



Kansas State Board of Nursing Special Board Meeting Notice

Date: February 14, 2013 @ 8:30 AM

Meeting Location: Conference Call

1-877-278-8686

Access Code: 135621

AGENDA:

Massage Therapists Bill #2187

APRN Bill #2251

HOUSE BILL No. 2187

By Committee on Health and Human Services

1-31

1 AN ACT enacting the massage therapist licensure act; providing for
2 powers, duties and functions of the state board of nursing.

3

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

5 Section 1. As used in this act:

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

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

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

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

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

23 (f) "Practice of massage therapy" means the care and services
24 provided by a licensed massage therapist in a system of therapeutic,
25 structured touch, palpation or movement of the soft tissue of another
26 person's body in order to enhance or restore the general health and well-
27 being of the recipient.

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

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

32 (B) passive and active stretching within the normal anatomical range
33 of movement;

34 (C) hydromassage;

35 (D) thermal massage; or

36 (E) such techniques may be applied with or without the aid of

- 1 lubricants, salt or herbal preparations, water, heat or a massage device that
2 mimics or enhances the actions possible by human hands.
- 3 (2) "Massage" or "massage therapy" does not include:
4 (A) Medical or nursing diagnosis of injury, illness or disease;
5 (B) therapeutic exercise;
6 (C) chiropractic joint adjustment;
7 (D) physical therapy joint mobilization or manipulation;
8 (E) electrical stimulation or application of ultrasound; or
9 (F) dispensing or issuing prescriptions or pharmaceutical agents.
- 10 (g) "Massage therapy services" include, but are not limited to:
11 (1) Development, implementation and modification of a massage
12 therapy treatment plan that addresses client soft tissue manifestations,
13 needs and concerns, including identifying indications, contraindications
14 and precautions of massage therapy within the scope of the act;
15 (2) obtaining informed consent regarding the risks and benefits of the
16 massage therapy treatment plan and application and modification of the
17 massage therapy treatment plan as needed;
18 (3) using effective interpersonal communication in the professional
19 relationship;
20 (4) utilizing an ethical decision making process that conforms to the
21 ethical standards of the profession, as set forth in this act and in rules and
22 regulations;
23 (5) establishing and maintaining a practice environment that provides
24 for the client's health, safety and comfort; or
25 (6) establishing and maintaining client records, professional records
26 and business records in compliance with standards of professional conduct
27 as required by rules and regulations.
- 28 Sec. 2. (a) Upon application to the board and the payment of the
29 required fees, an applicant for a license as a massage therapist may be
30 licensed as a massage therapist if the applicant meets all the requirements
31 of this act and provides documentation acceptable to the board that the
32 applicant:
33 (1) Has obtained a high school diploma or equivalent;
34 (2) is 18 years of age or older;
35 (3) has no other disqualifying conduct as defined by the board;
36 (4) has successfully completed an approved course of instruction
37 consisting of at least 500 in-classroom hours of supervised instruction,
38 including massage therapy technique and theory, contraindications, ethics,
39 sanitation, hygiene, business training, anatomy, physiology and pathology;
40 and
41 (5) has successfully passed a nationally recognized competency
42 examination in massage that meets acceptable psychometric principles, is
43 statistically validated through a job-task analysis under current standards

1 for educational and professional testing and has been approved by the
2 board. The passage of this exam may have occurred prior to the effective
3 date of this act.

4 Sec. 3. Prior to July 1, 2014, the board may issue a license as a
5 massage therapist to any individual who meets the requirements of
6 subsection (a)(1), (2) and (3) of section 2, and amendments thereto, and
7 one of the following requirements verified to the board by affidavit:

8 (a) The individual has completed a minimum 500 hours of instruction
9 relating to massage therapy at a massage school or comparable legal
10 authority in another state verified to the board by affidavit;

11 (b) the individual has completed at least 300 hours of training in
12 massage therapy during the three years prior to the date of application;

13 (c) the individual has practiced for at least five years prior to the date
14 of application;

15 (d) the individual has been an active member in good standing as a
16 massage or bodywork therapist for a period of at least 12 months, of a
17 professional massage or bodywork therapy association. Such membership
18 may have been any time prior to the effective date of this act; or

19 (e) the individual has successfully passed an examination meeting the
20 requirements of subsection (a)(5) of section 2, and amendments thereto, or
21 passage of a nationally recognized certification examination. The passage
22 of these examinations may have occurred prior to the effective date of this
23 section.

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

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

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

- 1 veterinary medicine or any other licensed or regulated profession by the
2 state of Kansas.
- 3 (b) Nothing in this act shall prohibit:
- 4 (1) The practice of massage therapy by a person employed by the
5 government of the United States while the person is engaged in the
6 performance of duties prescribed by the laws and regulations of the United
7 States;
- 8 (2) the practice of massage therapy by persons duly licensed,
9 registered, or certified in another state, territory, the District of Columbia,
10 or a foreign country when incidentally called into this state to teach a
11 course related to massage therapy or to consult with a person licensed
12 under this act;
- 13 (3) students currently enrolled in a massage school while completing
14 a clinical requirement or supervised massage therapy fieldwork experience
15 for graduation performed under the supervision of a person licensed under
16 this act, provided the student does not hold oneself out as a licensed
17 massage therapist and does not receive compensation for services
18 performed;
- 19 (4) any person performing massage therapy services in the state, if
20 those services are performed without compensation and are performed in
21 cooperation with a charitable organization or as part of an emergency
22 response team working in conjunction with disaster relief officials;
- 23 (5) the practice, conduct and activities or services of a person who is
24 employed by a non-resident performance team, entertainer, or a
25 professional athletic team to the extent that such services or activities are
26 provided solely to the team or entertainer in the state for not more than 30
27 days. Such persons may not offer, hold out, or claim to be licensed
28 massage therapists, or offer massage therapy;
- 29 (6) persons giving massage to members of such person's immediate
30 or extended family without compensation;
- 31 (7) persons who restrict their manipulation of the soft tissues of the
32 human body to the hands, feet or ears and do not hold themselves out to be
33 massage therapists;
- 34 (8) members of any church practicing their religious tenants;
- 35 (9) the practice of any person in this state who uses touch, words and
36 directed movement to deepen awareness of existing patterns of movement
37 in the body as well as to suggest new possibilities of movement while
38 engaged within the scope of practice of a profession provided that their
39 services are not designated or implied to be massage or massage therapy.
40 Such practices include, but are not limited to, the Feldenkrais method of
41 somatic education, the Trager approach to movement education, and body-
42 mind centering;
- 43 (10) the practice of any person in this state who uses touch to affect

