

**JOINT COMMITTEE MEETING OF THE
KANSAS STATE BOARD OF NURSING
AND THE
KANSAS STATE BOARD OF HEALING ARTS**

Friday, December 7, 2007 at 10:00 a.m.
KSBHA Offices, 235 S. Topeka Blvd., Topeka, Ks 66603

AGENDA

1. Call to Order and Introductions
2. KSBN Proposed Advanced Registered Nurse Practitioner Regulations
3. KSBHA Article 28 Regulations
4. Advanced Registered Nurse Practitioners vs. Physician Assistants Developing and Managing a Medical Plan of Care
5. Fingerprint Bill
6. Adjournment

MEMORANDUM
Confidential Communication

To: State Board of Healing Arts Members

From: Mark W. Stafford
General Counsel

Date: November 13, 2007

Re: Special Joint Meeting with KSBN

Some members of the Board will meet jointly with members of the State Board of Nursing on December 7, 2007 as a continuation of prior joint meetings. One of the primary agenda items will be discussion of various proposed regulations regarding the relationship between physicians and advanced registered nurse practitioners.

KSBN Proposed Regulations

KSBN proposed amendments to K.A.R. 60-11-101, -103, -104, -105 and -107. The September 19, 2007 draft of those regulations is attached. One of the changes in the draft is replacing the word "collegial" with "collaborative" as it is used to describe the relationship between the ARNP and physician. Here are some concerns that the proposal raises:

1. 60-11-101(a)

Line 10, the regulation allows the nurse to make "interdependent medical decisions." The term "interdependent" means mutually reliant or reciprocal. For medical decisions the authority is delegated by and derived from the physician.

Line 12, the regulation provides that the physician's physical presence "shall not be required". This is similar to language in the PA statutes.¹ This reference in the PA act relates to statutes that authorize care under a physician's supervision and direction, and indicate that the statute does not require the immediate or physical presence. But this statute does not mean that the physician who is responsible may not require immediate or

¹ **65-28a02. Definitions.** (a) The following words and phrases when used in the physician assistant licensure act shall have the meanings respectively ascribed to them in this section:

* * *

(2) "Direction and supervision" means the guidance, direction and coordination of activities of a physician assistant by such physician assistant's responsible or designated physician, whether written or verbal, whether immediate or by prior arrangement, in accordance with standards established by the board by rules and regulations, which standards shall be designed to ensure adequate direction and supervision by the responsible or designated physician of the physician assistant. The term "direction and supervision" shall not be construed to mean that the immediate or physical presence of the responsible or designated physician is required during the performance of the physician assistant.

* * *

physical presence. Line 12 might be interpreted to mean that the delegating physician may not require physical presence. Perhaps better language would be that “this regulation shall not be construed to require the immediate or physical presence of the physician”

2. 60-11-104(a)

Line 6, the regulation defines the nurse practitioner role as diagnosing and managing acute and chronic disease. This is not consistent with the definition of a nursing diagnosis.² This authority must come from the collaborative agreement or from a statute, not by a regulation.

3. 60-11-105(f)

This subsection would authorize a nurse midwife to treat women’s male partners for sexually transmitted diseases and reproductive health. This goes beyond the traditional role of assisting in pregnancy, childbirth and return of the uterus to normal size.

4. 60-11-104(b)

60-11-105(b)

60-11-107(b)

These subsections authorize the advanced nurse to develop the medical plan of care based upon the agreement between the nurse and physician. This should be clarified so that it is not inconsistent with the statutory authority for drug prescriptions.³ The medical plan of care is to be part of the protocol rather than being open to development by the nurse practitioner.

² **K.S.A. 65-1113. Definitions.** When used in this act and the act of which this section is amendatory:

* * *

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

* * *

³ **65-1130. Advanced registered nurse practitioner; standards and requirements for obtaining certificate of qualification; rules and regulations categories, education, qualifications and role; limitations and restrictions; prescribing drugs authorized.**

* * *

(d) An advanced registered nurse practitioner may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced registered nurse practitioner is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced registered nurse practitioner.

* * *

KSBOHA Proposed Regulations

The Board proposed regulations relating to supervision of allied health professionals. These proposed regulations were before the Board in June 2006, but no action was taken so that KMS and KSNA could discuss and possibly propose legislation to resolve some controversies. (No legislation was requested, though I understand that KMS did propose a draft to KSNA and that draft is compatible with the concept of a collaborative agreement as used in the KSBN draft regulations.) The Board's proposed regulations are attached, along with a version modifying the proposal to remove errors and conform to the use of the term "collaborative" agreement. As with the proposed regulations for PAs, there is continued difficulty in determining whether chart review is effective as supervision.

Authority to Order X-Rays

At the August meeting the Board discussed the authority of PAs and ARNPs to order X-rays. Questions had arisen whether the PA or ARNP was authorized to order X-rays independently, pursuant to protocol, or at all. The relevant KDHE regulations appear not to include PAs and ARNPs.⁴ The Board authorized staff to request an amendment to K.A.R. 28-35-242 to authorize these persons to order X-rays. Correspondence between Mr. Thomas Conley, Radiation Control Program Director, and Board staff are attached. KDHE is willing to make this change as they make other modifications to their regulations.

Notice to Public of Licensure

The Board adopted K.A.R. 100-22-6⁵ prohibiting a licensee from providing services in a location unless there was a notice posted identifying the Board and stating the license requirement. This regulation follows K.S.A. 65-2869⁶, which states that only

⁴ K.A.R. 28-35-42. General Requirements.

* * *

(c) Limitations on human use. An individual shall not be exposed to the useful beam, unless the exposure is for healing arts purposes and each exposure has been authorized by a licensed practitioner of the healing arts, or by an individual licensed to practice dentistry or podiatry within the authority granted to the individual by Kansas licensing laws applying to dentists and podiatrists.

