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

Kansas Board of Nursing
Landon State Office Building, Room 509
APRN Committee Agenda
March 24, 2020

NOTE: The meeting will be held by conference call. To participate in the conference call, dial 1-877-278-8686, Access 865816

Time: 2:00 p.m. – 3:00 p.m.

Committee Members:
Carol Bragdon, PhD, APRN, Chair
Patsy Zeller, MSN, APRN, NP-C, V. Chair
Jennifer Bendure, CRNA, DNP
Benjamin Cochran, DNP, APRN, NP-C
Bobbe Mansfield, DNP, FNP-BC
Jamie Harrington, DNP, APRN, CNM, FNP-BC
Dawn Gosnell, MSN, APRN, CNS, CCRN

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

I. Call to Order
II. Review of on-site packet
III. Additions/Revisions to the agenda
IV. Approval of minutes – December 10, 2019
V. Unfinished Business
   1. Prescription Monitoring Program (PMP) Committee Report – Bobbe Mansfield
   2. Revisions to K.S.A. 65-1681 Prescription Monitoring Program Act (HB 2579)
   3. K-Trac Funding for FY 21
   4. Update on HB 2412 – Merilyn Douglass
   5. Update on CNM-I Regulations and Feedback from Joint Committee on Administrative Regulations re: CNM-I proposed regulations

VI. New Business
   1. APRN Program approvals
      a. Alverno College – Family NP
      b. Old Dominion University – Neonatal NP
   2. Healthcare Stabilization Fund Information to Website and/or APRN Licensure Application
   3. NCSBN 2012 Model Rules – Chapter 11
   4. Criteria for standard review for out of state programs
   5. Requirements for Accrediting Agencies and Criteria for APRN Certification Programs
   6. Update for the Certification Program of NBCRNA
   7. 5-year Legislative Review
      a. 65-1151
      b. 65-1152
      c. 65-1159
      d. 60-13-103
VII. Agenda for June 2020 Committee meeting

Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.
AN ACT concerning health professions and practices; relating to the board of pharmacy; prescription monitoring program act; pertaining to persons permitted to receive program data; data security; user and delegate access; increasing the number of members of the prescription monitoring program advisory committee; amending K.S.A. 65-1682, 65-1683, 65-1685, 65-1687 and 65-1689 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:
Section 1. K.S.A. 65-1682 is hereby amended to read as follows: 65-1682. As used in this act, unless the context otherwise requires:
(a) "Audit trail information" means information produced regarding requests for prescription monitoring program data that the board and advisory committee use to monitor compliance with this act.
(b) "Board" means the state board of pharmacy.
(c) "Delegate" means:
(1) A registered nurse, licensed practical nurse, respiratory therapist, emergency medical responder, paramedic, dental hygienist, pharmacy technician or pharmacy intern who has registered for access to the program database as an agent of a practitioner or pharmacist to request program data on behalf of the practitioner or pharmacist;
(2) a death investigator who has registered for limited access to the program database as an agent of a medical examiner, coroner or another person authorized under law to investigate or determine causes of death;
or
(3) an individual authorized to access the program database by the board in rules and regulations.
(b)(d) "Dispenser" means a practitioner, pharmacy 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.
(e)(e) "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.
(f)(f) "Patient" means the person individual who is the ultimate user
of a drug for whom a prescription is issued or for whom a drug is
dispensed, or both.
(g)(g) "Pharmacist" means an individual currently licensed by the
board to practice the profession of pharmacy in this state.
(h) "Pharmacy" means a premises, laboratory, area or other place
currently registered with the board where scheduled substances or drugs
of concern are offered for sale or dispensed in this state.
(i)(i) "Practitioner" means a person an individual licensed to practice
medicine and surgery, dentist, podiatrist, optometrist or other person
individual authorized by law to prescribe or dispense scheduled substances
and drugs of concern.
(j)(j) "Program" means the prescription monitoring program.
(k) "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
Sec. 2. K.S.A. 65-1683 is hereby amended to read as follows: 65-
1683. (a) The board shall establish and maintain a prescription monitoring
program for the monitoring of scheduled substances and drugs of concern
dispensed in this state or dispensed to an address in this state.
(b) Each dispenser shall submit to the board by electronic means
information required by the board regarding each prescription dispensed
for a substance included under subsection (a). The board shall promulgate
rules and regulations specifying the nationally recognized
telecommunications format to be used for submission of information that
each dispenser shall submit to the board. Such information may include,
but not be limited to:
(1) The dispenser identification number;
(2) the date the prescription is filled;
(3) the prescription number;
(4) whether the prescription is new or is a refill;
(5) the national drug code for the drug dispensed;
(6) the quantity dispensed;
(7) the number of days' supply of the drug;
(8) the patient identification number;
(9) the patient's name;
(10) the patient's address;
(11) the patient's date of birth;
(12) the prescriber identification number;
(13) the date the prescription was issued by the prescriber; and
(14) the source of payment for the prescription; and
(15) the diagnosis code.

(c) The board shall promulgate rules and regulations specifying the transmission methods and frequency of the dispenser submissions required under subsection (b).

(d) The board may issue a waiver to a dispenser that is unable to submit prescription information by electronic means. Such waiver may permit the dispenser to submit prescription information by paper form or other means, provided that all information required by rules and regulations is submitted in this alternative format. The board may, in consultation with the advisory committee, enable features and include additional information to enhance the program database. Such information may include, but not be limited to:

(1) The date or fact of death;
(2) the dispensation or administration of emergency opioid antagonists, as defined by K.S.A. 65-16,127, and amendments thereto; and
(3) the data related to an overdose event.

(e) The board is hereby authorized to apply for and to accept grants and may accept any donation, gift or bequest made to the board for furthering any phase of the prescription monitoring program.

(f) The board shall remit all moneys received by it under subsection (e) to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the non-federal gifts and grants 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 a person designated by the president.

Sec. 3. K.S.A. 65-1685 is hereby amended to read as follows: 65-1685. (a) The prescription monitoring program database, all information contained therein and any records maintained by the board, or by any entity contracting with the board, submitted to, maintained or stored as a part of the database, including audit trail information, shall be privileged and confidential, shall not be subject to subpoena or discovery in civil proceedings and may only be used for investigatory or evidentiary purposes related to violations of state or federal law and regulatory activities of entities charged with administrative oversight of those persons.
engaged in the prescribing or dispensing of scheduled substances and
drugs of concern, shall not be a public record and shall not be subject to
the Kansas open records act, K.S.A. 45-215 et seq., and amendments
thereto, except as provided in subsections (c) and (d).
(b) The board shall maintain procedures to ensure that the privacy
and confidentiality of patients and patient information collected, recorded,
transmitted and maintained is not disclosed to persons except as provided
in subsections (c) and (d).
(c) The board is hereby authorized to provide data in the prescription
monitoring program to the following persons:
(1) Persons authorized to prescribe or dispense scheduled substances
and drugs of concern, for the purpose of providing medical or
pharmaceutical care for their patients;
(2) an individual who requests the individual's own prescription
monitoring information in accordance with procedures established by the
board;
(3) designated representatives from the professional licensing,
certification or regulatory agencies charged with administrative oversight
of those persons engaged in the prescribing or dispensing of scheduled
substances and drugs of concern;
(4) local, state and federal law enforcement or prosecutorial officials
engaged in the administration, investigation or enforcement of the laws
governing scheduled substances and drugs of concern subject to the
requirements in K.S.A. 22-2502, and amendments thereto;
(5) designated representatives from the department of health and
environment regarding authorized medicaid program recipients;
(6) persons authorized by a grand jury subpoena, inquisition
subpoena or court order in a criminal action;
(7) personnel of the prescription monitoring program advisory
committee for the purpose of operation of the program;
(8) personnel of the board for purposes of operation of the program
and administration and enforcement of this act or the uniform controlled
substances act, K.S.A. 65-4101 et seq., and amendments thereto;
(9) persons authorized to prescribe or dispense scheduled substances
and drugs of concern, when an individual is obtaining prescriptions in a
manner that appears to be misuse, abuse or diversion of scheduled
substances or drugs of concern; and
(10) medical examiners, coroners or other persons authorized under
law to investigate or determine causes of death;
(11) persons operating a practitioner or pharmacist impaired
provider program in accordance with K.S.A. 65-4924, and amendments
thereto, for the purpose of reviewing drugs dispensed to a practitioner or
pharmacist enrolled in the program;
(12) delegates of persons authorized by paragraphs (1), (9) and (10);

(13) persons or organizations notified by the advisory committee as provided in section (g);

(14) practitioners or pharmacists conducting research approved by an institutional review board who have obtained patient consent for the release of program data; and

(15) an overdose fatality review board established by the state of Kansas.

(d) An individual registered for access to the program database shall notify the board in writing within 30 calendar days of any action that would disqualify the individual from being authorized to receive program data as provided in subsection (c).

(e) The state board of healing arts, board of nursing, Kansas dental board and board of examiners in optometry shall notify the board in writing within 30 days of any denial, suspension, revocation or other administrative limitation of a practitioner’s license or registration that would disqualify the practitioner from being authorized to receive program data as provided in subsection (c).

(f) A practitioner or pharmacist shall notify the board in writing within 30 calendar days of any action that would disqualify a delegate from being authorized to receive program data on behalf of the practitioner or pharmacist.

(d)(g) The prescription monitoring program advisory committee established pursuant to K.S.A. 65-1689, and amendments thereto, is authorized to review and analyze the program data for purposes of identifying patterns and activity of concern.

(1) If a review of information appears to indicate a person may be obtaining prescriptions in a manner that may represent misuse or abuse of controlled scheduled substances and drugs of concern, the advisory committee is authorized to notify the prescribers and dispensers who prescribed or dispensed the prescriptions. If the review does not identify a recent prescriber as a point of contact for potential clinical intervention, the advisory committee is authorized to notify the disability and behavioral health services section of the Kansas department for aging and disability services for the purpose of offering confidential treatment services and prohibiting further disclosure of information. If the review identifies patterns or other evidence sufficient to create a reasonable suspicion of criminal activity, the advisory committee is authorized to notify the appropriate law enforcement agency.

(2) If a review of information appears to indicate that a violation of state or federal law relating to prescribing controlled scheduled substances and drugs of concern may have occurred, or that a prescriber or dispenser has knowingly prescribed, dispensed or obtained controlled scheduled

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substances and drugs of concern in a manner that is inconsistent with
recognized standards of care for the profession, the advisory committee
shall determine whether a report to the professional licensing, certification
or regulatory agencies charged with administrative oversight of those
persons engaged in prescribing or dispensing of controlled scheduled
substances and drugs of concern or to the appropriate law enforcement
agency is warranted.
(A) For purposes of such determination the advisory committee may,
in consultation with the appropriate regulatory agencies and professional
organizations, establish criteria regarding appropriate standards and utilize
volunteer peer review committees of professionals with expertise in the
particular practice to create such standards and review individual cases.
(B) The peer review committee or committees appointed herein shall
have authority to request and receive information in the prescription-
monitoring program database from the director of the prescription-
monitoring program.
(C) If the determination is made that a referral to a regulatory or law
enforcement agency is not warranted but educational or professional
advising might be appropriate, the advisory committee may refer the
prescribers or dispensers to other such resources.
(3) If a review of information appears to indicate that program data
has been accessed or used in violation of state or federal law, the advisory
committee shall determine whether a report to the professional licensing,
certification or regulatory agencies charged with administrative oversight
of those persons engaged in prescribing or dispensing of scheduled
substances and drugs of concern is warranted.
(e) The board is hereby authorized to provide data in the prescription
monitoring program data to public or private entities for statistical,
research or educational purposes after removing information that could be
used to identify individual practitioners, dispensers, patients or persons
who received prescriptions from dispensers.
(f) The board may, in its discretion, block any user's access to the
program database if the board has reason to believe that access to the
data is or may be used by such user in violation of state or federal law.
Sec. 4. K.S.A. 65-1687 is hereby amended to read as follows: 65-
1687. (a) All information collected for the prescription monitoring
program database and any records maintained by the board, or by any
entity contracting with the board, submitted to, maintained or stored as a
part of the database, shall be retained for five years. Such information and
records shall then be destroyed unless a law enforcement entity or an
entity charged with administrative oversight of those persons engaged in
the prescribing or dispensing of scheduled substances and drugs of
concern has submitted a written request to the board for retention of-

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specific information or records in accordance with procedures adopted by
the board.
(b) Program data shall not be stored outside of the program
database, with the following exceptions:
(1) Temporary storage necessary to deliver program data to
electronic health records or pharmacy management systems approved by
the board;
(2) retention of specific information or records related to an
investigation or proceeding under administrative or criminal law;
(3) program data provided under K.S.A. 65-1685(e), and
amendments thereto; or
(4) board retention of information for purposes of operation of the
program and administration and enforcement of this act or the uniform
controlled substances act, K.S.A. 65-4101 et seq., and amendments thereto.
Sec. 5. K.S.A. 65-1689 is hereby amended to read as follows: 65-
1689. (a) There is hereby created the prescription monitoring program
advisory committee which, subject to the oversight of the board, shall be
responsible for the operation of the prescription monitoring program. The
advisory committee shall consist of at least nine [3] members appointed by
the board as follows:
(1) Two licensed physicians, one nominated by the Kansas medical
society and one nominated by the Kansas association of osteopathic
medicine;
(2) two licensed pharmacists nominated by the Kansas pharmacists
association;
(3) one person representing the Kansas bureau of investigation
nominated by the attorney general;
(4) one person representing the university of Kansas school of
medicine nominated by the dean of such school;
(5) one person representing the university of Kansas school of
pharmacy nominated by the dean of such school;
(6) one licensed dentist nominated by the Kansas dental association;
and
(7) one person representing the Kansas hospital association
nominated by such association;
(8) one licensed advanced practice registered nurse nominated by the
board of nursing;
(9) one licensed physician assistant nominated by the state board of
healing arts;
(10) two licensed physicians nominated by the state board of healing
arts; and
(11) the board may also appoint other additional persons authorized

to prescribe or dispense scheduled substances and drugs of concern,
recognized experts and representatives from law enforcement.