1 the energy systems, acupoints or qi meridians (channels of energy) of the
2 human body while engaged within the scope of practice of a profession,
3 provided that their services are not designated or implied to be massage or
4 massage therapy. Such practices include, but are not limited to, polarity,
5 polarity therapy, polarity bodywork therapy, Asian bodywork therapy,
6 acupressure, jin shin do, qi gong, reiki and shiatsu; or

7 (11) persons engaged in the profession of structural integration,
8 restoring postural balance and functional ease by integrating the body in
9 gravity based on a system of fascial manipulation and awareness, provided
10 their services are not designated or implied to be massage or massage
11 therapy. Such practices include, but are not limited to, rolfing structural
12 integration, the guild for structural integration and Hellerwork.

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

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

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

22 (b) On and after September 1, 2015, it shall be unlawful for any
23 person who is not licensed under this act as a massage therapist or whose
24 license has been suspended, revoked or lapsed to promote oneself to the
25 public in any manner as a licensed massage therapist or to engage in the
26 practice of massage therapy. A violation of this subsection (b) shall
27 constitute a class B person misdemeanor.

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

31 Sec. 7. (a) An advisory committee of two board members and five
32 nonboard members shall be established by the board to advise and assist
33 the board in implementing this act as determined by the board. The
34 advisory committee shall meet at least annually. Members of the advisory
35 committee shall receive amounts provided for in subsection (e) of K.S.A.
36 75-3223, and amendments thereto, for each day of actual attendance at any
37 meeting of the advisory committee or any subcommittee meeting of the
38 advisory committee authorized by the board.

39 (b) The two board members shall be appointed by the state board of
40 nursing. The five nonboard members of the massage therapy advisory
41 committee shall be appointed by the state board of nursing, shall be
42 massage therapists and shall be citizens and residents of the state. No more
43 than one member may be an owner of a massage school. The members of

1 the committee shall be appointed for terms of two years and shall serve at
2 the pleasure of the state board of nursing.

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

- 6 Application fee, not more than.....\$80
- 7 Temporary permit fee, not more than.....\$25
- 8 License renewal fee, not more than.....\$75
- 9 License late renewal additional fee, not more than.....\$75
- 10 License reinstatement fee, not more than.....\$80
- 11 Certified copy of license, not more than.....\$25
- 12 Written verification of license, not more than.....\$30

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

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

23 Sec. 9. (a) All licenses issued under the provisions of this act, whether
24 initial or renewal, shall expire every two years. The expiration date shall
25 be established by the rules and regulations of the board. The board shall
26 send a notice for renewal of license to every massage therapist at least 60
27 days prior to the expiration date of such person's license. Every person so
28 licensed who desires to renew such license shall file with the board, on or
29 before the date of expiration of such license, a renewal application
30 together with the prescribed biennial renewal fee. Every licensee who is no
31 longer engaged in the active practice of massage therapy may so state by
32 affidavit and submit such affidavit with the renewal application. An
33 inactive license may be requested along with payment of a fee which shall
34 be fixed by rules and regulations of the board. Except for the first renewal
35 for a license that expires within 30 months following licensure
36 examination or for renewal of a license that expires within the first nine
37 months following licensure by reinstatement or endorsement, every
38 licensee with an active massage therapy license shall submit with the
39 renewal application evidence of satisfactory completion of a program of
40 continuing massage therapy education required by the board. The board by
41 duly adopted rules and regulations shall establish the requirements for
42 such program of continuing massage therapy education. The board shall
43 require as a condition for renewal of a license completion of no more than

1 12 hours biennially of continuing education approved by the board. Upon
2 receipt of such application, payment of fee, upon receipt of the evidence of
3 satisfactory completion of the required program of continuing massage
4 therapy education and upon being satisfied that the applicant meets the
5 requirements set forth by law in effect at the time of initial licensure of the
6 applicant, the board shall verify the accuracy of the application and grant a
7 renewal license.

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

18 (c) (1) Each licensee shall notify the board in writing of:

19 (A) A change in name or address within 30 days of the change; or

20 (B) a conviction of any felony or misdemeanor, that is specified in
21 rules and regulations adopted by the board, within 30 days from the date
22 the conviction becomes final.

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

31 (d) (1) The board of nursing may require an original applicant for
32 licensure as a massage therapist to be fingerprinted and submit to a state
33 and national criminal history record check. The fingerprints shall be used
34 to identify the applicant and to determine whether the applicant has a
35 record of criminal history in this state or other jurisdictions. The board of
36 nursing is authorized to submit the fingerprints to the Kansas bureau of
37 investigation and the federal bureau of investigation for a state and
38 national criminal history record check. The board of nursing may use the
39 information obtained from fingerprinting and the applicant's criminal
40 history for purposes of verifying the identification of any applicant and in
41 the official determination of character and fitness of the applicant for any
42 licensure to practice massage therapy in this state.

43 (2) Local and state law enforcement officers and agencies shall assist

1 the board of nursing in the taking and processing of fingerprints of
2 applicants to practice massage therapy in this state and shall release all
3 records of adult convictions and non-convictions and adult convictions or
4 adjudications of another state or country to the board of nursing.