* * *

⁵ K.A.R. 100-22-6. Notice to the public of licensure. (a) A person licensed to practice a branch of the healing arts shall not perform direct patient care in an office, unless the notice adopted by reference in this subsection is placed in a conspicuous location where the notice is reasonably likely to be seen by persons who receive direct patient care in the office. The document titled "notice to patients: required signage for K.A.R. 100-22-6," as prepared by the state board of healing arts and dated April 5, 2007, is hereby adopted by reference.

* * *

⁶ 65-2867. Certain acts prohibited; exceptions; penalty. (a) It shall be unlawful for any person who is not licensed under the Kansas healing arts act or whose license has been revoked or suspended to open or maintain an office for the practice of the healing arts as defined in this act or to announce or hold out to the public the intention, authority or skill to practice the healing arts as defined in the Kansas healing arts act by the use of any professional degree or designation, sign, card, circular, device, advertisement or representation.

a person licensed to practice the healing arts may open and maintain a location for the practice of the healing arts. An issue that was voiced to staff by a physician and that the two boards might want to discuss is whether a notice should be posted when the ARNP provides medical services based upon the collaborative agreement, even if the physician is not present at that location.

* * *

Sept 19 2007 draft

from Committee, 9/19/07
approved but not
K.A.R. 60-11-101 adopted
- PAGE 1 - by KSB

60-11-101. Definition of advanced expanded role; limitations; restrictions. (a) ~~As~~

Each "advanced registered nurse practitioner" (ARNP), as defined by K.S.A. 65-1113, and amendments thereto, shall function in an expanded role to provide ~~primary~~ health care to individuals, families, or groups, or some combination of these groups of clients, in a variety of settings, including homes, institutions, offices, industries, schools, community agencies, and private in the ARNP's category of advanced practice. ~~Advanced registered nurse practitioners~~ Each ARNP shall function in a collegial collaborative relationship with physicians and other health professionals ~~in the delivery of primary health care services~~. ~~Advanced registered nurse practitioners~~ Each ARNP shall be authorized to make independent decisions about advanced practice nursing needs of families and clients, and interdependent medical decisions with physicians ~~in carrying out health regimens for families and clients~~ and other health care providers. The physical presence of the physician shall not be required when care is given by the ARNP. ~~Advanced registered nurse practitioners~~ Each ARNP shall be directly accountable and responsible to the consumer.

(b) "~~Primary health care~~" means the ~~prevention of disease, promotion and maintenance of health, assessment of needs, long term nursing management of chronic illness, and referral of clients to other resources~~. ~~The contact between advanced registered nurse practitioner and client may be for an episode of illness, or it may be for continuous health care monitoring~~

"Authorization for collaborative practice" means that an ARNP is authorized to develop and manage the medical plan of care for each patient or client based upon an agreement developed jointly and signed by the ARNP and responsible physician. Each ARNP and physician shall jointly review the authorization for collaborative practice annually. Each authorization for collaborative practice shall include a cover page containing the name,

telephone number, signature and date of review by the ARNP and the physician. Each authorization for collaborative practice shall be maintained in either hard copy or electronic format at the ARNP's principle place of practice.

(c) ~~The physical presence of the physician shall not be required when care is given by the advanced registered nurse practitioner.~~ "Physician" means a person licensed to practice medicine and surgery by the state board of healing arts.

(d) ~~"Prescription order"~~ shall have the meaning ~~set forth~~ specified in K.S.A. 65-1626, and amendments thereto.

(e) ~~" Prescription order"~~ shall have the meaning ~~set forth~~ specified in K.S.A. 65-1626, and amendments thereto.

(Authorized by and implementing K.S.A. 65-1113 and K.S.A. ~~1999 Supp.~~ 65-1130; effective May 1, 1984; amended March 31, 2000; amended P-_____.)

60-11-103. Qualifications of advanced registered nurse practitioners. (a) To be ~~certified~~ **issued a certificate of qualification** as an advanced registered nurse practitioner in any of the categories of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following criteria:

(1) Complete a formal, post-basic nursing education program located or offered in Kansas that has been approved by the board and prepares the nurse to function in the advanced role for which application is made;

(2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. ~~60-11-108~~ 60-17-101 through K.A.R. 60-17-108;

(3) have completed a formal, post-basic nursing education program that may be no longer in existence but is determined by the board to meet standards at least as stringent as those required for program approval by the board at the time of graduation;

(4) hold a current certificate of authority to practice as an advanced registered nurse practitioner in the category for which application is made and that meets the following criteria:

(A) Was issued by another board of nursing; and

(B) required completion of a program meeting standards equal to or greater than those established by K.A.R. ~~60-11-108~~ 60-17-101 through K.A.R. 60-17-108; or

(5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the category of advanced practice for which application is made. The applicant shall show that the curriculum of the program is consistent with public health and safety policy and that it

prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing.

(b) Each applicant for ~~certification~~ a certificate of qualification as an advanced registered nurse practitioner in a category other than anesthesia or midwifery shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (a) ~~of this regulation~~ before July 1, 1994;

(2) if none of the requirements in subsection (a) ~~of this regulation~~ have been met before July 1, 1994, meet one of the requirements of subsection (a) ~~of this regulation~~ and hold a baccalaureate or higher degree in nursing; or

(3) if none of the requirements in subsection (a) ~~of this regulation are~~ have been met before July 1, 2002, meet one of the requirements of subsection (a) ~~of this regulation~~ and hold a master's or higher degree in a clinical area of nursing.

(c) Each applicant for ~~certification~~ a certificate of qualification as an advanced registered nurse practitioner in the category of anesthesia shall meet one of the following requirements:

(1) ~~Meet~~ Have met one of the requirements of subsection (a) ~~of this regulation~~ before July 1, 2002; or

(2) if none of the requirements in subsection (a) ~~of this regulation are~~ have been met before July 1, 2002, meet one of the requirements of subsection (a) ~~of this regulation~~ and hold a master's degree or higher in nurse anesthesia or a related field.