(b) The appointments to the advisory committee shall be for terms of
three years.

(c) The advisory committee shall elect a chairperson from among its
members who shall serve a one-year term. The chairperson may serve
consecutive terms.

(d) The advisory committee, in accordance with K.S.A. 75-4319, and
amendments thereto, may recess for a closed or executive meeting when it
is considering matters relating to identifiable patients or providers.

(e) Upon the expiration of the term of office of any member of the
advisory committee on or after the effective date of this act, and in any
case of a vacancy existing on or after the effective date of this act, a
successor shall be appointed by the board pursuant to this section.

(f) All members of the advisory committee shall serve without
compensation.

Sec. 6. K.S.A. 65-1682, 65-1683, 65-1685, 65-1687 and 65-1689 are
hereby repealed.

Sec. 7. This act shall take effect and be in force from and after its
publication in the statute book.
February 21, 2020

Sen. Kevin Braun  
Chair, Regulatory Boards and Commissions Subcommittee, Ways and Means  
Capitol Building, Room 124-E  
Topeka, Kansas 66612

RE: Budget for Kansas Prescription Drug Monitoring Program (K-TRACS)

Dear Senator:

The Division of the Budget and Boards of Pharmacy, Healing Arts, Nursing, Dental, and Examiners in Optometry have reviewed the K-TRACS budget for FY 2021, as well as your Subcommittee’s recommendations to the Senate Ways and Means Committee. Over the past six months, the Board of Pharmacy has been working with the Division of the Budget to better project expenses for FY 2021. Several other factors have impacted the Board’s budget, including:

- Shrinkage;
- Renegotiation with the software vendor to change annual lump-sum contracts to monthly installments;
- Cost minimization and economies of scale; and
- Not pursuing increased office space.

Upon review, the Board of Pharmacy believes the funding already transferred to the K-TRACS program for FY 2020 will be sufficient to cover the costs through FY 2021. Barring an unanticipated expense, no special revenue fund transfers will be necessary after June 30, 2020.

The Board of Pharmacy plans to host a joint stakeholder meeting this summer to analyze the K-TRACS program, discuss funding options, and identify a long-term funding solution for proposal to the legislature next session. The Boards and Division of the Budget respectfully request the legislature allow time for fulfillment of this process.

All parties appreciate your and the Subcommittee’s support of the K-TRACS program and all attempts to ensure its continued success and viability.

Respectfully submitted,

Alexandra Blasi, JD, MBA  
Executive Secretary  
Kansas State Board of Pharmacy

Tucker L. Poling, JD  
Interim Executive Director  
Kansas Board of Healing Arts

B. Lane Hemsley, JD  
Executive Director  
Kansas Dental Board

Jän Murray  
Executive Officer  
Kansas Board of Examiners in Optometry

Carol Moreland, MSN, RN  
Executive Administrator  
Kansas State Board of Nursing
December 6, 2019

Carol Moreland, Executive Administrator
Board of Nursing
Landon State Office Building, Suite 1051
Topeka, Kansas 66612-1230

Dear Executive Administrator Moreland:

At its meeting on November 20, 2019, the Joint Committee on Administrative Rules and Regulations (Committee) reviewed for public comment rules and regulations promulgated by your agency. The enclosed Committee report from that meeting contains comments to which your agency may wish to respond.

The Committee may review the regulations the agency ultimately adopts, and it reserves any expression of legislative concern to that review. To assist in that final review, agencies are expected to respond to each question or comment of the Committee. Please direct the response to me, with copies to the Chairperson, Vice-chairperson, and Ranking Minority Member, or to the Chairperson, with copies to the Vice-chairperson, Ranking Minority Member, and me.

Please inform the Committee and its Kansas Legislative Research Department (KLRD) staff, in writing, at the time the rules and regulations are adopted and filed with the Secretary of State, of any and all changes that have been made following the public hearing. Agencies also are expected to notify the Committee and KLRD, in writing, when the agency has delayed implementation of the regulations or decided not to adopt any of the regulations.

Failure to respond to each and every comment contained in this report may result in a request from the Committee that a spokesperson from the agency appear before the Committee to explain the agency's failure to reply.

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

Sincerely,

Jill Shelley,
Principal Research Analyst, KLRD
December 6, 2019

To: Kansas Legislature

From: Joint Committee on Administrative Rules and Regulations

Re: Report of the November 20, 2019, Meeting of the Joint Committee on Administrative Rules and Regulations

With this report, the Joint Committee on Administrative Rules and Regulations (Committee) provides its comments on rules and regulations reviewed at its meeting of November 20, 2019. Agencies are asked to respond to each comment or request for information.

Board of Healing Arts

New Article 28b: Independent Practice of Midwifery. KAR 100-28b-1, definitions; KAR 100-28b-5, license expiration and cancellation; KAR 100-28b-9, scope of practice, limitations; KAR 100-28b-15, transport and transfer protocol requirements; KAR 100-28b-16, duty to consult, refer, transfer, and transport; KAR 100-28b-17, identifiable risks requiring immediate referral and transport of patient; KAR 100-28b-18, identifiable risks requiring immediate referral and transport of newborn.

Request. The Committee requests a representative of the Board of Nursing accompany a representative of the Board of Healing Arts when any changes proposed to rules and regulations regarding midwifery are presented to the Committee.

Request. The Committee requests the agencies review statutes regarding midwifery and request changes to statutes to clarify current language or place policy positions on certain matters into statute.

KAR 100-28b-9. The Committee understands the version of KAR 100-28b-9 presented does not reflect consensus from both the Board of Healing Arts and the Board of Nursing. The Committee suggests adopting the version presented in order to have a rule and regulation on scope of practice in place, followed by later promulgation of a version reflecting consensus between the boards. It requests information on a timeline for adopting a version that does reflect consensus between the boards.

Concern. The Committee expresses its concern regarding the lack of timeliness of these proposed rules and regulations, which KSA 65-28b07
requires to have been adopted by January 1, 2017, and it urges continued cooperation between the Board of Healing Arts and the Board of Nursing.

**Board of Adult Care Home Administrators**

New Article 38: Licensure of Adult Care Home Administrators, Department for Aging and Disability Services. KAR 26-38-1, definitions; KAR 26-38-2, educational requirements for licensure; KAR 26-38-3, application for initial licensure; KAR 26-38-4, licensing examinations; KAR 26-38-5, potentially disqualifying civil and criminal records, advisory opinion, fee; KAR 26-38-6, temporary license; KAR 26-38-7, licensure by reciprocity; KAR 26-38-8, licensing renewal and license reinstatement, continuing education, sponsorship; KAR 26-38-9, display of license; KAR 26-38-10, change of name or address, replacement licenses; KAR 26-38-11, fees.

Revocation of Article 38, Licensure of Adult Care Home Administrators, Department of Health and Environment. KAR 28-38-18, revocation (was licensing examinations); KAR 28-38-19, revocation (was qualification for licensure); KAR 28-38-20, revocation (was application for licensure); KAR 28-38-21, revocation (was temporary license); KAR 28-38-22, revocation (was licensure by reciprocity); KAR 28-38-23, revocation (was license renewal and license reinstatement, continuing education); KAR 28-38-26, revocation (was display of license); KAR 28-38-28, revocation (was change of name or address and replacement or renewal license card); KAR 28-38-29, revocation (was definitions); KAR 28-38-30, revocation (was fees).

**KAR 26-38-3.** The Committee notes KSA 65-3504 requires an applicant to have "completed preliminary education satisfactory to the board" and asks the Board to explain why a baccalaureate or postbaccalaureate degree is required for initial licensure. The Committee also asks how many other states require a baccalaureate or postbaccalaureate degree and, if so, whether those states specify acceptable degrees or majors.

**KAR 26-38-7.** The Committee asks the agency to clarify whether an applicant for licensure by reciprocity must have a baccalaureate or postbaccalaureate degree and, if not, to provide information on what education the Board considers to be "substantially equivalent."

**Request.** The Committee asks the Board to provide its requirements specific to a person who is the administrator of record at multiple facilities, e.g., how much time must be spent at each facility.

**Request.** The Committee requests information on the number of licensed adult care home administrators and the number of adult care homes, by year, over a period of time, preferably five or more years.

**Kansas Racing and Gaming Commission**

KAR 112-105-1, security department.
Request. The Committee asks the agency to provide its statutory authority to promulgate regulations concerning concealed carry on the gaming floor of casinos.

Kansas Department of Revenue

KAR 92-19-56, revocation (was coins, bullion, stamps, antiques, collectables, commemoratives, and similar items).

The Committee had no comments.

State Bank Commissioner

KAR 17-23-9, revocation (was custody of investments).

The Committee had no comments.

State Board of Pharmacy

KAR 68-2-5, pharmacist-in-charge, notice to board; KAR 68-5-16, ratio of pharmacy technicians to pharmacists.

**KAR 68-5-16.** The Committee requests information on what tasks a pharmacy technician in Kansas may lawfully perform. In addition, the Committee requests a copy of a report referenced by the agency representative that provides information on tasks other states authorize pharmacy technicians to perform.

Board of Indigents' Defense Services

KAR 105-5-2, rates of compensation; KAR 105-5-3, appellate courts, compensation; KAR 105-5-6, reasonable compensation, non-tried cases; KAR 105-5-7, reasonable compensation, tried cases; KAR 105-5-8, compensation, exceptional cases.

**Comment.** The Committee states it understands budget constraints on the agency have led to reimbursement rates for attorneys that are significantly less than market rates for attorneys with necessary skills for those roles, and it recognizes the implications of those budget constraints on Kansans accused of crimes and the state as a whole.

Kansas Real Estate Commission

KAR 86-1-10, approved courses of instructions, procedure; KAR 86-1-11, minimum curricula and standards for course; KAR 86-1-12, monitoring courses, withdrawal of approval;
KAR 86-1-13, revocation (was submission of evidence of course attendance); KAR 86-1-16, revocation (was instructor credit for hours taught); KAR 86-1-17, responsibilities of schools; KAR 86-1-18, revocation (was alternative licensing criteria for broker applicants); 86-3-6a, revocation (was offices); KAR 86-3-7, advertising; KAR 86-3-20, revocation (was reinstatement of deactivated license).

The Committee had no comments.
February 6, 2020

Jill A. Shelley  
Principal Research Analyst  
Kansas Legislative Research Department  
State Capitol, Room 68 W  
300 SW Tenth Avenue  
Topeka, KS 66612-1504

Dear Ms. Shelley:

I received a letter from you with the report from the November 20, 2019 Joint Committee on Administrative Rules and Regulations meeting. At that meeting the Kansas Board of Healing Arts presented the following proposed regulations for the Independent Practice of Midwifery: KAR 100-28b-1, KAR 100-28b-5, KAR 100-28b-9, KAR 100-28b-15, KAR 100-28b-16, KAR-28b-17 and KAR 100-28b-18. The Board of Nursing was asked to respond to each comment or request for information in the report pertaining to these proposed regulations. My response to each request follows:

Request: The Committee requests a representative of the Board of Nursing accompany a representative of the Board of Healing Arts when any changes proposed to rules and regulations regarding midwifery are presented to the Committee.