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

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

19 Sec. 10. (a) The board may deny, suspend, revoke or limit a license or
20 the licensee may be publicly or privately censured where the licensee or
21 applicant for licensure has been guilty of unprofessional conduct which
22 has endangered or is likely to endanger the health, welfare or safety of the
23 public. Unprofessional conduct includes:

24 (1) Obtaining a license by means of fraud, misrepresentation or
25 concealment of material facts;

26 (2) being guilty of unprofessional conduct as defined by rules and
27 regulations adopted by the board;

28 (3) to have been guilty of a felony unless the applicant or licensee
29 establishes sufficient rehabilitation to warrant the public trust;

30 (4) to have been guilty of a felony or to have been guilty of a
31 misdemeanor involving an illegal drug offense unless the applicant or
32 licensee establishes sufficient rehabilitation to warrant the public trust,
33 except that notwithstanding K.S.A. 74-120, and amendments thereto, no
34 license or authorization to practice massage as a licensed massage
35 therapist shall be granted to a person with a felony conviction for a crime
36 against persons as specified in article 34 of chapter 21 of the Kansas
37 Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the
38 Kansas Statutes annotated, or K.S.A. 2012 Supp. 21-6104, 21-6325, 21-
39 6326 or 21-6418, and amendments thereto;

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

42 (6) to have willfully or repeatedly violated the provisions of the
43 Kansas massage therapy licensure act or any rules and regulations adopted

1 pursuant to that act,;

2 (7) to have a license to practice massage therapy as a licensed
3 massage therapist denied, revoked, limited or suspended, or to be publicly
4 or privately censured, by a licensing authority of another state, agency of
5 the United States government, territory of the United States or country or
6 to have other disciplinary action taken against the applicant or licensee by
7 a licensing authority of another state, agency of the United States
8 government, territory of the United States or country. A certified copy of
9 the record or order of public or private censure, denial, suspension,
10 limitation, revocation or other disciplinary action of the licensing authority
11 of another state, agency of the United States government, territory of the
12 United States or country shall constitute prima facie evidence of such a
13 fact for purposes of this paragraph;

14 (8) violating any lawful order or rule and regulation of the board; and

15 (9) violating any provision of this act.

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

26 (c) No person shall be excused from testifying in any proceedings
27 before the board under this act or in any civil proceedings under this act
28 before a court of competent jurisdiction on the ground that such testimony
29 may incriminate the person testifying, but such testimony shall not be used
30 against the person for the prosecution of any crime under the laws of this
31 state except the crime of perjury as defined in K.S.A. 2012 Supp. 21-5903,
32 and amendments thereto.

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

1 (e) Such denial, suspension, revocation or limitation of a license or
2 public or private censure of a licensee may be ordered by the board after
3 notice and hearing on the matter in accordance with the provisions of the
4 Kansas administrative procedure act. Upon the end of the period no less
5 than two years for the revocation of a license, application may be made to
6 the board for reinstatement. The board shall have discretion to accept or
7 reject an application for reinstatement and may hold a hearing to consider
8 such reinstatement. An application for reinstatement of a revoked license
9 shall be accompanied by the license reinstatement fee established under
10 section 8, and amendments thereto.

11 (f) The board, in addition to any other penalty prescribed in
12 subsection (a), may assess a civil fine, after proper notice and an
13 opportunity to be heard, against a licensee for unprofessional conduct in an
14 amount not to exceed \$1,000 for the first violation, \$2,000 for the second
15 violation and \$3,000 for the third violation and for each subsequent
16 violation. All fines assessed and collected under this section shall be
17 remitted to the state treasurer in accordance with the provisions of K.S.A.
18 75-4215, and amendments thereto. Upon receipt of each such remittance,
19 the state treasurer shall deposit the entire amount in the state treasury to
20 the credit of the state general fund.

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

26 Sec. 11. The board shall remit all moneys received by or for it from
27 fees, charges or penalties to the state treasurer in accordance with the
28 provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of
29 each such remittance, the state treasurer shall deposit the entire amount in
30 the state treasury. Ten percent of each such deposit shall be credited to the
31 state general fund and the balance shall be credited to the nursing fee fund.
32 All expenditures from such fund shall be made in accordance with
33 appropriation acts upon warrants of the director of accounts and reports
34 issued pursuant to vouchers approved by the president of the board or by a
35 person designated by the president of the board.

36 Sec. 12. On and after July 1, 2015, a local unit of government shall
37 not establish or maintain professional licensing requirements for a massage
38 therapist licensed under this act. Nothing in this act shall affect local
39 zoning requirements.

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

1 may be instituted before the board or whether criminal proceedings have
2 been or may be instituted.

3 (b) The provisions of this section shall take effect on and after
4 September 1, 2015.

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

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

14 Sec. 16. On the effective date of this act, nothing in the massage
15 therapist licensure act or in the provisions of K.S.A. 40-2,100 through 40-
16 2,105, and amendments thereto, or K.S.A. 2012 Supp. 40-2,105a through
17 40-2,105d, and amendments thereto, shall be construed to require that any
18 individual, group or blanket policy of accident and sickness, medical or
19 surgical expense insurance coverage or any provision of a policy, contract,
20 plan or agreement for medical service issued on or after the effective date
21 of this act, reimburse or indemnify a person licensed under the massage
22 therapist licensure act for services provided as a massage therapist.

23 Sec. 17. This act shall be known and may be cited as the massage
24 therapist licensure act.

25 Sec. 18. This act shall take effect and be in force from and after its
26 publication in the statute book.

HOUSE BILL No. 2251

By Committee on Health and Human Services

2-6

1 AN ACT concerning advanced practice registered nurses; amending
2 K.S.A. 2012 Supp. 65-468, 65-1113, 65-1130 and 65-1626 and
3 repealing the existing sections.
4

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

6 Section 1. K.S.A. 2012 Supp. 65-1113 is hereby amended to read as
7 follows: 65-1113. When used in this act and the act of which this section is
8 amendatory:

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

10 (b) "Diagnosis" in the context of nursing practice means that
11 identification of and discrimination between physical and psychosocial
12 signs and symptoms essential to effective execution and management of
13 the nursing regimen and shall be construed, *with the exception of an*
14 *advanced practice registered nurse*, as distinct from a medical diagnosis.