(d) Each applicant for ~~certification~~ a certificate of qualification as an advanced registered nurse practitioner in the category of midwifery shall meet one of the following requirements:

(1) ~~Meet~~ Have met one of the requirements of subsection (a) ~~of this regulation~~ before July 1, 2000; ~~or~~

(2) if none of the requirements in subsection (a) ~~of this regulation are~~ have been met before July 1, 2000, meet one of the requirements of subsection (a) ~~of this regulation~~ and hold a baccalaureate degree in nursing; or

(3) if none of the requirements in subsection (a) are met before January 1, 2010, meet one of the requirements of subsection (a) and hold a master's degree or higher in nursing, midwifery, or a related field.

(e) ~~Certification~~ Certificate of qualification may be granted if an individual has been certified by a national nursing organization whose certification standards have been approved by the board as equal to or greater than the corresponding standards established by the board for obtaining ~~certification~~ a certificate of qualification to practice as an advanced registered nurse practitioner. National nursing organizations with certification standards that meet this standard shall be identified by the board, and a current list of national nursing organizations with certification standards approved by the board shall be maintained by the board. Any licensee may request that a certification program be considered by the board for approval and, if approved, included by the board on its list of national nursing ~~organization~~ organizations with approved certification standards.

(f) Each applicant who completes an advanced registered nurse practitioner program after January 1, 1997 shall have completed three college hours in advanced pharmacology or the equivalent.

(g) Each applicant who completes an advanced registered nurse practitioner program after January 1, 2001 in a category other than anesthesia or midwifery shall have completed three

college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(h) Each applicant who completes an advanced registered nurse practitioner program after July 1, 2009 shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(i) ~~Refresher course.~~ Notwithstanding the provisions of subsections (a) through (f) ~~(h)~~, ~~any~~ each applicant for a certificate ~~to practice~~ of qualification as an advanced registered nurse practitioner who has not gained 1,000 hours of advanced nursing practice during the five years preceding the date of application shall be required to successfully complete a refresher course as defined by the board. (Authorized by and implementing K.S.A. 65-1130, ~~as amended by L.~~ ~~1999, Ch. 115, § 4;~~ effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended, T-60-11-14-90, Nov. 14, 1990; amended, T-60-3-14-91, March 14, 1991; amended Sept. 2, 1991; amended March 9, 1992; amended Sept. 14, 1992; amended April 26, 1993; amended Sept. 6, 1994; amended Jan. 3, 1997; amended March 31, 2000; amended P-
_____.)

60-11-104. Functions of the advanced registered nurse practitioner, ~~nurse clinician~~ or in the category of nurse practitioner. Each advanced registered nurse practitioner in the category of nurse practitioner shall function in the an expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advanced knowledge and skills to provide health promotion and maintenance, disease prevention, and the diagnosis and management of acute and chronic diseases. Each ~~nurse clinician~~ or nurse practitioner shall be authorized to perform the following: (a) ~~Perform all functions defined for basic nursing practice~~ Provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(b) ~~evaluate the physical and psychosocial health status of the client through a comprehensive health history and physical examination, using skills of observation, inspection, palpation, percussion and auscultation, and using diagnostic instruments or laboratory procedures that are basic to the screening of physical signs and symptoms~~ develop and manage the medical plan of care for each patient or client, based on the authorization for collaborative practice;

(c) ~~assess normal and abnormal findings from the history, physical examination and laboratory reports~~ provide health care for individuals by managing health problems encountered by patients and clients;

(d) ~~plan, implement and evaluate care~~ provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions; and

~~(e) consult with the client and members of the health care team to provide for acute and ongoing health care or referral of the client; maintain independent responsibility and accountability for the development and comprehensive management of an advanced range of health care.~~

~~(f) manage the medical plan of care prescribed for the client, based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician;~~

~~(g) initiate and maintain accurate records, appropriate legal documents and other health and nursing care reports;~~

~~(h) develop individualized teaching plans with the client based on overt and covert health needs;~~

~~(i) counsel individuals, families and groups about health and illness and promote health maintenance;~~

~~(j) recognize, develop and implement professional and community educational programs related to health care;~~

~~(k) participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, patient evaluations and outcome of case statistics; and~~

~~(l) participate, when appropriate, in the joint review and revision of adopted protocols or guidelines when the advanced registered nurse practitioner is involved in the medical plan of care.~~ (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended P-_____.)

60-11-105. Functions of the advanced registered nurse practitioner; in the category of nurse-midwife. ~~An~~ Each advanced registered nurse practitioner ~~functioning in the category of nurse-midwife shall function in the~~ an expanded role ~~of nurse-midwife shall perform in an~~ interdependent role as a member of a physician directed health care team, within the framework of mutually adopted protocols or guidelines through the application of advanced knowledge and skills to provide management of women's health care through the life span. Each nurse-midwife shall be authorized to perform the following: (a) ~~Be responsible for the management and complete health care of the normal expanding family throughout pregnancy, labor, delivery, and post-delivery care~~ Provide health care services for which the nurse-midwife is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(b) ~~participate in individual and group counseling and teaching throughout the childbearing cycle~~ develop and manage the medical plan of care for each patient or client, based on the authorization for collaborative practice;

(c) ~~participate in well-woman gynecological procedures~~ provide health care for women, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women;

(d) ~~participate in periodic and joint evaluation of services rendered, including chart reviews, case reviews, patient evaluations, and outcome of case statistics~~ provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals,

families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions; and

~~(e) participate in the joint review and revision of adopted protocols or guidelines.~~

maintain independent responsibility and accountability for the development and comprehensive management of women's health care; and

(f) treat male clients for sexually transmitted diseases and reproductive health

needs. (Authorized by and implementing K.S.A. ~~1983 Supp.~~ 65-1113, 65-1130; effective May

