments thereto, and
performing health care related services for a medical care facility licensed
under K.S.A. 65-425 et seq., and amendments thereto; and
(J) a person currently enrolled in a training program approved by the
emergency medical services board pursuant to K.S.A. 65-6111, and
amendments thereto; and
(9) "human bodily fluid" means any naturally produced secretion or
waste product generated by the human body and shall include, but not be
limited to, any quantity of human blood, urine, saliva, mucus, vomitus,
semen, fluid or feces.

Sec. 3. K.S.A. 2014 Supp. 21-6325 is hereby amended to read as
follows: 21-6325. (a) Unlawful interference with a firefighter is
knowingly:
(1) Interfering with any firefighter while such firefighter is engaged in
the performance of such firefighter's duties duty; or
(2) obstructing, interfering with or impeding the efforts of any
firefighter to reach the location of a fire or other emergency.
(b) Unlawful interference with a firefighter is a class-B A person
misdemeanor.
(c) A person who violates the provisions of this section may also be
prosecuted for, convicted of, and punished for assault or battery.

Sec. 4. K.S.A. 2014 Supp. 21-6326 is hereby amended to read as
follows: 21-6326. (a) Unlawful interference with an emergency medical
services attendant is knowingly:
(1) Interfering with any attendant while such attendant is engaged in
the performance of such attendant's duties duty; or
(2) obstructing, interfering with or impeding the efforts of any
attendant to reach the location of an emergency.

(b) Unlawful interference with an emergency medical services 
attendant is a class-3 A person misdemeanor.

(c) As used in this section, "attendant" means the same as in K.S.A. 
65-6112, and amendments thereto.

(d) A person who violates the provisions of this section may also be 
prosecuted for, convicted of, and punished for assault or battery.

New Sec. 5.  (a) Unlawful interference with a health care provider is 
knowingly interfering with any health care provider while such provider is 
engaged in the performance of such provider's duty.

(b) Unlawful interference with a health care provider is a class A 
person misdemeanor.

(c) As used in this section, "health care provider" means:

(1) A person licensed by the state board of healing arts;

(2) a person engaged in a postgraduate training program approved by 
the state board of healing arts;

(3) a person registered or licensed by the state board of pharmacy;

(4) a person licensed by the behavioral sciences regulatory board;

(5) a licensed optometrist, dietician, speech-language pathologist, 
audiologist, dentist, dental hygienist, practical nurse or professional nurse;

(6) a person certified by the secretary for aging and disability services 
as a nurse aide, medication aide or paid nutrition assistant;

(7) a person performing services for a medical care facility licensed 
under K.S.A. 65-425 et seq., and amendments thereto, but who does not 
receive compensation, either directly or indirectly, for those services;

(8) a person currently enrolled in a postsecondary educational 
institution, as defined in K.S.A. 74-3201b, and amendments thereto, and 
performing health care related services for a medical care facility licensed 
under K.S.A. 65-425 et seq., and amendments thereto; and

(9) a person currently enrolled in a training program approved by the 
emergency medical services board pursuant to K.S.A. 65-6111, and 
amendments thereto.

(d) A person who violates the provisions of this section may also be 
prosecuted for, convicted of, and punished for assault and battery.

(e) This section shall be part of and supplemental to the Kansas 
criminal code.

Sec. 6.  K.S.A. 2014 Supp. 21-5412, 21-5413, 21-6325 and 21-6326 
are hereby repealed.

Sec. 7.  This act shall take effect and be in force from and after its 
publication in the statute book.