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

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

1 licensed to practice medicine and surgery-~~or~~, a person licensed to practice
2 dentistry or by a person licensed to practice as an advanced practice
3 registered nurse. (3) The practice of nursing as an advanced practice
4 registered nurse means the performance for compensation or gratuitously,
5 except as permitted by K.S.A. 65-1124, and amendments thereto, the
6 process in which advanced knowledge derived from the biological,
7 physical and behavioral sciences is applied to direct and indirect care,
8 including creating, diagnosing, managing, treating, prescribing and
9 executing a health care plan; administering pharmacologic and non-
10 pharmacologic interventions; counseling and health teaching of persons
11 who are experiencing changes in the normal health processes or who
12 require assistance in the maintenance of health; or the prevention or
13 management of illness, injury or infirmity; administration, supervising or
14 teaching of the process as defined in this section and within the advanced
15 practice registered nurse's role. Within the role of the advanced practice
16 registered nurse, the advanced practice registered nurse may serve as a
17 primary care provider of a health care team.

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

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

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

27 (h) "Patient" means, when used in conjunction with the practice of an
28 advanced practice registered nurse, a recipient of care, which may be an
29 individual, family, group or community.

30 (i) "Primary care" means the provision of integrated, accessible
31 health care services by health care providers who are accountable for
32 addressing a majority of personal health care needs, developing a
33 sustained partnership with patients and practicing in the context of family
34 and community. Within the role of the advanced practice registered nurse,
35 the advanced practice registered nurse may serve as a primary care
36 provider and lead health care teams.

37 (j) "Consultation" means, when used in conjunction with the practice
38 of an advanced practice registered nurse, the discussion with another
39 health care professional for the purpose of obtaining information, advice
40 or direction in order to provide enhanced health care.

41 (k) "Treatment" means, when used in conjunction with the practice of
42 an advanced practice registered nurse, the planning, diagnosing, ordering
43 and initiating of a therapeutic regimen; including, but not limited to,

1 *pharmacologic and non-pharmacologic interventions. This also includes*
2 *prescribing medical devices and equipment, nutrition, diagnostic and*
3 *supportive services including, but not limited to, home health care,*
4 *hospice, physical and occupational therapy.*

5 (l) *"Collaborative relationship" means the cooperative working*
6 *relationship of an advanced practice registered nurse with another*
7 *licensed health care professional in the planning and provision of health*
8 *care, each responsible for their particular area of expertise.*

9 Sec. 2. K.S.A. 2012 Supp. 65-1130 is hereby amended to read as
10 follows: 65-1130. (a) No professional nurse shall announce or represent to
11 the public that such person is an advanced practice registered nurse unless
12 such professional nurse has complied with requirements established by the
13 board and holds a valid license as an advanced practice registered nurse in
14 accordance with the provisions of this section.

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

22 (c) The board shall adopt rules and regulations applicable to advanced
23 practice registered nurses which:

24 (1) Establish roles and identify titles and abbreviations of advanced
25 practice registered nurses which are consistent with *advanced* nursing
26 practice specialties recognized by the nursing profession.

27 (2) Establish education and qualifications necessary for licensure for
28 each role of advanced practice registered nurse established by the board at
29 a level adequate to assure the competent performance by advanced
30 practice registered nurses of functions and procedures which advanced
31 practice registered nurses are authorized to perform *including, but not*
32 *limited to, pharmacology education requirements as may be necessary to*
33 *protect the public health and safety.* Advanced practice registered nursing
34 is based on knowledge and skills acquired in basic nursing education,
35 licensure as a registered nurse and graduation from or completion of a
36 master's or higher degree in one of the advanced practice registered nurse
37 roles approved by the board of nursing.

38 (3) Define the role of advanced practice registered nurses and
39 establish limitations and restrictions on such role. The board shall adopt a
40 definition of the role under this subsection (c)(3) which is consistent with
41 the education and qualifications required to obtain a license as an
42 advanced practice registered nurse, which protects the public from persons
43 performing functions and procedures as advanced practice registered

1 nurses for which they lack adequate education and qualifications and
2 which authorizes advanced practice registered nurses to perform acts
3 generally recognized by the profession of nursing as capable of being
4 performed, in a manner consistent with the public health and safety, by
5 persons with postbasic education in nursing. In defining such role the
6 board shall consider: (A) The education required for a licensure as an
7 advanced practice registered nurse; (B) the type of nursing practice and
8 preparation in specialized advanced practice skills involved in each role of
9 advanced practice registered nurse established by the board; (C) the scope
10 and limitations of advanced practice nursing prescribed by national
11 advanced practice organizations; ~~and (D) acts recognized by the nursing~~
12 ~~profession as appropriate to be performed by persons with postbasic~~
13 ~~education in nursing; and (E) the certifying standards established by a~~
14 ~~national organization whose certifying standards are approved by the~~
15 ~~board as equal to or greater than the corresponding standards established~~
16 ~~under this act for obtaining authorization to practice as an advanced~~
17 ~~practice registered nurse in the specific role.~~

18 ~~(d) An advanced practice registered nurse may prescribe drugs~~
19 ~~pursuant to a written protocol as authorized by a responsible physician.~~
20 ~~Each written protocol shall contain a precise and detailed medical plan of~~
21 ~~care for each classification of disease or injury for which the advanced~~
22 ~~practice registered nurse is authorized to prescribe and shall specify all~~
23 ~~drugs which may be prescribed by the advanced practice registered nurse.~~
24 ~~The board of nursing shall authorize prescribing and ordering authority~~
25 ~~through the advanced practice registered nurse license. Advanced practice~~
26 ~~registered nurses are authorized to prescribe, procure and administer~~
27 ~~legend and controlled substances pursuant to applicable state and federal~~
28 ~~laws. Any written prescription order written by an advance practice~~
29 ~~registered nurse shall include the name, address and telephone number of~~
30 ~~the responsible physician advance practice registered nurse. The advanced~~
31 ~~practice registered nurse may not dispense drugs, but may request, receive~~
32 ~~and sign for professional samples and may distribute professional samples~~
33 ~~to patients pursuant to a written protocol as authorized by a responsible~~
34 ~~physician. In order to prescribe controlled substances, the advanced~~
35 ~~practice registered nurse shall (1) register with the federal drug~~
36 ~~enforcement administration; and (2) notify the board of the name and~~
37 ~~address of the responsible physician or physicians. In no case shall the~~
38 ~~scope of authority of the advanced practice registered nurse exceed the~~
39 ~~normal and customary practice of the responsible physician. notify the~~
40 ~~board of nursing of the federal drug enforcement administration~~
41 ~~registration. An advanced practice registered nurse shall comply with the~~
42 ~~federal drug enforcement administraiton requirements related to~~
43 ~~controlled substances. An advanced practice registered nurse certified in~~