1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended P-

_____.)

60-11-107. **Functions of the advanced registered nurse practitioner; in the category of clinical nurse specialist.** ~~The primary responsibility of the~~ Each advanced registered nurse practitioner performing in the category of clinical nurse specialist shall function in the an expanded role of clinical nurse specialist shall be patient care delivery to a selected population in a specialty area to independently provide evidence-based nursing practice within a specialty area focused on specific patients or clients, populations, settings, and types of care by diagnosing and managing health concerns. Each clinical nurse specialist shall be authorized to perform the following: (a) ~~Provide direct nursing care utilizing a broad base of advanced scientific knowledge, nursing theory and skills in assessing, planning, implementing, and evaluating those aspects of health and nursing care of individuals who require this specialized competence~~ health care services for which the clinical nurse specialist is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(b) ~~provide indirect nursing care. Each clinical nurse specialist shall plan, guide, evaluate and direct the nursing care given by other personnel associated with the nursing functions~~ develop and manage the medical plan of care for each patient or client, based on the authorization for collaborative practice;

(c) ~~conduct nursing research. Each clinical nurse specialist shall create and test methods of nursing intervention and health care in the area of specialization~~ provide care for specific patients or clients or specific populations, or both, utilizing a broad base of advanced scientific knowledge, nursing theory, and skills in assessing, planning, implementing, and evaluating health and nursing care;

~~(d) teach and counsel individuals or groups. Each clinical nurse specialist shall utilize theories and skills of communication and teaching-learning process to increase the knowledge or functioning of individuals or groups, nursing personnel, students and other members of the health care team~~ provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions; and

~~(e) serve as a consultant, and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care; and~~ maintain independent responsibility and accountability for the development and advanced management of a specialty area of health care.

~~(f) participate in periodic evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended P-_____.)~~

65-28,127. Licensees who direct, supervise, order, refer, accept responsibility for, enter into practice protocols with or delegate acts which constitute practice of healing arts to others; requirements and limitations; construction of section. (a) Every responsible licensee who directs, supervises, orders, refers, accepts responsibility for, enters into practice protocols with, or who delegates acts which constitute the practice of the healing arts to other persons shall:

- (1) Be actively engaged in the practice of the healing arts in Kansas;
 - (2) review and keep current any required practice protocols between the responsible licensee and such persons, as may be determined by the board;
 - (3) direct, supervise, order, refer, enter into a practice protocol with, or delegate to such persons only those acts and functions which the responsible licensee knows or has reason to believe such person is competent and authorized by law to perform;
 - (4) direct, supervise, order, refer, enter into a practice protocol with, or delegate to other persons only those acts and functions which are within the normal and customary specialty, competence and lawful practice of the responsible licensee;
 - (5) provide for a qualified, substitute licensee who accepts responsibility for the direction, supervision, delegation and practice protocols with such persons when the responsible licensee is temporarily absent;
 - (6) comply with all rules and regulations of the board establishing limits and conditions on the delegation and supervision of services constituting the practice of medicine and surgery.
- (b) "Responsible licensee" means a person licensed by the state board of healing arts to practice medicine and surgery or chiropractic who has accepted responsibility for the actions of persons who perform acts pursuant to practice protocols with, or at the order of, or referral, direction, supervision or delegation from such responsible licensee.
- (c) Except as otherwise provided by rules and regulations of the board implementing this section, the physician assistant licensure act shall govern the direction and supervision of physician assistants by persons licensed by the state board of healing arts to practice medicine and surgery.
- (d) Nothing in subsection (a)(4) shall be construed to prohibit a person licensed to practice medicine and surgery from ordering, authorizing or directing anesthesia care by a registered nurse anesthetist pursuant to K.S.A. 65-1158 and amendments thereto.
- (e) Nothing in this section shall be construed to prohibit a person licensed to practice medicine and surgery from ordering, authorizing or directing physical therapy services pursuant to K.S.A. 65-2901 et seq. and amendments thereto.
- (f) Nothing in this section shall be construed to prohibit a person licensed to practice medicine and surgery from entering into a co-management relationship with an optometrist pursuant to K.S.A. 65-1501 et seq. and amendments thereto.
- (g) The board may adopt rules and regulations establishing limits and conditions on the delegation and supervision of services constituting the practice of medicine and surgery.
- (h) This section shall be part of and supplemental to the Kansas healing arts act.

History: L. 1998, ch. 170, § 1; L. 2000, ch. 162, § 20; Feb. 1, 2001; L. 2004, ch. 117, § 16; July 1.

K.A.R. 100-22-6. Notice to the public of licensure. (a) A person licensed to practice a branch of the healing arts shall not perform direct patient care in an office, unless the notice adopted by reference in this subsection is placed in a conspicuous location where the notice is reasonably likely to be seen by persons who receive direct patient care in the office. The document titled "notice to patients: required signage for K.A.R. 100-22-6," as prepared by the state board of healing arts and dated April 5, 2007, is hereby adopted by reference.

(b) As used in this regulation, "office" shall mean any place intended for the practice of the healing arts. This term shall not include a medical care facility, as defined by K.S.A. 65-425 and amendments thereto, which is licensed by the Kansas department of health and environment.

(c) Each violation of this regulation shall constitute prima facie evidence of dishonorable conduct. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2836; effective Nov. 2, 2007.)