Agency Response: I apologize there was no representation from the Board of Nursing when these were presented. Our agency was not notified these were being presented. I will share with the Board of Healing Arts the need for the Board of Nursing to be present when these are presented and request they notify us of the date they are on the agenda. The Board of Nursing can check the Kansas Register weekly for a notice of public hearing and watch the agendas of the Joint Committee on Administrative Rules and Regulations.

Request: The Committee request the agencies review statutes regarding midwifery and request changes to statutes to clarify current language and place policy positions on certain matters into statute.

Agency Response: I will put this on the agenda for the next meeting (March 2020) of the APRN Committee, which is a subcommittee of the Kansas Board of Nursing, along with a copy of the statutes so discussion can start. I will contact the Interim Director at the Board of Healing Arts to let him know that is my plan and inquire how their Board is going to proceed with this request.

KAR 100-28b-9: The Committee understands the version of KAR 100-28b-9 presented does not reflect consensus from both the Board of Healing Arts and the Board of Nursing. The Committee suggests adopting the version presented in order to have a rule and regulation on scope of practice in place, followed by later promulgation of a version reflecting consensus between the boards. It requests information on a timeline for adopting a version that does reflect consensus between the boards.
Agency Response: I will share this with my Board at the March 2020 meeting and also contact the Interim Director at the Board of Healing Arts to develop a plan to develop a version that reflect consensus between the boards. We can follow-up with you and share the plan.

Concern: The Committee expresses its concern regarding the lack of timeliness of these proposed rules and regulations, which KSA 65-28b07 requires to have been adopted by January 1, 2017, and it urges continued cooperation between the Board of Healing Arts and the Board of Nursing.

Agency Response: I will share this concern with my Board at the March 2020 meeting. I believe they are committed to continuing to work with the Board of Healing Arts to get regulations that reflect consensus between the boards.

Thank you for your assistance and if you or the Joint Committee on Administrative Rules and Regulations have any questions or concerns, please contact me.

Sincerely,

Carol Moreland, MSN, RN
Executive Administrator
BOHA Adopted
CNM-I
Regulations

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KANSAS ADMINISTRATIVE REGULATIONS (K.A.R.)

Agency 100

Kansas State Board of Healing Arts

Article 28b.—Independent Practice of Midwifery

100-28b-1. Definitions. As used in this article of the board's regulations, each of the following terms shall have the meaning specified in this regulation:

(a) "Abortion" has the meaning specified in K.S.A. 65-6701, and amendments thereto.

(b) "Antepartum" means occurring in the period that commences when a pregnant woman presents herself to a licensee during pregnancy and ends at the onset of labor.

(c) "Approved national certification" means certification as a certified nurse-midwife by the American midwifery certification board.

(d) "Birthing center" means a facility that provides delivery services for normal, uncomplicated pregnancies. This term shall not include a medical care facility as defined by K.S.A. 65-425, and amendments thereto.

(e) "Family planning services" means the provision of contraceptive methods, preconception health services, and sexually transmitted infection screening and treatment to patients.

(f) "Formal consult" means the process whereby a licensee formally requests a physician's written recommendations for the care and treatment of a patient's identifiable risks.

(g) "Home birth" means an attended birth at a private residence or a location other than a birthing center or hospital.

(h) "Hospital" has the meaning specified in K.S.A. 65-425, and amendments thereto.

(i) "Identifiable risk" means medical history or clinical signs or symptoms that could require clinical services other than those associated with a normal, uncomplicated pregnancy and a normal, uncomplicated delivery.

(j) "Informal consult" means the process whereby a licensee who maintains management responsibility for the patient's care informally requests the advice or opinion of a physician.

(k) "Initial care of a normal newborn" means the clinical services provided to a normal newborn during the first 28 days of life. This term shall include lactation services.

(l) "Intrapartum" means occurring in the period commencing with the onset of labor and ending after the delivery of the placenta.

(m) "Licensee" means an individual licensed by the board to engage in the independent practice of midwifery as defined in K.S.A. 65-28b02, and amendments thereto.

(n) "Minor vaginal laceration" means a tear that extends beyond the fourchette, perineal skin,
and vaginal mucosa to perineal muscles and fascia, but not the anal sphincter.

(o) "Newborn" means an infant during the first 28 days of life after birth.

(p) "Normal newborn" means a newborn who has been clinically determined to have no complications or to be at low risk of developing complications.

(q) "Normal, uncomplicated delivery" means delivery of a singleton cephalic vaginal birth that has been clinically determined to be at low risk for complications.

(r) "Normal, uncomplicated pregnancy" means a pregnancy that is initially determined to be at a low risk for a poor pregnancy outcome and that remains at a low risk throughout the pregnancy.

(s) "Patient" means a woman to whom an independent certified nurse-midwife provides clinical services.

(t) "Physician" means an individual licensed to actively practice medicine and surgery or osteopathic medicine and surgery in Kansas.

(u) "Poor pregnancy outcome" means any outcome other than a live, healthy patient.

(v) "Postpartum" means occurring in the period commencing with the delivery of the placenta and ending six weeks after birth.

(w) "Referral" means the process whereby a licensee requests a physician to assume management responsibility for a patient's care.

(x) "Transfer" means the process whereby a licensee or physician accepts management responsibility for a patient's care.

(y) "Transport" means the process whereby a patient is moved from one location to another. (Authorized by K.S.A. 65-28b07(d); implementing K.S.A. 65-28b02 and 65-28b07(d); effective Jan. 10, 2020.)
KANSAS ADMINISTRATIVE REGULATIONS (K.A.R.)

Agency 100

Kansas State Board of Healing Arts

Article 28b.—Independent Practice of Midwifery

100-28b-5. License expiration and cancellation. (a) Each license to engage in the independent practice of midwifery issued within the seven-month period beginning June 1 and ending December 31 shall expire on September 30 of the following year and shall be cancelled on October 30 of that year, unless renewed.

(b) Each license to engage in the independent practice of midwifery issued within the five-month period beginning January 1 and ending May 31 shall expire on September 30 and shall be cancelled on October 30 of the same year, unless renewed. (Authorized by K.S.A. 65-28b04 and 65-28b07(d); implementing K.S.A. 65-28b04; effective Jan. 10, 2020.)
KANSAS ADMINISTRATIVE REGULATIONS (K.A.R.)

Agency 100

Kansas State Board of Healing Arts

Article 28b.—Independent Practice of Midwifery

100-28b-15. Transport and transfer protocol requirements. (a) Each licensee shall have a written protocol in place for each patient for the timely and safe transport to a hospital with an obstetrical unit and physician within a reasonable proximity of the planned location of labor and delivery. Each written protocol shall include the following:

(1) A plan for transporting the patient by emergency medical services;
(2) a plan for notification of the hospital and physician;
(3) a plan for communication of the patient's medical history and present condition; and
(4) at least one of the following:
   (A) A plan for transferring the patient to the hospital and a physician;
   (B) evidence of a transfer agreement with the hospital and physician; or
   (C) evidence that the licensee has admitting privileges at the specified hospital.

(b) Each licensee shall ensure that all staff members attending the patient's labor and delivery have immediate access to a working telephone or another communication device and to all necessary information for transporting and transferring a patient in case of an emergency. (Authorized by K.S.A. 65-28b07; implementing K.S.A. 65-28b02, 65-28b07; effective Jan. 10, 2020.)
KANSAS ADMINISTRATIVE REGULATIONS (K.A.R.)

Agency 100

Kansas State Board of Healing Arts

Article 28b.—Independent Practice of Midwifery

100-28b-16. Duty to consult, refer, transfer, and transport. (a) A licensee shall immediately informally consult, formally consult, refer, or transfer care of a patient to a physician, or transport the patient to a hospital if the patient's medical history or condition presents identifiable risks to the course of pregnancy, labor, delivery, or health of the patient.

(b) Any licensee may continue or resume providing clinical services to the patient if a physician has determined that the patient's medical history or condition has been resolved, or that the identifiable risks presented by the patient's medical history or condition are not likely to affect the course of pregnancy, labor, delivery, or health of the patient or newborn.

(c) A licensee shall immediately informally consult, formally consult, refer, or transfer care of a newborn to a physician, or transport the newborn to a hospital if at any time the newborn's condition presents identifiable risks to the health of the newborn.

(d) Any licensee may continue or resume providing clinical services to the newborn if a physician has determined that the newborn's condition has been resolved or that the identifiable risks presented by the newborn's condition are not likely to affect the health of the newborn. (Authorized by K.S.A. 65-28b07; implementing K.S.A. 65-28b02, 65-28b07; effective Jan. 10, 2020.)
100-28b-17. Identifiable risks requiring immediate referral and transport of patient. Identifiable risks requiring the immediate referral and transport of a patient shall include the following:

(a) Maternal fever of more than 100.4 degrees Fahrenheit during labor, in the absence of environmental factors;

(b) suggestion of fetal jeopardy, including clinically significant frank bleeding before delivery, abnormal bleeding with or without abdominal pain, evidence of placental abruption, or detection of abnormal fetal heart tones;

(c) current spontaneous preterm labor;

(d) current preterm premature rupture of membranes;

(e) current preeclampsia;

(f) current hypertensive disease of pregnancy;

(g) continuous uncontrolled bleeding;

(h) postpartum bleeding that does not subside with the administration of oxytocin or other antihemorrhagic agent;

(i) delivery injuries to the bladder or bowel;

(j) grand mal seizure;

(k) uncontrolled vomiting;

(l) coughing or vomiting blood;

(m) severe chest pain; and

KANSAS ADMINISTRATIVE REGULATIONS (K.A.R.)

Agency 100

Kansas State Board of Healing Arts

Article 28b.—Independent Practice of Midwifery

100-28b-18. Identifiable risks requiring immediate referral and transport of newborn. Identifiable risks requiring the immediate referral and transport of a newborn shall include the following:

(a) Respiratory rate greater than 80 or grunting, flaring, or retracting following delivery with meconium-stained fluid;

(b) central cyanosis or pallor for more than 10 minutes;

(c) Apgar score of six or less at five minutes of age;

(d) abnormal bleeding;

(e) more than eight hours of continuous postpartum evaluation;

(f) vesicular skin lesions;

(g) seizure-like activity;

(h) poor feeding effort due to lethargy or lack of interest for more than two hours immediately following birth;

(i) temperature less than 96.8 degrees Fahrenheit or greater than 100.4 degrees Fahrenheit documented more than 15 minutes apart;

(j) heart murmur lasting more than 24 hours immediately following birth;

(k) cardiac arrhythmia;

(l) congenital anomalies;

(m) failed critical congenital heart disease screening;

(n) birth injury;

(o) clinical evidence of prematurity, including low birth weight of less than 2,500 grams, smooth soles of feet, or immature genitalia;

(p) jaundice in the first 24 hours after birth or significant jaundice at any time;

(q) no stool for more than 24 hours immediately following birth;

(r) no urine output for more than 24 hours; and

(s) development of persistent poor feeding effort at any time. (Authorized by K.S.A. 65-28b07;
implementing K.S.A. 65-28b02, 65-28b07; effective Jan. 10, 2020.)
Kansas Statutes CNM-I

(effective 7/1/17)

65-28b01 Independent practice of midwifery act; citation
65-28b02 Same; definitions
65-28b03 Same; standards and requirements for licensure
65-28b04 Same; expiration of license
65-28b05 Same; fees
65-28b06 Same; unlawful acts
65-28b07 Same; rules and regulations; standards of care
65-28b08 Same; revocation, suspension, limitation, censure or denial of license; grounds
65-28b09 Same; advisory council
65-28b10 Same; abortion not authorized
65-28b01. Independent practice of midwifery act; citation. The provisions of K.S.A. 65-28b01 through 65-28b10, and amendments thereto, shall be known and may be cited as the independent practice of midwifery act.

History: L. 2016, ch. 92, § 88; July 1.
**65-28b02. Same; definitions.** As used in the independent practice of midwifery act:

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

(b) "Certified nurse-midwife" means an individual who:
1. is educated in the two disciplines of nursing and midwifery;
2. is currently certified by a certifying board approved by the state board of nursing; and
3. is currently licensed under the Kansas nurse practice act.