1 the role of registered nurse anesthetist while functioning as a registered
2 nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and
3 amendments thereto, shall be subject to the provisions of K.S.A. 65-1151
4 to 65-1164, inclusive, and amendments thereto, with respect to drugs and
5 anesthetic agents and shall not be subject to the provisions of this
6 subsection. ~~For the purposes of this subsection, "responsible physician"~~
7 ~~means a person licensed to practice medicine and surgery in Kansas who~~
8 ~~has accepted responsibility for the protocol and the actions of the advanced~~
9 ~~practice registered nurse when prescribing drugs.~~

10 (e) *The advanced practice registered nurse is accountable to patients,*
11 *the nursing profession and the board for complying with the requirements*
12 *of this act and is responsible for recognizing limits of knowledge and*
13 *experience, planning for the management of situations beyond the*
14 *advanced practice registered nurse's expertise and consulting or referring*
15 *patients to other health care professionals as appropriate. Advanced*
16 *practice registered nurses may refer patients to health care agencies,*
17 *health care providers and community resources.*

18 (f) *Any advanced practice registered nurse with less than one year of*
19 *licensed, active, advanced practice nursing in an initial role shall*
20 *complete a transition to practice. The advanced practice registered nurse*
21 *shall complete a transition to practice period of 1,200 hours or one year,*
22 *whichever is less, while maintaining a collaborative relationship for*
23 *prescribing medications with either a licensed advanced practice*
24 *registered nurse with prescriptive authority, a licensed physician or be*
25 *employed by a clinic or hospital that has a medical director who is a*
26 *licensed advanced practice registered nurse or licensed physician. The*
27 *advanced practice registered nurse will be responsible for completing the*
28 *required documentation for the transition to practice as specified by the*
29 *board in rules and regulations. The board shall adopt rules and*
30 *regulations necessary to effectuate the purposes of the transition to*
31 *practice. Five years after the enactment of the transition to practice, the*
32 *board shall do an audit of the transitional requirement to examine whether*
33 *it adds meaningful protection to the public. If it finds no added protection,*
34 *the board, within the stated rules and regulations, may sunset the*
35 *transition requirement.*

36 (g) *Advanced practice registered nurses may prescribe and order*
37 *medical devices and equipment, treatments, nutrition, diagnostic and*
38 *supportive devices.*

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

1 (i) *The advanced practice registered nurse shall provide proof of*
2 *malpractice insurance coverage at time of licensure and renewal of*
3 *license. The board may exempt or establish lesser liability insurance*
4 *requirements for advanced practice registered nurses as written in rules*
5 *and regulations.*

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

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

15 Sec. 3. K.S.A. 2012 Supp. 65-468 is hereby amended to read as
16 follows: 65-468. As used in K.S.A. 65-468 to 65-474, inclusive, and
17 amendments thereto:

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

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

28 (c) "Mid-level practitioner" means *an advanced practice registered*
29 *nurse who is licensed pursuant to K.S.A. 65-1131, and amendments*
30 *thereto, and who has authority to prescribe drugs under K.S.A. 65-1130,*
31 *and amendments thereto, or a physician assistant*~~or advanced practice~~
32 ~~registered nurse~~ who has entered into a written protocol with a rural health
33 network physician.

34 (d) "Physician" means a person licensed to practice medicine and
35 surgery.

36 (e) "Rural health network" means an alliance of members including at
37 least one critical access hospital and at least one other hospital which has
38 developed a comprehensive plan submitted to and approved by the
39 secretary of health and environment regarding patient referral and transfer;
40 the provision of emergency and nonemergency transportation among
41 members; the development of a network-wide emergency services plan;
42 and the development of a plan for sharing patient information and services
43 between hospital members concerning medical staff credentialing, risk

1 management, quality assurance and peer review.

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

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

31 Sec. 4. K.S.A. 2012 Supp. 65-1626 is hereby amended to read as
32 follows: 65-1626. For the purposes of this act:

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

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

41 (b) "Agent" means an authorized person who acts on behalf of or at
42 the direction of a manufacturer, distributor or dispenser but shall not
43 include a common carrier, public warehouseman or employee of the carrier

1 or warehouseman when acting in the usual and lawful course of the
2 carrier's or warehouseman's business.

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

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

19 (e) "Board" means the state board of pharmacy created by K.S.A. 74-
20 1603, and amendments thereto.

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

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

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

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

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

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

42 (l) "Direct supervision" means the process by which the responsible
43 pharmacist shall observe and direct the activities of a pharmacy student or

1 pharmacy technician to a sufficient degree to assure that all such activities
2 are performed accurately, safely and without risk or harm to patients, and
3 complete the final check before dispensing.

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

7 (n) "Dispenser" means a practitioner or pharmacist who dispenses
8 prescription medication.

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

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

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

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

39 (s) "Durable medical equipment" means technologically sophisticated
40 medical devices that may be used in a residence, including the following:
41 (1) Oxygen and oxygen delivery system; (2) ventilators; (3) respiratory
42 disease management devices; (4) continuous positive airway pressure
43 (CPAP) devices; (5) electronic and computerized wheelchairs and seating

1 systems; (6) apnea monitors; (7) transcutaneous electrical nerve stimulator
2 (TENS) units; (8) low air loss cutaneous pressure management devices; (9)
3 sequential compression devices; (10) feeding pumps; (11) home
4 phototherapy devices; (12) infusion delivery devices; (13) distribution of
5 medical gases to end users for human consumption; (14) hospital beds;
6 (15) nebulizers; or (16) other similar equipment determined by the board
7 in rules and regulations adopted by the board.