Notice to Patients: Required Signage for K.A.R. 100-22-6
Prepared by the State Board of Healing Arts
April 5, 2007

NOTICE TO PATIENTS

It is unlawful for any person who is not licensed under the Kansas healing arts act to open or maintain an office for the practice of the healing arts in this state. This office is maintained under the authority of a person who is licensed to practice the healing arts in Kansas. Questions and concerns regarding this professional practice may be directed to:

KANSAS STATE BOARD OF HEALING ARTS

**235 S. Topeka Blvd.
Topeka, KS 66603**

**PHONE: 785-296-7413
TOLL FREE: 888-886-7205
FAX: 785-296-0852
WEBSITE: www.ksbha.org**

PROPOSED REGULATIONS**Article 28. – Supervision of Certain Allied Health Professionals**

K.A.R. 100-28-1. Definitions. (a) “Advanced registered nurse practitioner” and “ARNP” mean a professional nurse who holds a certificate of qualification issued by the state board of nursing to function in an expanded role.

(b) “Allied health professional” means a naturopath registered by the state board of healing arts, an advanced registered nurse practitioner, or a pharmacist registered by the state board of pharmacy.

(c) “Designated physician” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery who agrees to direct and supervise an allied health professional when a responsible physician is unavailable.

(d) “Responsible physician” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery who accepts continuous and ultimate responsibility for professional services provided by an allied health professional under the responsible physician’s direction and supervision. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

K.A.R. 100-28-2. Limitations on delegation of authority to perform services constituting medicine and surgery. (a) Any responsible physician or designated physician may delegate performance of services constituting medicine and surgery to an allied health professional only in the course of a physician-patient relationship between the patient and either the responsible physician or the designated physician.

(b) The responsible physician or designated physician shall communicate the authority to perform those services to the allied health professional only by means of one or more of the following:

(1) By direct verbal or written order, including an order transmitted through an electronic means or through radio, telephone, or another form of telecommunication;

(2) by a written protocol that meets the standards of these regulations for those circumstances in which use of a written protocol is authorized by statute or by rules and regulations of the board; or

(3) by any other reasonable and professionally competent manner in an emergency.

(c)(1) Before using a protocol to delegate to any allied health professional the performance of services constituting the practice of medicine and surgery, the responsible physician shall file with the board a completed protocol form provided by the board.

(2) Before authorizing an ARNP to prescribe any drug or to sign for, receive, and distribute a drug sample, the responsible physician shall file with the board a completed prescription drug protocol form provided by the board.

(3) Before entering into a vaccination protocol with a pharmacist, the responsible physician shall file with the board a completed vaccination protocol form provided by the board.

(d) Each responsible physician or designated physician shall adequately supervise all delegated services constituting medicine and surgery performed by each allied health professional who is under the supervision of that physician. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

K.A.R. 100-28-3. Protocol form contents. (a) The protocol form to be presented to the board as required by K.A.R. 100-28-2 shall contain the following information:

(1) The signatures of the responsible physician and the allied health professional and the date on which they each signed the form;

(2) the license or registration number of both the responsible physician and the allied health professional;

(3) a description of the normal and customary specialty and area of competence of the responsible physician and a description of the acts and functions to be delegated to the allied health professional;

(4) a statement that, while the allied health professional performs services constituting medicine and surgery, either the responsible physician or the designated physician will always be available by some form of telecommunication within 30 minutes of the time at which the allied health professional attempts to

- contact the physician, unless some provision of law imposes a stricter standard;
- (5) the name and address of each practice location, including hospitals, where the allied health professional will routinely perform services that constitute medicine and surgery;
- (6) the signature of each designated physician and a description of the procedures to be followed to notify a designated physician in the absence of the responsible physician;
- (7) an acknowledgement that the failure to adequately supervise the allied health professional in accordance with regulations of the board and K.S.A. 65-28,127, and amendments thereto, shall constitute grounds for the board to revoke, suspend, or limit the license of the responsible physician or designated physician or to censure or fine the responsible physician or designated physician;
- (8) a statement that a current copy of the protocol form will be maintained at each practice location of the allied health professional; and
- (9) an acknowledgment that the responsible physician has established and implemented a method for the initial and periodic evaluation of the professional competency of the allied health professional and that these evaluations will be performed at least annually.
- (b) The responsible physician shall submit an amended protocol form to the board within 10 days following any change in circumstances that affects the accuracy of the information included in the protocol form. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

K.A.R. 100-28-4. Supervision and direction. Each responsible physician or designated physician who delegates performance of services constituting medicine and surgery to one or more allied health professionals shall supervise each allied health professional in a manner that, at a minimum, meets all of the following requirements: (a) The responsible physician and the designated physician shall actively engage in the practice of medicine and surgery in this state.

(b) The responsible physician shall ensure that each allied health professional maintains a current license or registration issued by the appropriate Kansas regulatory board.

(c) While the allied health professional is performing services constituting medicine and surgery, either the responsible physician or the designated physician shall be available by some form of telecommunication within 30 minutes of the time at which the allied health professional attempts to contact the physician, unless some provision of law imposes a stricter standard.

(d) If the responsible physician has knowledge of any formal or informal disciplinary proceedings that have been instituted or disciplinary actions that have been taken against the allied health professional by the licensure or registration agency of any state or by any professional association, the responsible physician shall report that information to the board within 10 days of first receiving the information.

(e) If the responsible physician has knowledge of any litigation, threatened litigation, or claim alleging professional incompetency or professional negligence on the part of either the allied health professional or the responsible physician, the responsible physician shall report that information to the board within 10 days of first receiving the information.

(f) At least annually, the responsible physician shall evaluate the allied health professional's competency to perform professional services constituting medicine and surgery and document the review in the responsible physician's business record.

(g) At least annually, the responsible physician shall review any protocol that authorizes the allied health professional to perform services constituting medicine and surgery, determine if any modifications are necessary, and document the review in the responsible physician's business record.

(h) The responsible physician shall require the allied health professional to document patient care in the same manner that the responsible physician is required to document patient care.

(i) The responsible physician shall require the allied health professional to communicate with the responsible physician or the designated physician if a patient's condition might require treatment that the allied health professional has not been authorized to perform.