(c) "Independent practice of midwifery" means the provision of clinical services by a certified nurse-midwife without the requirement of a collaborative practice agreement with a person licensed to practice medicine and surgery when such clinical services are limited to those associated with a normal, uncomplicated pregnancy and delivery, including:
1. The prescription of drugs and diagnostic tests;
2. the performance of episiotomy or repair of a minor vaginal laceration;
3. the initial care of the normal newborn; and
4. family planning services, including treatment or referral of male partners for sexually-transmitted infections.

(d) The provisions of this section shall become effective on January 1, 2017.

*History:* L. 2016, ch. 92, § 89; July 1.
65-28b03. Same; standards and requirements for licensure. (a) In order to obtain authorization to
engage in the independent practice of midwifery, a certified nurse-midwife must meet the following
requirements:

(1) Be licensed to practice professional nursing under the Kansas nurse practice act;
(2) have successfully completed a course of study in nurse-midwifery in a school of nurse-midwifery
approved by the board;
(3) have successfully completed a national certification approved by the board;
(4) have successfully completed a refresher course as defined by rules and regulations of the board, if the
individual has not been in active midwifery practice for five years immediately preceding the application;
(5) be authorized to perform the duties of a certified nurse-midwife by the state board of nursing;
(6) be licensed as an advanced practice registered nurse by the state board of nursing; and
(7) have paid all fees for licensure prescribed in K.S.A. 65-28b05, and amendments thereto.

(b) Upon application to the board by any certified nurse-midwife and upon satisfaction of the standards
and requirements established under this act, the board shall grant an authorization to the applicant to engage
in the independent practice of midwifery.

(c) A person whose licensure has been revoked may make written application to the board requesting
reinstatement of the license in a manner prescribed by the board, which application shall be accompanied by
the fee prescribed in K.S.A. 65-28b05, and amendments thereto.

(d) The provisions of this section shall become effective on January 1, 2017.

History: L. 2016, ch. 92, § 90; July 1.
65-28b04. Same; expiration of license. (a) Licenses issued under this act shall expire on the date of expiration established by rules and regulations of the board, unless renewed in the manner prescribed by the board. The request for renewal shall be accompanied by the fee prescribed in K.S.A. 65-28b05, and amendments thereto.

(b) At least 30 days before the expiration of a licensee's license, the board shall notify the licensee of the expiration, by mail, addressed to the licensee's last known mailing address. If the licensee fails to submit an application for renewal on a form provided by the board, or fails to pay the renewal fee by the date of expiration, the board shall give a second notice to the licensee that the license has expired and the license may be renewed only if the application for renewal, the renewal fee, and the late renewal fee are received by the board within the 30-day period following the date of expiration and that, if both fees are not received within the 30-day period, the license shall be deemed canceled by operation of law and without further proceedings.

(c) The board may require any licensee, as a condition of renewal, to submit with the application of renewal evidence of satisfactory completion of a program of continuing education as required by rules and regulations of the board.

(d) The provisions of this section shall become effective on January 1, 2017.

History: L. 2016, ch. 92, § 91; July 1.
65-28b05. Same; fees. (a) The board shall charge and collect, in advance, fees for certified nurse-midwives, as established by the board, not to exceed:

<table>
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<tr>
<th>Service</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Application for license</td>
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<tr>
<td>License renewal</td>
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<td>Late license renewal</td>
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<td>License reinstatement fee</td>
<td>$100</td>
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<tr>
<td>Revoked license fee</td>
<td>$100</td>
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<tr>
<td>Certified copy of license</td>
<td>$50</td>
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<tr>
<td>Verified copy of license</td>
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(b) The board shall remit all moneys received by or for the board 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 amount shall be credited to the state general fund, and the balance shall be credited to the healing arts fee fund. All expenditures from the healing arts fee 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 persons designated by the president.

(c) The provisions of this section shall become effective on January 1, 2017.

History: L. 2016, ch. 92, § 92; July 1.
65-28b06. Same; unlawful acts. (a) It shall be unlawful for a person to engage in the independent practice of midwifery without a collaborative practice agreement with a person licensed to practice medicine and surgery, unless such certified nurse midwife holds a license from the state board of nursing and the board.

(b) The provisions of this section shall become effective on January 1, 2017.

History: L. 2016, ch. 92, § 93; July 1.
65-28b07. Same; rules and regulations; standards of care. (a) The board, in consultation with the state board of nursing, shall adopt rules and regulations pertaining to certified nurse-midwives engaging in the independent practice of midwifery and governing the ordering of tests, diagnostic services and prescribing of drugs and referral or transfer to physicians in the event of complications or emergencies. Such rules and regulations shall not be adopted until the state board of nursing and the board have consulted and concurred on the content of each rule and regulation. Such rules and regulations shall be adopted no later than January 1, 2017.

(b) A certified nurse midwife engaging in the independent practice of midwifery shall be subject to the provisions of the independent practice of midwifery act with respect to the ordering of tests, diagnostic services and prescribing of drugs, and shall not be subject to the provisions of K.S.A. 65-1130, and amendments thereto.

(c) The standards of care for certified nurse-midwives in the ordering of tests, diagnostic services and the prescribing of drugs shall be those standards which protect patients and shall be standards comparable to persons licensed to practice medicine and surgery providing the same services.

(d) The board is hereby authorized to solely adopt those rules and regulations necessary to administer the administrative provisions of this act.

History: L. 2016, ch. 92, § 94; July 1.
65-28b08. Same; revocation, suspension, limitation, censure or denial of license; grounds. (a) The board may deny, revoke, limit or suspend any license or authorization issued to a certified nurse-midwife to engage in the independent practice of midwifery that is issued by the board or applied for under this act, or may publicly censure a licensee or holder of a temporary permit or authorization, if the applicant or licensee is found after a hearing:

(1) To be guilty of fraud or deceit while engaging in the independent practice of midwifery or in procuring or attempting to procure a license to engage in the independent practice of midwifery;

(2) to have been found guilty of a felony or to have been found guilty of a misdemeanor involving an illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120, and amendments thereto, no license or authorization to practice and engage in the independent practice of midwifery shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to its repeal, or article 54 of chapter 21 of the Kansas Statutes Annotated, and amendments thereto, or K.S.A. 2019 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto;

(3) to have committed an act of professional incompetence as defined in subsection (e);

(4) to be unable to practice the healing arts with reasonable skill and safety by reason of impairment due to physical or mental illness or condition or use of alcohol, drugs or controlled substances. All information, reports, findings and other records relating to impairment shall be confidential and not subject to discovery or release to any person or entity outside of a board proceeding. The provisions of this paragraph providing confidentiality of records shall expire on July 1, 2022, unless the legislature reviews and reenacts such provisions pursuant to K.S.A. 45-229, and amendments thereto, prior to July 1, 2022;

(5) to be a person who has been adjudged in need of a guardian or conservator, or both, under the act for obtaining a guardian or conservator, or both, and who has not been restored to capacity under that act;

(6) to be guilty of unprofessional conduct as defined by rules and regulations of the board;

(7) to have willfully or repeatedly violated the provisions of the Kansas nurse practice act or any rules and regulations adopted pursuant to that act;

(8) to have a license to practice nursing as a registered nurse or as a practical nurse denied, revoked, limited or suspended, or to have been publicly or privately censured, by a licensing authority of another state, agency of the United States government, territory of the United States or country, or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the United States government, territory of the United States or country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing authority of another state, agency of the United States government, territory of the United States or country shall constitute prima facie evidence of such a fact for purposes of this paragraph; or

(9) to have assisted suicide in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 2019 Supp. 21-5407, and amendments thereto, as established by any of the following:

(A) A copy of the record of criminal conviction or plea of guilty to a felony in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 2019 Supp. 21-5407, and amendments thereto;

(B) a copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 60-4404, and amendments thereto; or

(C) a copy of the record of a judgment assessing damages under K.S.A. 60-4405, and amendments thereto.

(b) 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. 2019 Supp. 21-5903, and amendments thereto.

(c) As used in this section, "professional incompetency" means:

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

(3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to engage in the independent practice of midwifery.

(d) 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.

(e) The provisions of this section shall become effective on January 1, 2017.

History: L. 2016, ch. 92, § 95; July 1.
65-28b09. Same; advisory council. (a) There is hereby established a nurse-midwives council to advise the board in carrying out the provisions of this act. The council shall consist of seven members, all residents of the state of Kansas appointed as follows: Two members shall be licensees of the board, appointed by the board, who are licensed to practice medicine and surgery and whose specialty or customary practice includes obstetrics; one member shall be the president of the board or a board member designated by the president; and four members shall be licensed certified nurse-midwives appointed by the board of nursing.

(b) If a vacancy occurs on the council, the appointing authority of the position which has become vacant shall appoint a person of like qualifications to fill the vacant position for the unexpired term, if any.

History: L. 2016, ch. 92, § 96; July 1.
65-28b10. Same; abortion not authorized. (a) Nothing in the independent practice of midwifery act should be construed to authorize a certified nurse-midwife engaging in the independent practice of midwifery under such act to perform, induce or prescribe drugs for an abortion.

(b) The provisions of this section shall become effective on January 1, 2017.

History: L. 2016, ch. 92, § 97; July 1.
January 29, 2020

A public hearing will be conducted at 1:00 P.M. Thursday, May 7, 2020 in Room 1051 of the Landon State Office Building, 900 S.W. Jackson, Topeka, KS to consider the adoption of proposed changes in three existing regulations relating to licensure and authorization of Advanced Practice Registered Nurses (APRNs).

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed regulations. All interested parties may submit written comments prior to the hearing to the Executive Administrator of the Kansas State Board of Nursing, 900 S.W. Jackson, St., Room 1051, Topeka KS 66612 or by email to carol.moreland@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally regarding the adoption of the proposed regulations during the public hearing. Phone comments will be taken by calling 1-877-278-8686 (access code 865816) at the time of the hearing. In order to provide all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentation to five minutes.

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

A summary of the proposed regulations and the economic impact follows. A copy of the proposed regulations and associated economic impact statement may be obtained by accessing the Kansas State Board of Nursing website at https://ksbn.kansas.gov or by contacting the Executive Administrator of the Kansas State Board of Nursing, Landon State Office Building, 900 S.W. Jackson St., Room 1051, Topeka, KS 66612, (785) 296-5752, or carol.moreland@ks.gov prior to the date of the hearing.

K.A.R. 60-11-116. Reinstatement of inactive or lapsed license. The proposed revision adds the language of inactive license to this regulation that covers reinstatement of a license. Prior to this revision the APRNs did not have the option of an inactive license, only to let their license lapse if not renewed. There is no economic impact difference to an APRN that reinstates an inactive or lapsed license. The cost of reinstatement is the same for a lapsed and an inactive license. There is no economic impact difference to the Board of Nursing for a reinstatement of an inactive vs. a lapsed license. The reinstatement application for an inactive license and a lapsed license is the same application. There is no economic impact on businesses or the general public.

K.A.R. 60-11-119. Payment of fees. The proposed revision adds language for fees for an inactive license and renewal of an inactive license. The economic impact of an inactive license for APRNs is a cost of $20 vs. a lapsed license has no cost. An inactive license must be renewed every two years for a cost of
$20 and a lapsed license is not renewed. The economic impact to the Board of Nursing is the revenue of the inactive license and renewal of the inactive license. There is no economic impact on business or the general public.

K.A.R. 60-13-110. Reinstatement of inactive or lapsed authorization. The proposed regulation adds language of inactive status for a nurse anesthetist authorized to practice in Kansas who wishes to reinstate their authorization to practice. Prior to this revision the nurse anesthetists did not have the option of an inactive authorization, only to let their authorization lapse if not renewed. There is no economic impact difference to a nurse anesthetist that reinstates an inactive or lapsed authorization. The cost of reinstatement is the same for a lapsed and an inactive authorization. There is no economic impact difference to the Board of Nursing for a reinstatement of an inactive vs. a lapsed authorization. The reinstatement application for both is the same application. There is no economic impact on businesses or the general public.
60-11-116. Reinstatement of inactive or lapsed license. (a) Any each nurse anesthetist whose Kansas APRN license is inactive or has lapsed and who desires wants to obtain a reinstatement of APRN licensure shall meet the same requirements as those in K.A.R. 60-13-110.

(b) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas APRN license is inactive or has lapsed may, within five years of its expiration date, reinstate the license by submitting proof that the applicant individual has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education related to the advanced practice registered nurse role within the preceding two-year period; or

(2) been licensed in another jurisdiction and, while licensed in that jurisdiction, has accumulated 1,000 hours of advanced practice registered nurse practice within the preceding five-year period.