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

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

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

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

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

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

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

- 1 (aa) "Generic name" means the established chemical name or official
2 name of a drug or drug product.
- 3 (bb) (1) "Institutional drug room" means any location where
4 prescription-only drugs are stored and from which prescription-only drugs
5 are administered or dispensed and which is maintained or operated for the
6 purpose of providing the drug needs of:
- 7 (A) Inmates of a jail or correctional institution or facility;
8 (B) residents of a juvenile detention facility, as defined by the revised
9 Kansas code for care of children and the revised Kansas juvenile justice
10 code;
- 11 (C) students of a public or private university or college, a community
12 college or any other institution of higher learning which is located in
13 Kansas;
- 14 (D) employees of a business or other employer; or
15 (E) persons receiving inpatient hospice services.
- 16 (2) "Institutional drug room" does not include:
- 17 (A) Any registered pharmacy;
18 (B) any office of a practitioner; or
19 (C) a location where no prescription-only drugs are dispensed and no
20 prescription-only drugs other than individual prescriptions are stored or
21 administered.
- 22 (cc) "Intermediary" means any technology system that receives and
23 transmits an electronic prescription between the prescriber and the
24 pharmacy.
- 25 (dd) "Intracompany transaction" means any transaction or transfer
26 between any division, subsidiary, parent or affiliated or related company
27 under common ownership or control of a corporate entity, or any
28 transaction or transfer between co-licensees of a co-licensed product.
- 29 (ee) "Medical care facility" shall have the meaning provided in
30 K.S.A. 65-425, and amendments thereto, except that the term shall also
31 include facilities licensed under the provisions of K.S.A. 75-3307b, and
32 amendments thereto, except community mental health centers and
33 facilities for people with intellectual disability.
- 34 (ff) "Manufacture" means the production, preparation, propagation,
35 compounding, conversion or processing of a drug either directly or
36 indirectly by extraction from substances of natural origin, independently
37 by means of chemical synthesis or by a combination of extraction and
38 chemical synthesis and includes any packaging or repackaging of the drug
39 or labeling or relabeling of its container, except that this term shall not
40 include the preparation or compounding of a drug by an individual for the
41 individual's own use or the preparation, compounding, packaging or
42 labeling of a drug by:
- 43 (1) A practitioner or a practitioner's authorized agent incident to such

- 1 practitioner's administering or dispensing of a drug in the course of the
2 practitioner's professional practice;
- 3 (2) a practitioner, by a practitioner's authorized agent or under a
4 practitioner's supervision for the purpose of, or as an incident to, research,
5 teaching or chemical analysis and not for sale; or
- 6 (3) a pharmacist or the pharmacist's authorized agent acting under the
7 direct supervision of the pharmacist for the purpose of, or incident to, the
8 dispensing of a drug by the pharmacist.
- 9 (gg) "Manufacturer" means a person licensed or approved by the
10 FDA to engage in the manufacture of drugs and devices.
- 11 (hh) "Mid-level practitioner" means an advanced practice registered
12 nurse issued a license pursuant to K.S.A. 65-1131, and amendments
13 thereto, who has authority to prescribe drugs pursuant to a written protocol
14 with a responsible physician under K.S.A. 65-1130, and amendments
15 thereto, or a physician assistant licensed pursuant to the physician assistant
16 licensure act who has authority to prescribe drugs pursuant to a written
17 protocol with a responsible physician under K.S.A. 65-28a08, and
18 amendments thereto.
- 19 (ii) "Normal distribution channel" means a chain of custody for a
20 prescription-only drug that goes from a manufacturer of the prescription-
21 only drug, from that manufacturer to that manufacturer's co-licensed
22 partner, from that manufacturer to that manufacturer's third-party logistics
23 provider, or from that manufacturer to that manufacturer's exclusive
24 distributor, directly or by drop shipment, to:
- 25 (1) A pharmacy to a patient or to other designated persons authorized
26 by law to dispense or administer such drug to a patient;
- 27 (2) a wholesale distributor to a pharmacy to a patient or other
28 designated persons authorized by law to dispense or administer such drug
29 to a patient;
- 30 (3) a wholesale distributor to a chain pharmacy warehouse to that
31 chain pharmacy warehouse's intracompany pharmacy to a patient or other
32 designated persons authorized by law to dispense or administer such drug
33 to a patient; or
- 34 (4) a chain pharmacy warehouse to the chain pharmacy warehouse's
35 intracompany pharmacy to a patient or other designated persons authorized
36 by law to dispense or administer such drug to a patient.
- 37 (jj) "Person" means individual, corporation, government,
38 governmental subdivision or agency, partnership, association or any other
39 legal entity.
- 40 (kk) "Pharmacist" means any natural person licensed under this act to
41 practice pharmacy.
- 42 (ll) "Pharmacist-in-charge" means the pharmacist who is responsible
43 to the board for a registered establishment's compliance with the laws and

1 regulations of this state pertaining to the practice of pharmacy,
2 manufacturing of drugs and the distribution of drugs. The pharmacist-in-
3 charge shall supervise such establishment on a full-time or a part-time
4 basis and perform such other duties relating to supervision of a registered
5 establishment as may be prescribed by the board by rules and regulations.
6 Nothing in this definition shall relieve other pharmacists or persons from
7 their responsibility to comply with state and federal laws and regulations.

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

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

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

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

35 (qq) "Practitioner" means a person licensed to practice medicine and
36 surgery, dentist, podiatrist, veterinarian, optometrist or scientific
37 investigator or other person authorized by law to use a prescription-only
38 drug in teaching or chemical analysis or to conduct research with respect
39 to a prescription-only drug.