(j)(1) The responsible physician shall determine whether or not the allied health professional has performed patient services constituting the practice of medicine and surgery with reasonable skill and safety, including the following specific determinations, as appropriate:

(A) whether or not any drug prescribed by an ARNP was clinically indicated and whether or not the prescription order was appropriate;

(B) whether or not any formulary substance administered by a naturopathic doctor was appropriate; and

(C) whether or not any vaccine administered by a pharmacist was performed according to the vaccine protocol.

(2) To make the determination required under paragraph (j)(1), the responsible physician shall regularly and periodically review an adequate number of patient records documenting treatment provided by the allied health professional. The review shall be considered to be periodic if it occurs at least once every 14 days. The number of records reviewed shall be considered to be adequate if the responsible physician reviews the records for a minimum of 25 percent of the total number of patients treated by the allied health professional during the period under review. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

K.A.R. 100-28-5. Prescription orders by advanced registered nurse practitioners. Any responsible physician or designated physician may authorize any ARNP who is under the physician's supervision to prescribe or administer a prescription-only drug or to supply a drug sample only as provided in both the prescription drug protocol and this regulation. (a) The responsible or designated physician may authorize an ARNP to issue a written prescription order for a schedule II controlled substance, except that, in an emergency situation, the ARNP may transmit the order by oral communication, including telecommunication. Within seven days after orally transmitting an emergency prescription order, the ARNP shall cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.

(b) The responsible or designated physician may authorize an ARNP to prescribe a controlled substance listed in schedule III, IV, or V or a prescription-only drug not listed in any schedule as a controlled substance and to issue that prescription orally, telephonically, or in writing.

(c) The responsible physician shall require that each written prescription order issued by an ARNP meet the following requirements:

(1) Contains the name, the business address, and the telephone number of the responsible physician and of the ARNP;

(2) is signed by the ARNP with the letters "ARNP" following the signature;

(3) contains any DEA registration number issued to the ARNP, if a controlled substance is prescribed; and

(4) indicates whether the prescription order is being transmitted by direct order of the responsible or designated physician, by the ARNP according to a written protocol, or by the ARNP in an emergency situation.

(d) An ARNP may supply a prescription-only drug to a patient only if all of the following conditions are met:

(1) The drug is supplied to the patient under the same conditions as those in which an ARNP is authorized to administer a prescription-only drug directly.

(2) The drug was provided to the ARNP or to the responsible physician, designated physician, or employer at no cost.

(3) The drug is commercially labeled, and the ARNP supplies the drug to the patient in the original, prepackaged container.

(4) The drug is supplied to the patient at no cost.

(e) An ARNP shall not administer, supply, or prescribe a prescription-only drug for any quantity or strength in excess of the normal and customary practice of the responsible or designated physician. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

K.A.R. 100-28-6. Alternate practice location. Any responsible physician may delegate to any ARNP who is under the direction of the physician the authority to perform professional services constituting medicine and surgery at a location that is not the primary practice location of the responsible physician only as provided by this regulation. (a) Before the ARNP provides services that constitute medicine and surgery at

the alternate practice location, the ARNP shall have spent a minimum of 80 hours providing those services under the immediate supervision of a physician who is licensed in this state.

(b) The physician shall periodically see and treat patients at the alternate location.

(c) Written notice stating that the alternate practice location is not staffed routinely by a physician shall be conspicuously posted on the premise. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

K.A.R. 100-28-7. Limitation on the number of supervised professionals. (a)(1) Except for services to be performed in a medical care facility as defined by K.S.A. 65-425 and amendments thereto, a responsible physician shall not utilize a protocol to delegate performance of services constituting medicine and surgery to more than four supervised health professionals, unless the responsible physician obtains the prior approval of the board.

(2) For purposes of this regulation, "supervised health professional" shall mean a licensed physician assistant or an allied health professional.

(b) Each request for approval to supervise more than four supervised health professionals shall meet the following conditions:

(1) Be in writing;

(2) identify all supervised health professionals to be supervised by the responsible physician;

(3) state the reason for the request; and

(4) be signed by the responsible physician.

(c) The grounds for requesting approval to supervise more than four supervised health professionals may include any of the following:

(1) The usual number of hours worked each week by one or more of the supervised health professionals to be supervised is less than 40.

(2) The usual number of days worked each week by one or more of the supervised health professionals to be supervised is less than five.

(3) One or more supervised health professionals that the responsible physician supervises will be absent temporarily.

(4) Extraordinary circumstances exist that make delegation to more than four supervised health professionals necessary for the benefit of the physician's patients, without diminishing the ability of the responsible physician to provide adequate supervision.

(5) Supervision of more than four supervised health professionals is necessary to preserve the public health and safety. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

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Article 28. – Supervision of Certain Allied Health Professionals

100-28-1. Definitions. (a) “Advanced registered nurse practitioner” and “ARNP” mean a professional nurse who holds a certificate of qualification issued by the state board of nursing to function ~~in an expanded role~~ *as a nurse clinician or nurse practitioner, a nurse-midwife, or a clinical specialist.*

(b) “Allied health professional” means a naturopath registered by the state board of healing arts, an advanced registered nurse practitioner, or a pharmacist registered by the state board of pharmacy.

(c) “Designated physician” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery who agrees to direct and supervise an allied health professional when a responsible physician is unavailable.

(d) *“Professional services” mean patient care that is the practice of medicine and surgery.*

(~~d~~ e) “Responsible physician” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery who accepts continuous and ultimate responsibility for professional services provided by an allied health professional *pursuant to collaborative agreement or protocols with, or at the order, direction, supervision or delegation from the responsible physician.* ~~under the responsible physician’s direction and supervision.~~ (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

100-28-2. Limitations on delegation of authority to perform services constituting medicine and surgery. (a) Any responsible physician or designated physician may delegate performance of services constituting medicine and surgery to an allied health professional only in the course of a physician-patient relationship between the patient and either the responsible physician or the designated physician.