(c) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas APRN license is inactive or has lapsed for more than five years beyond its expiration date may reinstate the license by submitting evidence of having attained either of the following:

(1) A total of 1,000 hours of advanced practice registered nurse practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to the advanced practice registered nurse role; or

60-11-119. Payment of fees. Payment of fees for advanced practice registered nurses shall be as follows:

(a) Initial application for license................................................................. $50.00
(b) Biennial renewal of license................................................................. 55.00
(c) Application for reinstatement of license without temporary permit.................. 75.00
(d) Application for license with temporary permit........................................ 100.00
(e) Application for exempt license............................................................ 50.00
(f) Renewal of exempt license................................................................. 50.00
(g) Inactive license..................................................................................... 20.00
(h) Renewal of inactive license.................................................................... 20.00

60-13-110. Reinstatement of inactive or lapsed authorization. (a) Any applicant nurse anesthetist whose Kansas authorization is inactive or has lapsed may, within five years of its expiration date, reinstate the authorization by submitting proof that the applicant individual has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or

(2) been authorized in another jurisdiction and, while authorized in that jurisdiction, has accumulated 1,000 hours of nurse anesthesia practice within the preceding five-year period.

(b) Any applicant nurse anesthetist whose Kansas authorization is inactive or has been lapsed for more than five years beyond its expiration date may reinstate the authorization by submitting evidence of having attained either of the following:

(1) A total of 1,000 hours of nurse anesthesia practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or

(2) satisfactory completion of a refresher course approved by the board. (Authorized by K.S.A. 65-1164; implementing K.S.A. 2009 Supp. 65-1155; effective Sept. 2, 1991; amended May 9, 1994; amended March 22, 2002; amended P____________________.)
60-13-110. Reinstatement of **inactive or lapsed** authorization. (a) Any applicant nurse anesthetist whose Kansas authorization **is inactive or has lapsed** may, within five years of its expiration date, reinstate the authorization by submitting proof that the applicant individual has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or

(2) been authorized in another jurisdiction and, while authorized in that jurisdiction, has accumulated 1,000 hours of nurse anesthesia practice within the preceding five-year period.

(b) Any applicant nurse anesthetist whose Kansas authorization **is inactive or has been lapsed** for more than five years beyond its expiration date may reinstate the authorization by submitting evidence of having attained either of the following:

(1) A total of 1,000 hours of nurse anesthesia practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to nurse anesthesia within the preceding two-year period; or

<table>
<thead>
<tr>
<th>Program</th>
<th>Role/Specialty</th>
<th>Advanced Pathophysiology Credit Hrs</th>
<th>Advanced Health Assessment Credit Hours</th>
<th>Advanced Pharmacology Credit Hours</th>
<th>Total Clinical Hrs</th>
<th>Accreditation</th>
<th>Meets Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alverno College</td>
<td>Family NP</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>840</td>
<td>CCNE</td>
<td>Yes</td>
</tr>
<tr>
<td>Old Dominion University</td>
<td>Neonatal NP</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>600</td>
<td>CCNE</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### 2012 Model Act
**Article XI. APRN Title and Scope of Practice**

#### Section 1. Title and Scope of Practice

| a. Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one of the following roles: certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM) or clinical nurse specialist (CNS), and who functions in a population focus as set forth in rule. An APRN may serve as primary or acute care provider of record. |
| b. Population focus shall include: |
| 1. Family/individual across the lifespan |
| 2. Adult-gerontology |
| 3. Neonatal |
| 4. Pediatrics |
| 5. Women's health/gender-related or |
| 6. Psychiatric/mental health |
| c. In addition to the RN scope of practice and within the APRN role and population focus, APRN practice shall include: |
| 1. Conducting an advanced assessment |
| 2. Ordering and interpreting diagnostic procedures |
| 3. Establishing primary and differential diagnoses |
| 4. Prescribing, ordering, administering, dispensing and furnishing therapeutic measures as set forth in Section 5 of this Article. |
| 5. Delegating and assigning therapeutic measures to assistive personnel |

### 2012 Model Rules
**Chapter 11 – APRN – Scope of Practice**

#### 11.1 Standards

<p>| a. The APRN shall comply with the standards for RNs as specified in Chapter 3 and to the standards of the national professional nursing associations recognized by the BON. Standards for a specific role and population focus of APRN supersede standards for RNs where conflict between the standards, if any, exists. |
| b. APRNs shall practice within standards established by the BON in rule and assure patient care is provided according to relevant patient care standards recognized by the BON, including standards of national professional nursing associations. |</p>
<table>
<thead>
<tr>
<th>2012 Model Act</th>
<th>2012 Model Rules</th>
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<tbody>
<tr>
<td>Article XI. APRN Title and Scope of Practice</td>
<td>Chapter 11 – APRN – Scope of Practice</td>
</tr>
<tr>
<td>6. Consulting with other disciplines and providing referrals to health care agencies, health care providers and community resources</td>
<td></td>
</tr>
<tr>
<td>7. Wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient and</td>
<td></td>
</tr>
<tr>
<td>8. Other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies and experience</td>
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</tr>
<tr>
<td>d. APRNs are licensed independent practitioners within standards established or recognized by the BON. Each APRN is accountable to patients, the nursing profession and the BON for:</td>
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<tr>
<td>1. Complying with the requirements of this Act and the quality of advanced nursing care rendered</td>
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<tr>
<td>2. Recognizing limits of knowledge and experience</td>
<td></td>
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<tr>
<td>3. Planning for the management of situations beyond the APRN's expertise and</td>
<td></td>
</tr>
<tr>
<td>4. Consulting with or referring patients to other health care providers as appropriate</td>
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**Section 2. Licensure**

**11.2 Licensure**

**11.2.1 Application for Initial Licensure**

a. An applicant for licensure as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of licensure or eligibility for licensure as an RN in this jurisdiction and a completed application that provides the following information:

1. Graduation from an APRN graduate or post-graduate program as evidenced by official documentation received
<table>
<thead>
<tr>
<th>2012 Model Act</th>
<th>2012 Model Rules</th>
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</thead>
<tbody>
<tr>
<td>Article XI. APRN Title and Scope of Practice</td>
<td>Chapter 11 – APRN – Scope of Practice</td>
</tr>
<tr>
<td>one population focus</td>
<td>directly from an APRN program accredited by a nursing accreditating body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization, as acceptable by the BON and</td>
</tr>
<tr>
<td>4. Be currently certified by a national certifying body recognized by the BON in the APRN role and population foci appropriate to educational preparation</td>
<td>2. This documentation shall verify the date of graduation; credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.</td>
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<tr>
<td>5. Report any criminal conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction</td>
<td>b. In order to be licensed in this state, all APRN applicants must be currently licensed as an RN or hold a privilege to practice as an RN in this state.</td>
</tr>
<tr>
<td>6. Have committed no acts or omissions that are grounds for disciplinary action as set forth in Article VII of this Act, and</td>
<td>c. In order to be licensed in this state, all APRN applicants must take and pass the appropriate APRN national certification examination in the APRN role and population focus congruent with educational preparation.</td>
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<tr>
<td>7. Provide other evidence as required by rule</td>
<td>d. The BON shall determine whether a certification program can be used as a requirement for licensure of APRNs based upon the following standards:</td>
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<tr>
<td>b. The BON may issue a license by endorsement to an APRN licensed under the laws of another state if, in the opinion of the BON, the applicant meets the qualifications for licensure in this jurisdiction. An applicant for APRN licensure by endorsement shall:</td>
<td>1. The program is national in the scope of its credentialing.</td>
</tr>
<tr>
<td>1. Submit a completed written application and appropriate fees as established by the BON</td>
<td>2. Conditions for taking the certification examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.</td>
</tr>
<tr>
<td>2. Hold a current license or privilege to practice as an RN and APRN in a state or territory</td>
<td>3. Educational requirements are consistent with the requirements of the advanced practice role and population focus.</td>
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<td>3. Not have an encumbered license or privilege to practice in any state or territory</td>
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<tr>
<td>4. Have completed an accredited graduate or post-graduate level APRN program in one of the four roles and at least one population focus or meets the standards for grandfathering as described in Section 7 of this Article</td>
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<tr>
<td>5. Be currently certified by a national certifying body recognized by the BON in the APRN role and at least one population focus appropriate to educational preparation</td>
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<tr>
<td>6. Meet continued competency requirements as set forth in BON rules</td>
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<tr>
<td>7. Report any conviction, nolo contendere plea, Alford plea or other plea arrangement in lieu of conviction</td>
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<tr>
<td>8. Have committed no acts or omissions, which are grounds</td>
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<tr>
<td>2012 Model Act</td>
<td>2012 Model Rules</td>
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</tr>
<tr>
<td>Article XI. APRN Title and Scope of Practice</td>
<td>Chapter 11 – APRN – Scope of Practice</td>
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</table>

for disciplinary action in another jurisdiction and

9. Provide other evidence as required by the BON in its rules

c. APRN licenses issued under this Act shall be renewed at least every < > years according to a schedule established by the BON. An applicant for APRN license renewal shall:

1. Submit a renewal application as directed by the BON and remit the required fee as set forth in rule

2. Maintain national certification in the appropriate APRN role and at least one population focus, authorized by licensure, through an ongoing certification maintenance program of a nationally recognized certifying body recognized by the BON and

3. Meet other requirements set forth in rule

d. The BON may reactivate or reinstate an APRN license as set forth in BON rules.

e. The duties of licensees are the same as previously stated in Article V Section 8 for RNs and LPN/VNs.

4. The standard methodologies used are acceptable to the testing community such as incumbent job analysis studies and logical job analysis studies.

5. Certification programs are accredited by a national accreditation body as acceptable by the BON.

6. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population.

7. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to patients.

8. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically.

9. Examinations are evaluated for psychometric performance.

10. The passing standard is established using acceptable psychometric methods and is reevaluated periodically.

11. Examination security is maintained through established procedures.

12. Certification is issued based upon passing the examination and meeting all other certification requirements.

13. A retake policy is in place.

14. A certification maintenance program, which includes review of qualifications and continued competence, is in place.

15. Mechanisms are in place for communication to BONs for timely verification of an individual’s certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice.
| 16. An evaluation process is in place to provide quality assurance in its certification program. |
| Requirements of 5.3.d.-i. shall apply to APRNs. |

### 11.2.2 Application of an Internationally Educated APRN
An internationally educated applicant for licensure as an APRN in this state shall:

- a. Graduate from a graduate or post-graduate level APRN program equivalent to an APRN educational program in the U.S. accepted by the BON
- b. Submit documentation through an official transcript directly from the international nursing education program and verified through a BON approved qualified credentials evaluation process for the license being sought and
- c. Meet all other licensure criteria required of applicants educated in the U.S.

### 11.2.3 Application for Licensure by Endorsement
a. An applicant for licensure by endorsement as an APRN in this state shall submit to the BON the required fee as specified in Chapter 4, verification of eligibility for an license or privilege to practice as an RN in this jurisdiction and a completed APRN application that provides the following information:

1. Graduation from a graduate or post-graduate level APRN program, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or CHEA, or its successor organization, as acceptable by the BON
2. This documentation shall verify the date of graduation:
credential conferred; number of clinical hours completed; completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents; role and population focus of the education program; and evidence of meeting the standards of nursing education in this state.

3. Current certification by a national certifying body in the APRN role and population focus appropriate to educational preparation.
   a) Primary source of verification of certification is required.
   b) If the applicant has not been in clinical practice for more than the past two years, the applicant shall provide evidence of satisfactory completion of 24 contact hours, 12 in pharmacotherapeutics and 12 in the clinical management of patients, within the two years prior to applying for approval to practice.
   c) If the applicant has not been in clinical practice for more than the past five years, the applicant shall provide evidence of satisfactory completion of 45 contact hours of pharmacotherapeutics within the two years prior to application. The applicant must also successfully complete a refresher course approved by the BON or an extensive orientation in the appropriate advanced practice role and population focus, which includes a supervised clinical component by a qualified preceptor.
2012 Model Act
Article XI. APRN Title and Scope of Practice

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d) Preceptor must meet the following requirements:
   i. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and
   ii. Functions as a supervisor and teacher and evaluates the individual’s performance in the clinical setting

b. Requirements of 5.3.d.-i. shall apply to APRNs.