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

- 1 (ss) "Prescriber" means a practitioner or a mid-level practitioner.
- 2 (tt) "Prescription" or "prescription order" means: (1) An order to be
3 filled by a pharmacist for prescription medication issued and signed by a
4 prescriber in the authorized course of such prescriber's professional
5 practice; or (2) an order transmitted to a pharmacist through word of
6 mouth, note, telephone or other means of communication directed by such
7 prescriber, regardless of whether the communication is oral, electronic,
8 facsimile or in printed form.
- 9 (uu) "Prescription medication" means any drug, including label and
10 container according to context, which is dispensed pursuant to a
11 prescription order.
- 12 (vv) "Prescription-only drug" means any drug whether intended for
13 use by man or animal, required by federal or state law, including 21 U.S.C.
14 § 353, to be dispensed only pursuant to a written or oral prescription or
15 order of a practitioner or is restricted to use by practitioners only.
- 16 (ww) "Probation" means the practice or operation under a temporary
17 license, registration or permit or a conditional license, registration or
18 permit of a business or profession for which a license, registration or
19 permit is granted by the board under the provisions of the pharmacy act of
20 the state of Kansas requiring certain actions to be accomplished or certain
21 actions not to occur before a regular license, registration or permit is
22 issued.
- 23 (xx) "Professional incompetency" means:
- 24 (1) One or more instances involving failure to adhere to the
25 applicable standard of pharmaceutical care to a degree which constitutes
26 gross negligence, as determined by the board;
- 27 (2) repeated instances involving failure to adhere to the applicable
28 standard of pharmaceutical care to a degree which constitutes ordinary
29 negligence, as determined by the board; or
- 30 (3) a pattern of pharmacy practice or other behavior which
31 demonstrates a manifest incapacity or incompetence to practice pharmacy.
- 32 (yy) "Readily retrievable" means that records kept by automatic data
33 processing applications or other electronic or mechanized record-keeping
34 systems can be separated out from all other records within a reasonable
35 time not to exceed 48 hours of a request from the board or other authorized
36 agent or that hard-copy records are kept on which certain items are
37 asterisked, redlined or in some other manner visually identifiable apart
38 from other items appearing on the records.
- 39 (zz) "Retail dealer" means a person selling at retail nonprescription
40 drugs which are prepackaged, fully prepared by the manufacturer or
41 distributor for use by the consumer and labeled in accordance with the
42 requirements of the state and federal food, drug and cosmetic acts. Such
43 nonprescription drugs shall not include: (1) A controlled substance; (2) a

- 1 prescription-only drug; or (3) a drug intended for human use by
2 hypodermic injection.
- 3 (aaa) "Secretary" means the executive secretary of the board.
- 4 (bbb) "Third party logistics provider" means an entity that: (1)
5 Provides or coordinates warehousing, distribution or other services on
6 behalf of a manufacturer, but does not take title to the prescription drug or
7 have general responsibility to direct the prescription drug's sale or
8 disposition; (2) is registered as a wholesale distributor under the pharmacy
9 act of the state of Kansas; and (3) to be considered part of the normal
10 distribution channel, must also be an authorized distributor of record.
- 11 (ccc) "Unprofessional conduct" means:
- 12 (1) Fraud in securing a registration or permit;
- 13 (2) intentional adulteration or mislabeling of any drug, medicine,
14 chemical or poison;
- 15 (3) causing any drug, medicine, chemical or poison to be adulterated
16 or mislabeled, knowing the same to be adulterated or mislabeled;
- 17 (4) intentionally falsifying or altering records or prescriptions;
- 18 (5) unlawful possession of drugs and unlawful diversion of drugs to
19 others;
- 20 (6) willful betrayal of confidential information under K.S.A. 65-1654,
21 and amendments thereto;
- 22 (7) conduct likely to deceive, defraud or harm the public;
- 23 (8) making a false or misleading statement regarding the licensee's
24 professional practice or the efficacy or value of a drug;
- 25 (9) commission of any act of sexual abuse, misconduct or
26 exploitation related to the licensee's professional practice; or
- 27 (10) performing unnecessary tests, examinations or services which
28 have no legitimate pharmaceutical purpose.
- 29 (ddd) "Vaccination protocol" means a written protocol, agreed to by a
30 pharmacist and a person licensed to practice medicine and surgery by the
31 state board of healing arts, which establishes procedures and
32 recordkeeping and reporting requirements for administering a vaccine by
33 the pharmacist for a period of time specified therein, not to exceed two
34 years.
- 35 (eee) "Valid prescription order" means a prescription that is issued for
36 a legitimate medical purpose by an individual prescriber licensed by law to
37 administer and prescribe drugs and acting in the usual course of such
38 prescriber's professional practice. A prescription issued solely on the basis
39 of an internet-based questionnaire or consultation without an appropriate
40 prescriber-patient relationship is not a valid prescription order.
- 41 (fff) "Veterinary medical teaching hospital pharmacy" means any
42 location where prescription-only drugs are stored as part of an accredited
43 college of veterinary medicine and from which prescription-only drugs are

1 distributed for use in treatment of or administration to a nonhuman.

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

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

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

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

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

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

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

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

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

- 1 (8) the sale, purchase or trade of blood and blood components
2 intended for transfusion;
- 3 (9) the return of recalled, expired, damaged or otherwise non-salable
4 prescription drugs, when conducted by a hospital, health care entity,
5 pharmacy, chain pharmacy warehouse or charitable institution in
6 accordance with the board's rules and regulations;
- 7 (10) the sale, transfer, merger or consolidation of all or part of the
8 business of a retail pharmacy or pharmacies from or with another retail
9 pharmacy or pharmacies, whether accomplished as a purchase and sale of
10 stock or business assets, in accordance with the board's rules and
11 regulations;
- 12 (11) the distribution of drug samples by manufacturers' and
13 authorized distributors' representatives;
- 14 (12) the sale of minimal quantities of drugs by retail pharmacies to
15 licensed practitioners for office use; or
- 16 (13) the sale or transfer from a retail pharmacy or chain pharmacy
17 warehouse of expired, damaged, returned or recalled prescription drugs to
18 the original manufacturer, originating wholesale distributor or to a third
19 party returns processor in accordance with the board's rules and
20 regulations.
- 21 Sec. 5. K.S.A. 2012 Supp. 65-468, 65-1113, 65-1130 and 65-1626 are
22 hereby repealed.
- 23 Sec. 6. This act shall take effect and be in force from and after July 1,
24 2014, and its publication in the statute book.

(d) Nothing in this subchapter shall be construed to conflict with the administration of medication by nonlicensees pursuant to the residential care home licensing regulations promulgated by the department of disabilities, aging, and independent living. (Added 1993, No. 201 (Adj. Sess.), § 1, eff. Jan. 1, 1995; amended 1995, No. 7, § 2, eff. March 28, 1995; 2011, No. 116 (Adj. Sess.), § 19.)