(b) The responsible physician or designated physician shall communicate the authority to perform those services to the allied health professional only by means of one or more of the following:

(1) By direct verbal or written order, including an order transmitted through an electronic means or through radio, telephone, or another form of telecommunication;

(2) by a written protocol *or collaborative agreement* that meets the standards of these regulations for those circumstances in which use of a written protocol is authorized by statute or by rules and regulations of the board; or

(3) by any other reasonable and professionally competent manner in an emergency.

(c)(1) Before using a protocol *or collaborative agreement* to delegate to any allied health professional the performance of *professional* services, the responsible physician shall file with the board a completed protocol *or collaborative agreement* form provided by the board.

(2) Before authorizing an ARNP to prescribe any drug or to sign for, receive, and distribute a drug sample, the responsible physician shall file with the board a completed prescription drug protocol form provided by the board.

(3) Before entering into a vaccination protocol with a pharmacist, the responsible physician shall file with the board a completed vaccination protocol form provided by the board.

(d) Each responsible physician or designated physician *authorizing an allied health professional to perform professional services* shall adequately supervise *performance of those services*. ~~all delegated services constituting medicine and surgery performed by each allied health professional who is under the supervision of that physician.~~ (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

100-28-3. Protocol or collaborative agreement form contents. (a) The protocol or collaborative agreement form to be presented to the board as required by K.A.R. 100-28-2 shall contain the following information:

(1) The signatures of the responsible physician and the allied health professional and the date on which they each signed the form;

(2) the license or registration number of both the responsible physician and the allied health professional;

(3) a description of the normal and customary specialty and area of competence of the responsible physician and a description of the acts and functions to be delegated to the allied health professional;

(4) a statement that, while the allied health professional performs *professional services* ~~constituting medicine and surgery~~, either the responsible physician or the designated physician will always be available by some form of telecommunication within

30 minutes of the time at which the allied health professional attempts to contact the physician, unless some provision of law imposes a stricter standard;

(5) the name and address of each practice location, including hospitals, where the allied health professional will routinely perform *professional services* ~~that constitute medicine and surgery~~;

(6) the signature of each designated physician and a description of the procedures to be followed to notify a designated physician in the absence of the responsible physician;

(7) an acknowledgement that the failure to adequately supervise the allied health professional in accordance with regulations of the board and K.S.A. 65-28,127, and amendments thereto, shall constitute grounds for the board to revoke, suspend, or limit the license of the responsible physician or designated physician or to censure or fine the responsible physician or designated physician;

(8) a statement that a current copy of the protocol *or collaborative agreement* form will be maintained at each practice location of the allied health professional; and

(9) an acknowledgment that the responsible physician has established and implemented a method for the initial and periodic evaluation of the *allied professional's* ~~professional competency of the allied health professional to perform services~~ and that these evaluations will be performed at least annually.

(b) The responsible physician shall submit an amended protocol *or collaborative agreement* form to the board within 10 days following any change in circumstances that affects the accuracy of the information included in the protocol form. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

100-28-4. Conditions on delegation and supervision of services performed by allied health professionals Supervision and Direction. Each responsible physician or designated physician who ~~delegates~~ *directs, supervises, or enters into practice protocols with one or more allied health professionals for the performance of professional services constituting medicine and surgery to one or more allied health professionals* shall supervise each allied health professional in a manner that, at a minimum, ~~meets~~ *meet* all of the following requirements: (a) ~~The responsible physician and the designated physician shall actively engage in the practice of medicine and surgery in this state.~~

(b) The responsible physician shall ensure that each allied health professional maintains a current license or registration issued by the appropriate Kansas regulatory board.

(c) While the allied health professional is performing *professional services constituting medicine and surgery*, either the responsible physician or the designated physician shall be available by some form of telecommunication within 30 minutes of the time at which the allied health professional attempts to contact the physician, unless some provision of law imposes a stricter standard.

(d) If the responsible physician has knowledge of any formal or informal disciplinary proceedings that have been instituted or disciplinary actions that have been taken against the allied health professional by the licensure or registration agency of any state or by any professional association, the responsible physician shall report that information to the board within 10 days of first receiving the information.

(e) If the responsible physician has knowledge of any litigation, threatened litigation, or claim alleging professional incompetency or professional negligence on the part of either the allied health professional or the responsible physician, the responsible physician shall report that information to the board within 10 days of first receiving the information.

(f) At least annually, the responsible physician shall evaluate the allied health professional's competency to perform professional services ~~constituting medicine and surgery~~ and document the review in the responsible physician's business record.

(g) At least annually, the responsible physician shall review any protocol *or collaborative agreement* that authorizes the allied health professional to perform *professional services* ~~constituting medicine and surgery~~, determine if any modifications are necessary, and document the review in the responsible physician's business record.

(h) The responsible physician shall require the allied health professional to document patient care in the same manner that the responsible physician is required to document patient care.

(i) The responsible physician shall require the allied health professional to communicate with the responsible physician or the designated physician if a patient's condition might require treatment that the allied health professional has not been authorized to perform.

(j)(1) The responsible physician shall determine whether or not the allied health professional has performed ~~patient~~ *professional services* ~~constituting the practice of medicine and surgery~~ with reasonable skill and safety, including the following specific determinations, as appropriate:

(A) whether or not any drug prescribed by an ARNP was clinically indicated and whether or not the prescription order was appropriate;

(B) whether or not any formulary substance administered by a naturopathic doctor was appropriate; and

(C) whether or not any vaccine administered by a pharmacist was performed according to the vaccine protocol.