11.2.4 Application for License Renewal
An applicant for license renewal as an APRN shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed license renewal application including:
   a. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant’s background and
   b. Evidence of current certification(s), or recertification as applicable, by a national professional certification organization that meets the requirements of 11.2.1

11.2.5 Quality Assurance/Documentation and Audit
The BON may conduct a random audit of nurses to verify current APRN certification and/or continuing education. Upon request of the BON, licensees shall submit documentation of compliance.

11.2.6 Reinstatement of License
The reinstatement of APRN licensure is the same as previously stated for RNs and LPN/VNs in Chapter 5 plus the following:
   a. An individual who applies for licensure reinstatement and who has been out of practice for more than five years shall provide evidence of successfully completing < > hours of a reorientation in the appropriate advanced practice role and
<table>
<thead>
<tr>
<th>2012 Model Act</th>
<th>2012 Model Rules</th>
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<tbody>
<tr>
<td>Article XI. APRN Title and Scope of Practice</td>
<td>Chapter 11 – APRN – Scope of Practice</td>
</tr>
<tr>
<td></td>
<td>population focus, which includes a supervised clinical component by a qualified preceptor.</td>
</tr>
<tr>
<td></td>
<td>b. Preceptor must the following requirements:</td>
</tr>
<tr>
<td></td>
<td>1. Holds an active license or privilege to practice as an APRN or physician that is not encumbered and practices in a comparable practice focus and</td>
</tr>
<tr>
<td></td>
<td>2. Functions as a supervisor and teacher and evaluates the individual's performance in the clinical setting</td>
</tr>
<tr>
<td></td>
<td>c. For those licensees applying for licensure reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specified requirements set forth in the BON's discipline order, is required.</td>
</tr>
</tbody>
</table>
### Section 3: Titles and Abbreviations

a. Only those persons who hold a license or privilege to practice advanced practice registered nursing in this state shall have the right to use the title “advanced practice registered nurse” and the roles of “certified registered nurse anesthetist,” “certified nurse-midwife,” “clinical nurse specialist” and “certified nurse practitioner,” and the abbreviations “APRN,” “CRNA,” “CNM,” “CNS” and “CNP,” respectively.

b. The abbreviation for the APRN designation of a certified registered nurse anesthetist, a certified nurse-midwife, a clinical nurse specialist and for a certified nurse practitioner will be APRN, plus the role title, i.e., CRNA, CNM, CNS and CNP.

c. It shall be unlawful for any person to use the title “APRN” or “APRN” plus their respective role titles, the role title alone, authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by this Act.

### Section 4: Education Programs

a. The BON shall, by administrative rules, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and BON rules.

b. The BON shall, by administrative rules, identify the process for determining APRN education program compliance with standards.

c. The BON shall set requirements for the establishment of a new APRN education program. New programs will be preapproved by an APRN accrediting body.

### 11.3. Titles and Abbreviations

a. Individuals are licensed or granted privilege to practice as APRNs in the roles of certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS) and certified nurse practitioner (CNP) and in the population focus of family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women’s health/gender-related or psychiatric/mental health.

b. Each APRN shall use the designation “APRN” plus role title as a minimum for purposes of identification and documentation. The APRN with an earned doctorate may use the term doctor or abbreviation “Dr.”

c. When providing nursing care, the APRN shall provide clear identification that indicates his or her APRN designation.

### 11.4 APRN Education

#### 11.4.1. Required Criteria for APRN Education Programs

The BON shall determine whether an APRN education program meets the qualifications for the establishment of a program based upon the following standards:

a. An APRN program shall appoint the following personnel:

1. An APRN program administrator whose qualifications shall include:
   a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited
   b) A doctoral degree in a health-related field
   c) At least two years of clinical experience as an APRN and
   d) Current national APRN certification

2. A lead faculty member who is educated and nationally certified in the same role and population foci and licensed as an APRN shall coordinate the educational component,
including curriculum development, for the role and population foci in the APRN program.

3. Nursing faculty to teach any APRN nursing course that includes a clinical learning experience shall meet the following qualifications:
   a) A current, active APRN license or privilege to practice that is not encumbered in the state where the program is approved and/or accredited
   b) A minimum of a master's degree in nursing or health related field in the clinical specialty
   c) Two years of APRN clinical experience and
   d) Current knowledge, competence and certification as an APRN in the role and population foci consistent with teaching responsibilities

4. Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty qualifications for the program level they are teaching.

5. Interdisciplinary faculty who teach non-clinical nursing courses shall have advanced preparation appropriate to these areas of content.

6. Clinical preceptors shall have demonstrated competencies related to the area of assigned clinical teaching responsibilities and will serve as a role model and educator to the student. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace them.

7. Clinical preceptors will be approved by faculty and meet the following requirements:
   a) Hold an active license or privilege to practice that is not encumbered as an APRN or physician and practices in a comparable practice focus and
   b) Function as a supervisor and teacher and evaluate the individual's performance in the clinical setting

b. The curriculum of the APRN nursing education program must prepare the graduate to practice in one of the four identified
APRN roles, i.e., CRNA, CNM, CNS and CNP, and at least one of the six population foci, i.e., family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women’s health/gender-related or psychiatric/mental health. The curriculum shall include:

1. Three separate graduate level courses (the APRN core) in:
   a) Advanced physiology and pathophysiology, including general principles that apply across the lifespan
   b) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches and
   c) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents

2. Diagnosis and management of diseases across practice settings including diseases representative of all systems

3. Preparation that provides a basic understanding of the principles for decision making in the identified role

4. Preparation in the core competencies for the identified APRN role and

5. Role preparation in one of the six population foci of practice

Additional required components of graduate or post-graduate education programs preparing APRNs shall include the following:

1. Each student enrolled in an APRN program shall have an RN license or privilege to practice that is not encumbered in the state of clinical practice, unless exempted from this licensure requirement under Article 5 section 10.

2. Education programs offered by an accredited college or university that offers a graduate degree with a concentration in the advanced nursing practice role and at least one population focus or post-masters certificate
programs offered by an accredited college or university shall include the following components:

a) Clinical supervision congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus and

b) Curriculum that is congruent with national standards for graduate level and advanced practice nursing education, is consistent with nationally recognized APRN roles and population foci, and includes, but is not limited to:
   i. Graduate APRN program core courses and
   ii. An advanced practice nursing core, including legal, ethical and professional responsibilities of the APRN

3. The curriculum shall be consistent with competencies of the specific areas of practice

4. APRN programs preparing for two population foci or combined nurse practitioner/clinical nurse specialist shall include content and clinical experience in both functional roles and population foci

5. Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients and

There shall be provisions for the recognition of prior learning and advanced placements in the curriculum for individuals who hold a master’s in nursing and are seeking preparation in a different role and population focus. Post-masters nursing students shall complete the requirements of the master’s APRN program through a formal graduate level certificate in the desired role and population focus. Post-master students must meet the same APRN outcome competencies as the master level students.
11.4.2 Models for Determining Compliance with Standards
The models for determining compliance with APRN education standards are the same as previously stated for RN and LPN/VN programs in Chapter 6.

11.4.3 Establishment of a New APRN Education Program
Before establishing a new nursing education program, the APRN program shall complete the process outlined below:
   a. Application to the professional accrediting body and
   b. The proposed program shall provide the following information to the BON:
      1. Results of a needs assessment, including identification of potential students and employment opportunities for program graduates
      2. Identification of sufficient financial and other resources
      3. Governing institution approval and support
      4. Community support
      5. Type of educational program proposed
      6. Clinical opportunities and availability of resources
      7. Availability of qualified faculty
      8. A pool of available students and
      9. A proposed time line for initiating and expanding the program

Section 5. Prescribing, Ordering, Dispensing and Furnishing Authority
a. The BON shall grant prescribing, ordering, dispensing and furnishing authority through the APRN license.
b. Prescribing, ordering, dispensing and furnishing shall include the authority to:
   1. Diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources
   2. Prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter,

11.5 Prescriptive Authority
11.5.1 Requirements for Prescribing, Ordering, Dispensing and Furnishing Authority
a. An APRN licensed by the BON may prescribe, order, procure, administer, dispense and furnish over the counter, legend and controlled substances pursuant to applicable state and federal laws and within the APRN's role and population focus.
b. Written, verbal or electronic prescriptions and orders shall comply with all applicable state and federal laws.
<table>
<thead>
<tr>
<th>Section 6. Discipline</th>
<th>APRN discipline and proceedings shall be the same as stated in Article VII for RNs and LPN/VNs.</th>
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</table>

| 11.6 Discipline       | APRN discipline and proceedings is the same as previously stated for RN and LPN/VN in Chapter 7. |
|                       | The BON may limit, restrict, deny, suspend or revoke APRN licensure, or prescriptive or dispensing authority. |
|                       | Additional grounds for discipline related to prescriptive or dispensing authority include, but are not limited to: |
|                       | 1. Prescribing, dispensing, administering, or distributing drugs in an unsafe manner or without adequate instructions to patients according to acceptable and prevailing standards. |
|                       | 2. Selling, purchasing, trading, or offering to sell, purchase or trade drug samples. |
### Section 7. Implementation
Any person holding a license to practice nursing as an APRN in this state that is valid on Dec. 30, 2015, shall be deemed to be licensed as an APRN under the provisions of this Act with their current privileges and shall be eligible for renewal of such license under the conditions and standards prescribed in this Act.

### 11.7 Implementation

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<tr>
<td>3.</td>
<td>Prescribing, dispensing, administering or distributing drugs for other than therapeutic or prophylactic purposes or</td>
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<td>4.</td>
<td>Prescribing or distributing drugs to individuals who are not patients of the APRN or who are not within that nurse’s role and population focus.</td>
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<tr>
<td>a.</td>
<td>After &lt;date&gt;, all new graduates applying for APRN licensure must meet the stipulated licensure requirements.</td>
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<td>b.</td>
<td>An APRN applying for licensure by endorsement in another state may be eligible for licensure if the applicant demonstrates that the following criteria have been met:</td>
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<td>1. Current, active practice in the advanced role and population focus area.</td>
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<td>2. Current active national certification or recertification, as applicable, in the advanced role and population focus area.</td>
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<td>3. Compliance with the APRN educational requirements of the state in which the APRN is applying for licensure that were in effect at the time the APRN completed his or her APRN education program and</td>
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<td></td>
<td>4. Compliance with all other criteria set forth by the state in which the APRN is applying for licensure, e.g. continuing education.</td>
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65-1133. Same; educational and training programs for advance practice registered nurses; approval; survey; nationally accredited programs.

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

(b) A program to qualify as an approved educational programs for advance practice registered nurses must be conducted in the state of Kansas, and the school conducting the program must apply to the board and submit evidence that:

(1) It is prepared to carry out the curriculum prescribed by rules and regulations of the board; and

(2) It is prepared to meet such other standards as shall be established by law and the rules and regulations of the board.

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

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

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

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

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

Requirements for Accrediting Agencies and Criteria for APRN Certification Programs

Preface

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

Definitions

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

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

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

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

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

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

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

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

1. Accrediting agency must have standards for accreditation that are sufficiently rigorous to ensure that the agency is a reliable authority regarding quality of the program it accredits.
   A. Accreditation standards effectively address the quality of the program.
   B. Standards development and revision process includes input from the field, reflective of advanced nursing practice in the four described roles and six population foci.
   C. Standards regarding national application are realistic.
      - Standards are consistent with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education July 7, 2008

2. Accrediting agency must have effective mechanisms for evaluating a program's compliance with the agency's standards in order to reach a decision to accredit the program.
   A. Accrediting agency evaluates whether a program is successful in achieving its objectives.
   B. Accrediting agency consistently applies and enforces its standards.
      1. Has effective controls against inconsistent application of agency's standards;
      2. Bases decisions on published standards; and
      3. Has reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate.
   C. Accrediting agency evaluates the accredited program every five years, and monitors throughout the accreditation period to ensure that the credentialing program remains in compliance with the agency's standards.
   D. Accrediting agency has documentation that is evidenced-based.
   E. Accrediting agency evaluates the program for consistency with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008.

3. Accrediting agency must provide a detailed description of the agency's survey process.
   A. Frequency of review is a minimum of five years.
   B. Copies of agency's survey forms, guidelines are available.
   C. Procedures used to notify accredited agencies' deficiencies and procedures used to monitor the correction of the deficiencies are in place.
   D. Accreditation decision categories (e.g., full, provisional, partial, etc.) are available and are reported to NCSBN.
   E. Information about the individuals who perform surveys for the accrediting agency is available.
      1. Education experience requirements that individuals must meet are established;
      2. In-service training is provided; and
      3. Policies and procedures with respect to an individual's participation in the survey or accreditation decision process of any program with which the individual is professionally or financially affiliated.

4. Accrediting agency must have a data management and analysis system with respect to its accreditation decisions including the kinds of reports, tables, etc.

5. Accrediting agency must have procedures for responding to and for the investigation of complaints against certifying bodies.

6. Accrediting agency must have policies and procedures with respect to the withholding or removal of accreditation status for certifying bodies that fail to meet standards or requirements including:
   A. Notification to National Council in writing of any program that has had its accreditation removed, withdrawn or revised or has had any other remedial or adverse action taken against it by the accrediting agency within 30 days of any such action taken.
   B. Notice within 10 days of a deficiency identified in any accrediting entity when the deficiency poses an immediate jeopardy to public safety.

7. Accrediting agency must submit to the National Council:
   A. A copy of any annual report prepared by the agency.
   B. Notice of final accrediting findings and actions taken by the agency with respect to the program it accredits.
   C. Any proposed change in the program's policy, procedures or accreditation standards that might alter the program's scope of recognition.

Revised 2-12
Criteria for Evaluating Certification Programs

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<th>Criteria</th>
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<td>I. The program is national in the scope of its credentialing.</td>
<td>A. Advanced practice nursing standards are identified by national organizations.</td>
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<td>B. Credentialing services are available to nurses throughout the United States and its territories.</td>
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<td>C. There is a provision for public representation on the certification board.</td>
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<td>D. A tested body of knowledge exists related to advanced nursing practice in a role and population.</td>
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<td>E. The certification board is an entity with organizational autonomy.</td>
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<td>II. Conditions for taking the examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.</td>
<td>A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program.</td>
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<td>B. Eligibility criteria ensure minimal competence to practice at an advanced level of nursing.</td>
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<td>C. Published criteria are enforced.</td>
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<td>D. Is in compliance with the American Disabilities Act.</td>
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<td>E. Sample application(s) are available.</td>
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<td>1. Certification requirements included</td>
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<td>2. Application procedures include:</td>
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<td>- procedures for assuring congruence between education and clinical experience, and the APRN role and population(s) being certified;</td>
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<td>- procedures for validating information provided by candidate; and</td>
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<td>- procedures for handling omissions and discrepancies.</td>
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<td>3. Professional staff responsible for credential review and admission decisions.</td>
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<td>4. Examination should be administered frequently enough to be accessible but not so frequently as to over-expose items.</td>
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<td>F. Periodic review of eligibility criteria and application procedures to ensure that they are relevant, fair and equitable.</td>
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| III. Educational requirements are consistent with the requirements of the advanced practice population focus. | A. Active U.S. registered nurse licensure is required.  
B. Graduation from a graduate advanced practice education program meets the following requirements:  
1. Education program offered by an accredited college or university offers a graduate or post graduate degree in advanced nursing practice.  
2. If graduate or post-graduate certificate programs are offered, they must be offered through institutions meeting criteria B.1.  
3. The clinical and didactic program includes, but is not limited to:  
   ▪ Biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified role and population focus;  
   ▪ Legal, ethical and professional responsibilities of the APRN; and  
   ▪ Include at a minimum, three separate comprehensive **graduate-level** courses (the APRN Core) in:  
     • Advanced physiology/pathophysiology, including general principles that apply across the lifespan;  
     • Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and  
     • Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.  
4. The clinical and didactic program meets the following criteria:  
   ▪ Curriculum is consistent with current competencies of the specific role and population focus.  
   ▪ Curriculum meets the requirements for clinical and didactic coursework as described in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008  
     ▪ Both direct and indirect clinical supervision must be congruent with current advanced practice nursing standards and nursing accreditation guidelines  
     ▪ Supervised clinical practice relevant to the role and population focus of APRN  
C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria. |
| IV. The standard methodologies used are acceptable to the testing community such as incumbent job analysis study, logical job analysis studies. | A. A nursing organization exists that establishes standards for the advanced level nursing practice in one of the four described roles and one of six described population foci.  
B. Exam content based on a job/task analysis.  
C. Job analysis studies are conducted at least every five years.  
D. The results of the job analysis study are published and available to the public.  
E. There is evidence of the content validity of the job analysis study. |
| V. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population. | A. Entry-level practice in the advanced practice role and population focus is minimal competency in all areas of practice and is defined by the job analysis studies.  
B. The exam has a purpose statement and a focus. |
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| VI. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients. | A. The job analysis includes activities representing knowledge, skills and abilities necessary for competent performance.  
B. The examination reflects the results of the job analysis study.  
C. Knowledge, skills and abilities, which are critical to public safety, are identified.  
D. The examination content is oriented to described educational curriculum practice requirements and accepted standards of care. |
| VII. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically. | A. Each item is associated with a single cell of the test plan.  
B. Items are reviewed for currency at least every three years.  
C. Items are reviewed by members of under-represented gender and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safe and effective practice. Process for identifying and processing flagged items is identified.  
D. A statistical bias analysis is performed on all items.  
E. All items are subjected to an "unscored" use for data collection purposes before their first use as a "scored" item.  
F. A process to detect and eliminate bias from the test is in place.  
G. Reuse guidelines for items on an exam form are identified.  
H. Item writing and review is done by qualified individuals who represent the roles and the population foci. |
| VIII. Examinations are evaluated for psychometric performance. | A. Reference groups used for comparative analysis are defined. |
| IX. The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically. | A. Passing standard is criterion-referenced. |
| X. Examination security is maintained through established procedures. | A. Protocols are established to maintain security related to:  
1. Item development (e.g., item writers and confidentiality, how often items are re-used);  
2. Maintenance and integrity of question pool;  
3. Printing and production process;  
4. Storage and transmission of examination is secure;  
5. Administration of examination (e.g., who administers, who checks administrators);  
6. Ancillary materials (e.g., test keys, scrap materials);  
7. Scoring of examination; and  
8. Occurrence of a crisis (e.g., exam is compromised, etc). |
| XI. Certification is issued based upon passing the examination and meeting all other certification requirements. | A. Certification process is described, including the following:  
1. Criteria for certification decisions are identified;  
2. Meeting all requirements and passing results are verified; and  
3. Procedures are in place for appealing decisions.  
B. A mechanism is in place for communicating with candidate.  
C. There is due process for the follow up of complaints.  
D. Confidentiality of nonpublic candidate data is maintained. |
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| XII. A retake policy is in place. | A. Failing candidates permitted to be reexamined at a future date.  
B. Failing candidates informed of procedures for retakes.  
C. Test for repeating examinees should be equivalent to the test for first time candidates.  
D. Repeating examinees should be expected to meet the same test performance standards as first time examinees.  
E. Failing candidates are given information on content areas of deficiency.  
F. Repeating examinees are not exposed to the same items when taking the exam previously. |
| XIII. Certification maintenance program, which includes review of qualifications and continued competence, is in place. | A. Certification maintenance requirements are specified (e.g., continuing education, practice, examination, maintenance of an active RN license, etc).  
B. Certification maintenance procedures include:  
1. Procedures for assuring match between continued competency measures and APRN role and population(s);  
2. Procedures for validating information provided by candidates; and  
3. Procedures for issuing re-certification.  
C. Professional staffs oversee credential review.  
D. Certification maintenance is required a minimum of every 5 years. |
| XIV. Mechanisms are in place for communication to boards of nursing for timely verification of an individual’s certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice. | A. Communication mechanisms address:  
1. Permission obtained from candidates to share information regarding the certification process;  
2. Procedures to provide verification of certification and scores to boards of nursing;  
3. Procedures for timely notification to boards of nursing regarding changes of certification status, including testing without passing [notification to BON within 30 days]; and  
4. Procedures for notification of changes in certification programs (qualifications and/or test plan) to boards of nursing and to NCSBN. |
| XV. An evaluation process is in place to provide quality assurance in its certification program. | A. Internal review panels are used to establish quality assurance procedures, annually.  
1. Composition of these groups (by title or area of expertise) is described;  
2. Procedures are reviewed; and  
3. Frequency of review, as defined.  
B. Procedures are in place to insure adherence to established QA policy and procedures.  
1. Procedures for review of quality assurance are publically posted. |
| APRN Role | AANP-CP  
American Academy of Nurse Practitioners – Certification Program | AACN  
American Association of Critical-Care Nurses | AMCB  
American Midwifery Certification Board | ANCC  
American Nurses Credentialing Center | NBRCNA National Board of Certification & Recertification for Nurse Anesthetists | NCC  
National Certification Corporation | PNCB  
Pediatric Nursing Certification Board |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CNM  
Certified Nurse-Midwife | CNM-Women's Health / Gender Specific | | | | | | |
| CNP  
Certified Nurse Practitioner | FNP-Family Across the Lifespan, Primary Care | CNP-Adult-Gerontology Primary Care | CNP-Adult-Gerontology Acute Care | CNP-Adult-Gerontology Primary Care | CNP-Adult-Gerontology Primary Care | CNP-Women's Health / Gender Specific | CNP-Pediatric Primary Care |
| | CNP-Adult Acute Care (Retires 12/31/14*) | CNP-Adult Acute Care (Retires 12/31/14*) | CNP-Adult-Gerontology Acute Care | CNP-Adult-Gerontology Primary Care | CNP-Adult-Gerontology Primary Care | NNP-Neonatal | CNP-Pediatric Acute Care |
| | CNP-Gerontology (Retired 12/28/12*) | | | | | | |
| CRNA  
Certified Registered Nurse Anesthetist | CNS-Adult-Gerontology | CNS-Neonatal | CNS-Pediatric | CNS-Adult-Gerontology | CNS-Neonatal | CNS-Pediatric (this test will retire, see new applicant deadline below) | CNS-Adult-Gerontology (Retires 7/31/14*) |
| | CNS-Pediatric | CNS-Neonatal | CNS-Pediatric | CNS-Adult Health | CNS-Pediatric | CNS-Neonatal | CNS-Adult Health |
| | CNS-Pediatric | CNS-Pediatric | CNS-Pediatric | CNS-Adult Psych-Mental Health | CNS-Pediatric | CNS-Pediatric | CNS-Adult Psych-Mental Health |
| | CNS-Pediatric | CNS-Pediatric | CNS-Pediatric | CNS-Adult Psych-Mental Health | CNS-Pediatric | CNS-Pediatric | CNS-Adult Psych-Mental Health |
| | CNS-Child/Adolescent Psych-Mental Health | CNS-Child/Adolescent Psych-Mental Health | CNS-Adult Psych-Mental Health | CNS-Adult Psych-Mental Health | CNS-Child/Adolescent Psych-Mental Health | CNS-Child/Adolescent Psych-Mental Health | CNS-Adult Psych-Mental Health |
| | CNS-Adult Psych-Mental Health | CNS-Adult Psych-Mental Health | CNS-Child/Adolescent Psych-Mental Health | CNS-Adult Psych-Mental Health | CNS-Child/Adolescent Psych-Mental Health | CNS-Child/Adolescent Psych-Mental Health | CNS-Adult Psych-Mental Health |
Certified exam not yet available for CNS focus area: Women's Health/Gender Specific.

12/17/2014* new information for ANCC retiring exams
July 22, 2019  
Update to the Certification Program of the  
National Board of Certification and Recertification for Nurse Anesthetists (NBCRNa)

Effective 01/01/2020, the National Board of Certification and Recertification for Nurse Anesthetists – NBCRNa, will be changing our certification statuses to accommodate for the change to our new maintenance of certification program – The Continued Professional Certification Program (CPC Program), which was introduced in 2016. The legacy Recertification Program was an every 2-year renewal that required ongoing practice and the completion of a minimum of 40-hours of continuing education.