(2) To make the determination required under paragraph (j)(1), ~~the responsible physician shall regularly and periodically review an adequate number of patient records documenting treatment provided by the allied health professional. The review shall be considered to be periodic if it occurs at least once every 14 days. The number of records reviewed shall be considered to be adequate if the responsible physician reviews the records for a minimum of 25 percent of the total number of patients treated by the allied health professional during the period under review.~~

(1) the responsible physician may engage in one or more of the following activities:

(A) At least each 14 days, have grand rounds discussions with the allied health professional regarding routine cases in which the allied health professional treated patients. The responsible physician shall either document in each patient record the date of the discussion, or create and maintain for a period of at least five years a separate written record that states the date the issues discussed at each grand rounds;

(B) consult with the allied health professional regarding a specific patient at the time of treatment, which consultation shall be documented in that patient's record;
and

(C) provide written protocols for treatment in specific types of cases; and
(2) at least every 14 days, the responsible physician shall review all records of patients treated by the allied health professional that have not been discussed during grand rounds, that do not document consultation with the responsible physician at the time of treatment, or that include treatments not described in written protocols.
(Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-
_____.)

100-28-5. Authorization of Prescription ~~Prescription~~ orders by advanced registered nurse practitioners. Any responsible physician or designated physician may authorize any ARNP who is under the physician's supervision to prescribe or administer a prescription-only drug or to supply a drug sample only as provided in both the prescription drug protocol and this regulation. (a) The responsible or designated physician may authorize an ARNP to issue a written prescription order for a schedule II controlled substance, except that, in an emergency situation, the *responsible or designated physician may authorize an ARNP* may transmit the order by oral communication, including telecommunication. Within seven days after orally transmitting an emergency prescription order, *the responsible physician shall require the ARNP to* ~~ARNP shall~~ cause a written prescription, completed in accordance with appropriate federal and state laws, to be delivered to the dispenser of the drug.

(b) The responsible or designated physician may *orally, telephonically, electronically, or in writing* authorize an ARNP to prescribe a controlled substance listed

in schedule III, IV, or V or a prescription-only drug not listed in any schedule as a controlled substance ~~and to issue that prescription orally, telephonically, or in writing.~~

(c) The responsible physician shall require that each written prescription order issued by an ARNP meets the following requirements:

(1) Contains the name, the business address, and the telephone number of the responsible physician and of the ARNP;

(2) is signed by the ARNP with the letters "ARNP" following the signature; *and*

(3) contains any DEA registration number issued to the ARNP, if a controlled substance is prescribed; ~~and~~

~~(4) indicates whether the prescription order is being transmitted by direct order of the responsible or designated physician, by the ARNP according to a written protocol, or by the ARNP in an emergency situation.~~

(d) ~~An ARNP may supply~~ *The responsible physician shall authorize an ARNP to request, receive, sign for and distribute a professional sample of a prescription-only drug to a patient only if all of the following conditions are met:*

(1) The drug is supplied to the patient under the same conditions as those in which an ARNP is authorized to administer a prescription-only drug directly.

(2) The drug was provided to the ARNP or to the responsible physician, designated physician, or employer at no cost.

(3) The drug is commercially labeled, and the ARNP supplies the drug to the patient in the original, prepackaged container.

(4) The drug is supplied to the patient at no cost.

(e) ~~An ARNP shall not~~ *A responsible or designated physician shall not authorize an ARNP to administer, supply, or prescribe a prescription-only drug for any quantity or strength in excess of the normal and customary practice of the responsible or designated physician. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)*

100-28-6. Alternate practice location. Any responsible physician may delegate to any ARNP who is under the direction of the physician the authority to perform professional services ~~constituting medicine and surgery~~ at a location that is not the primary practice location of the responsible physician only as provided by this regulation. (a) Before the *responsible or designated physician authorizes an ARNP to provide professional services* ~~ARNP provides services that constitute medicine and surgery~~ at the alternate practice location, the *responsible or designated physician shall require the ARNP to* ~~ARNP shall~~ have spent a minimum of 80 hours providing ~~these~~ *professional services* under the immediate supervision of a physician who is licensed in this state.

(b) ~~The physician shall periodically see and treat patients at the alternate location.~~

(e) Written notice stating that the alternate practice location is not staffed routinely by a physician shall be conspicuously posted on the premise. (Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-_____.)

100-28-7. Limitation on the number of supervised professionals. (a)(1) Except for services to be performed in a medical care facility as defined by K.S.A. 65-425 and amendments thereto, a responsible physician shall not utilize a protocol *or collaborative agreement* to delegate performance of *professional services* ~~constituting medicine and~~

~~surgery~~ to a combination of more than four ~~supervised allied~~ health professionals and licensed physician assistants, unless the responsible physician obtains the prior approval of the board.

~~(2) For purposes of this regulation, "supervised health professional" shall mean a licensed physician assistant or an allied health professional.~~

(b) Each request for approval to supervise more than four ~~supervised allied~~ health professionals and licensed physician assistants shall meet the following conditions:

(1) Be in writing;

(2) identify all ~~supervised allied~~ health professionals and licensed physician assistants to be supervised by the responsible physician;

(3) state the reason for the request; and

(4) be signed by the responsible physician.

(c) The grounds for requesting approval to supervise more than four ~~supervised allied~~ health professionals and licensed physician assistants may include any of the following:

(1) The usual number of hours worked each week by one or more of the ~~supervised allied~~ health professionals and licensed physician assistants to be supervised is less than 40.

(2) The usual number of days worked each week by one or more of the ~~supervised allied~~ health professionals and licensed physician assistants to be supervised is less than five.

(3) One or more ~~supervised allied~~ health professionals and licensed physician assistants that the responsible physician supervises will be absent temporarily.

(4) Extraordinary circumstances exist that make delegation to more than four ~~supervised~~ *allied* health professionals *and licensed physician assistants* necessary for the benefit of the physician's patients, without diminishing the ability of the responsible physician to provide adequate supervision.

(5) Supervision of more than four ~~supervised~~ *allied* health professionals *and licensed physician assistants* is necessary to preserve the public health and safety.

(Authorized by and implementing K.S.A. 2004 Supp. 65-28,127; effective P-
_____.)