The new CPC Program is an 8-year program with requirements spaced out every two years. The elements of the CPC Program include:

**Every two years, the CPC Program requires:**
- CRNAs verify state RN licensure and if required by their state of practice, their authorization to practice as an APRN in the role of CRNA
- Continued engagement in practice as a CRNA
- Verification and/or correction of demographic and contact information
- Observation of progress towards both 4-year and 8-year program requirements
- Attestation to eligibility for continued certification

**Every four years, the CPC Program requires:**
- Completion of an application with attestation of practice, practice location and dates of practice
- Evidence of state RN licensure and if required by their state of practice, their authorization to practice as an APRN in the role of CRNA
- Completion of a minimum of 60-hours of continuing education (including 4 core modules) and an additional 40-hours of professional activities related to nurse anesthesia or the larger health care environment
- Completion of four educational modules, one over each of the following four content areas (as part of Class A credit requirement, each with testing and a mandatory score of 80% to achieve a passing score) -
  - Pharmacology
  - Physiology & Pathophysiology
  - Equipment and Technology
  - Airway and airway management
- Attestation of eligibility for continued certification

**Every eight years, the CPC Program requires:**
- Performance Standard Assessment for Domain Knowledge. A minimum of six-months prior to the end of the 2nd 4-year cycle, each CRNA will be required to complete a formal assessment of knowledge in each of the four content domains that have been identified as essential (and so core) to practice as a CRNA. All CRNAs will be issued a score report that identifies either: (1) The individual has met the established performance standard on this assessment, in which case no additional assessment is required, or (2) The CRNA did not meet the performance standard on one or more of the domains of the assessment, in which case they will be required to complete additional continuing education in each of the domains where their score did not meet the established performance standard. This additional CE must be completed and
documented with the NBCRNA prior to the end of their 2nd 4-year cycle, or the CRNA will be out of compliance with will have an adverse action on their certification (as described in the next section).

- Completion of an application with attestation of practice and evidence of state RN licensure and if required authorization to practice as an APRN in the role of CRNA
- Minimum of 60-hours of continuing education and 40-hours of professional activities related to nurse anesthesia or the larger health care environment
- Completion of four educational modules, one over each of the following four content areas (each with testing and a mandatory 80% to achieve a passing score)
  - Pharmacology
  - Physiology & Pathophysiology
  - Equipment and Technology
  - Airway and airway management
- Attestation to eligibility for continued certification

**Changes in Certification Statuses effective 01/01/2020**

Changes in certification statuses are required with the new CPC Program. Due to the elimination of the legacy "Recertification Program" and the introduction of the CPC Program, the concept of renewing the credential through "Recertification" goes away — along with the historical activity of conditioning the "Recertification" in situations where discipline is justified. The mindset now is that Initial Certification is continuous over time, as long as the CRNA maintains eligibility compliance and completes the necessary elements to maintain their credential. Therefore, any conditioning of the credential in the CPC Program will be on the Initial Certification. To achieve this, the following historical terminology:

- Currently Recertified — Full
- Currently Recertified — Conditional (involuntary)
- Not Currently Recertified — Suspended (administrative or disciplinary, involuntary)
- Not Currently Recertified — Revoked (disciplinary, involuntary)

Will be replaced with the following **revised certification statuses**:

- Currently Certified - Full
- Currently Certified - Conditional (disciplinary, involuntary)
- Not Currently Certified - Suspended (administrative or disciplinary, involuntary)
- Not Currently Certified - Revoked (disciplinary, involuntary)
- **NEW** - Not Currently Certified - Retired (voluntary)
- **NEW** - Not Currently Certified — Expired* (voluntary or involuntary)

*A status of Not Currently Certified – Suspended will be involuntarily moved to a status of Not Currently Certified – Expired in cases where suspension is not resolved prior to the end of the individual’s current certification cycle, but where there are no disciplinary matters involved. In such cases of involuntary expiration, the nurse anesthetist will not be eligible to apply for CPC compliance and reinstatement of the certification until the situation that was the basis for the original suspension has been satisfied.

The effective dates of each status will be included, line-by-line, providing a historical record for the discrete reporting period - initially 4 years, eventually 8 years. Because all future conditioning of a CRNAs certification will be on the initial certification, and not on the recertification as was the case in the past, the new statuses will become effective as of 01/01/2020 and will replace all previous statuses.

Should you have questions about any of the content from this announcement, please direct your inquiry to cpc@nbcrna.com or Colleen Ahearn at 708-667-0113.
65-1151. Definitions. As used in K.S.A. 65-1151 to 65-1164, inclusive and amendments thereto:
(a) "Registered nurse anesthetist" means a licensed professional nurse who is authorized to practice as a registered nurse anesthetist.
(b) "Board" means the board of nursing.
(c) "Local anesthetic" means infiltration anesthesia or anesthesia produced by direct infiltration of local anesthetic solution into the operative site.
(d) "Regional anesthesia" means the use of local anesthetic solutions to produce loss of sensation in circumscribed areas.
(e) "General anesthesia" means one that is complete and affecting the entire body with the loss of consciousness.
(f) "Active anesthesia practice" means clinical practice and anesthesia related administrative, educational, and research activities.
History: (L. 1986, ch. 183, § 1; L. 1996, ch. 179, § 1; July 1.)
65-1152. Qualifications for authorization to practice as a registered nurse anesthetist; approval of schools of nurse anesthesia, criteria.

(a) In order to obtain authorization from the board of nursing to practice as a registered nurse anesthetist 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 anesthesia in a school of nurse anesthesia approved by the board;
(3) has successfully completed an examination approved by the board or has been certified 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 for obtaining authorization to practice as a registered nurse anesthetist; and
(4) be required to successfully complete a refresher course as defined in rules and regulations of the board if the individual has not been in active anesthesia practice for five years preceding the application.

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

(c) Schools of nurse anesthesia approved by the board under this section shall offer, a masters level degree program in nurse anesthesia.

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

65-1159 Qualifications of applicant for renewal of an authorization to practice; continuing education.

(a) The applicant for renewal of an authorization to practice as a registered nurse anesthetist shall:
(1) Have met the continuing education requirements for a registered nurse anesthetist 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 subsection 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.

History: (L. 1986, ch. 183, § 9; L. 1996, ch. 179, § 6; July 1.)
60-13-103. School approval requirements.

(a) In order for a school of nurse anesthesia to be approved by the board of nursing, consideration shall be given as to whether the school meets the requirements in standards I, II, III, IV, and V and the appendix in the "standards for accreditation of nurse anesthesia educational programs," as revised by the council on accreditation of nurse anesthesia educational programs in January 2006 and effective March 1, 2006. These portions are hereby adopted by reference.

(b) An up-to-date list of approved programs shall be prepared and kept by the board.

(c) A program shall not be approved without the formal action of the board.

(d) (1) A program review shall be conducted by the board at least once every five years, or in conjunction with the council on accreditation review cycles.

(2) The school shall submit to the board of nursing for review a copy of a self-study report documenting compliance with the established standards.

(3) Additional information may be requested by the board of nursing to assess the school's compliance with standards.

(4) An on-site visit to the school of nurse anesthesia may be conducted by the board of nursing if there is reason to believe that the program is in violation of the established standards or if the program is placed on public probation by the council on accreditation.

60-13-111. Continuing education definitions. Continuing education terms shall have the meanings in K.A.R. 60-9-105.

60-9-105. Definitions. For the purposes of these regulations, each of the following terms shall have the meaning specified in this regulation:

(a) "Approval" means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.

(b) "Approved provider" means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.

(c) "Authorship" means a person's development of a manuscript for print or a professional paper for presentation. Each page of text that meets the definition of continuing nursing education (CNE), as defined in K.S.A. 65-1117 and amendments thereto, and is formatted according to the American Psychological association's guidelines shall equal three contact hours.

(1) Authorship of a manuscript means a person's development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.

(2) Authorship of a professional research paper means a person's completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed verification of this type of credit. Credit shall be awarded only once each renewal period.

(d) "Behavioral objectives" means the intended outcome of instruction stated as measurable learning behaviors.

(e) "Certificate" means a document that is proof of completion of an offering consisting of one or more contact hours.

(f) "CE transcript" means a document that is proof of completion of one or more CNE offerings. Each CE transcript shall be maintained by a CNE provider.

(g) "Clinical hours" means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.

(h) "College course" means a class taken through a college or university, as described in K.S.A. 65-1119 and amendments thereto, and meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto. One college credit hour equals 15 contact hours.

(i) "Computer-based instruction" means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.

(j) "Contact hour" means 50 total minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto. Fractions of hours over 30 minutes to be computed towards a contact hour shall be accepted.

(k) "Distance learning" means the acquisition of knowledge and skills through information and instruction delivered by means of a variety of technologies.

(l) "Independent study" means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term shall include self-study programs, distance learning, and authorship.

(m) "Individual offering approval" and "IOA" mean a request for approval of an education offering meeting the definition of CNE, pursuant to K.S.A. 65-1117 and amendments thereto, but not presented by an approved provider or other acceptable approving body, as described in K.S.A. 65-1119 and amendments thereto.

(n) "In-service education" and "on-the-job training" mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.

(o) "Offering" means a single CNE learning experience designed to enhance knowledge, skills, and professionalism related to nursing. Each offering shall consist of at least 30 minutes to be computed towards a contact hour.

(p) "Orientation" means formal or informal instruction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

(q) "Program" means a plan to achieve overall CNE goals.

(r) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

(s) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall CNE program in order to make subsequent decisions.

60-9-107. Approval of continuing nursing education.

(a) Offerings of approved providers shall be recognized by the board.

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1) (A) The name and address of the organization; and
   (B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (e);

(3) written policies and procedures, including at least the following areas:
   (A) Assessing the need and planning for CNE activities;
   (B) fee assessment;
   (C) advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: (number),"
   (D) for long-term providers, the offering approval process as specified in subsection (d);
   (E) awarding contact hours, as specified in subsection (e);
   (F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);
   (G) recordkeeping and record storage, as specified in subsection (h);
   (H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and
   (I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed CNE offering, as specified in subsection (i).

(c) (1) Long-term provider. The program coordinator for CNE shall meet these requirements:
   (A) Be a licensed professional nurse;
   (B) have three years of clinical experience;
   (C) have one year of experience in developing and implementing nursing education; and
   (D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 (e)(6) and amendments thereto.

(2) Single offering provider. If the program coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet these requirements:
   (A) Be licensed to practice nursing; and
   (B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;
(2) the behavioral objectives;
(3) the content, which shall meet the definition of CNE in K.S.A. 65-1117, and amendments thereto;
(4) the instructor's education and experience, documenting knowledge and expertise in the content area;
(5) a current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both; and
(6) an offering evaluation that includes each participant's assessment of the following:
   (A) The achievement of each objective; and
   (B) the expertise of each individual presenter.

(e) An approved provider may award any of the following:

(1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours;
(2) credit for fractions of hours over 30 minutes to be computed towards a contact hour;
(3) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;
(4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or
(f) (1) Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:
   (A) The provider’s name, address, provider number, and coordinator;
   (B) the date and title of the offering, and the presenter or presenters; and
   (C) the participant’s name and license number, and the number of contact hours awarded.

(2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:
   (A) The provider’s name, address, provider number, and coordinator;
   (B) the participant’s name and license number, and the number of contact hours awarded;
   (C) the title of the offering;
   (D) the date on which the offering was completed; and
   (E) either the completion of a posttest or a return demonstration.

(g) (1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider.

(2) Each certificate and each CE transcript shall be complete before distribution to the participant.

(3) Each certificate and each CE transcript shall contain the following information:
   (A) The provider’s name, address, and provider number;
   (B) the title of the offering;
   (C) the date or dates of attendance or completion;
   (D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;
   (E) the signature of the individual responsible for the providership; and
   (F) the name and license number of the participant.

(h) (1) For each offering, the approved provider shall retain the following for two years:
   (A) A summary of the planning;
   (B) a copy of the offering announcement or brochure;
   (C) the title and objectives;
   (D) the offering agenda or, for independent study, pilot test results;
   (E) a bibliography;
   (F) a summary of the participants’ evaluations;
   (G) each instructor’s education and experience; and
   (H) documentation to verify completion of the offering, as specified in subsection (f).

(2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.

(3) Each approved single offering CNE provider shall submit to the board the original signature roster and a typed, alphabetized roster of individuals who have completed an offering, within 15 working days of course completion.

(i) (1) Long-term provider application. The provider shall submit two proposed offerings, including the following:
   (A) A summary of planning;
   (B) a copy of the offering announcement or brochure;
   (C) the title and behavioral objectives;
   (D) the offering agenda or, for independent study, pilot test results;
   (E) each instructor’s education and experience;
   (F) a current bibliography, as specified in paragraph (d)(5); and
   (G) the offering evaluation form.

(2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1)(A) through (G).

(j) (1) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if a providership is still desired.

(2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet requirements before the offering...
deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.

(k) (1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:
(A) An evaluation of all the components of the providership based on the total program evaluation plan;
(B) a statistical summary report; and
(C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).

(2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.

(l) (1) If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.

(2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider notice and an opportunity to be heard.

(3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3).