§ 1611. Advanced practice registered nurse licensure

To be eligible for an APRN license, an applicant shall:

(1) have a degree or certificate from a Vermont graduate nursing program approved by the board or a graduate program approved by a state or a national accrediting agency that includes a curriculum substantially equivalent to programs approved by the board. The educational program shall meet the educational standards set by the national accrediting board and the national certifying board. Programs shall include a supervised clinical component in the role and population focus of the applicant's certification. The program shall prepare nurses to practice advanced nursing in a role as a nurse practitioner, certified nurse midwife, certified nurse anesthetist, or clinical nurse specialist in psychiatric or mental health nursing and shall include, at a minimum, graduate level courses in:

(A) advanced pharmacotherapeutics;

(B) advanced patient assessment; and

(C) advanced pathophysiology;

(2) hold a degree or certificate from an accredited graduate-level educational program preparing the applicant for one of the four recognized APRN roles described in subdivision (1) of this section and have educational preparation consistent with the applicant's certification, role, population focus, and specialty practice; and

(3) hold current advanced nursing certification in a role and population focus granted by a national certifying organization recognized by the board. (Added 2011, No. 66, § 5, eff. June 1, 2011.)

§ 1612. Practice guidelines

(a) APRN licensees shall submit for review individual practice guidelines and receive board approval of the practice guidelines. Practice guidelines shall reflect current standards of advanced nursing practice specific to the APRN's role, population focus, and specialty.

(b) Licensees shall submit for review individual practice guidelines and receive board approval of the practice guidelines:

(1) prior to initial employment;

(2) if employed or practicing as an APRN, upon application for renewal of an APRN's registered nurse license; and

(3) prior to a change in the APRN's employment or clinical role, population focus, or

specialty. (Added 2011, No. 66, § 5, eff. June 1, 2011; amended 2011, No. 116 (Adj. Sess.), § 21.)

§ 1613. Transition to practice

(a) Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus or fewer than 12 months and 1,600 hours for any additional role and population focus shall have a formal agreement with a collaborating provider as required by board rule. APRNs shall have and maintain signed and dated copies of all required collaborative provider agreements as part of the practice guidelines. An APRN required to practice with a collaborative provider agreement may not engage in solo practice, except with regard to a role and population focus in which the APRN has met the requirements of this subsection.

(b) An APRN who satisfies the requirements to engage in solo practice pursuant to subsection (a) of this section shall notify the board that these requirements have been met. (Added 2011, No. 66, § 5, eff. June 1, 2011.)

§ 1614. APRN renewal

An APRN license renewal application shall include:

- (1) documentation of completion of the APRN practice requirement;
- (2) a current certification by a national APRN specialty certifying organization;
- (3) current practice guidelines; and

(4) a current collaborative provider agreement if required for transition to practice. (Added 2011, No. 66, § 5, eff. June 1, 2011.)

§ 1615. Regulatory authority; unprofessional conduct

(a) The board may deny an application for licensure or renewal or may revoke, suspend, or otherwise discipline an advanced practice registered nurse upon due notice and opportunity for hearing in compliance with the provisions of 3 V.S.A. chapter 25 if the person engages in the conduct set forth in 3 V.S.A. § 129a or section 1582 of this title or any of the following:

(1) Abandonment of a patient in violation of the duty to maintain a provider-patient relationship within the reasonable expectations of continuing care or referral.

(2) Solicitation of professional patronage by agents or persons or profiting from the acts of those representing themselves to be agents of the licensed APRN.

(3) Division of fees or agreeing to split or divide the fees received for professional services for any person for bringing or referring a patient.

(4) Practice beyond those acts and situations that are within the practice guidelines approved by the board for an APRN and within the limits of the knowledge and experience

Vermont Board of Nursing
Administrative Rules
Effective: June 23, 2011

Vermont - Transition to Practice Regulation

15.14 Transition to Practice: Collaborative Provider Agreement

(a) Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice in an initial role and population focus shall have a formal agreement with a collaborating provider.

(b) APRNs who obtain a subsequent certification in an additional role and population focus shall have a formal agreement with a collaborating provider for no fewer than 12 months and 1,600 hours.

(c) APRNs shall have and maintain signed and dated copies of all required collaborative provider agreements as part of the practice guidelines. An APRN required to practice with a collaborative provider agreement may not engage in solo practice, except with regard to a role and population focus in which the APRN has met the requirements of this subsection.

(d) An APRN group practice must include one or more APRNs who have more than 2 years and 2,400 hours of practice. This group practice requirement does not eliminate the collaborative provider requirement for APRNs with less than 2 years and 2,400 hours practice.

(e) An APRN who satisfies the requirements to engage in solo practice pursuant to subsections (a) and (b) of this rule shall notify the board that these requirements have been met.

15.15 Audits The Board, in its discretion, may audit an APRN's certification and the practice and quality assurance activities, including outcomes, to verify compliance.

15.16 Collaborating Provider Graduates with fewer than 24 months and 2,400 hours of licensed active advanced nursing practice shall have a formal agreement with a collaborating provider as set forth below.

15.17 Collaborating Providers

(a) A collaborating provider is:

(1) an APRN or

(2) a physician licensed to practice medicine under Title 26, Chapter 23, or

(3) an osteopathic physician licensed to practice under Title 26, Chapter 33.

(b) The collaborating provider's license must be in good standing, and the collaborating provider shall practice in the same role and population focus or specialty as the new graduate APRN's area of certification.

(c) An APRN collaborating provider shall have practiced in the same specialty for a minimum of four years. The Board may, in its discretion, waive the requirement that a collaborating provider be licensed in Vermont upon a showing of necessity by the APRN. Any waiver granted under this section will only apply to providers currently licensed in the United States.

15.18 Collaboration Agreement A collaborating provider agreement shall reflect the agreement between the APRN and the collaborating provider to advise, mentor and consult. The agreement shall be renewed with change of employment, change of collaborating relationship and upon renewal of APRN licensure.

15.19 Collaboration Agreement Contents A collaborating provider agreement shall reflect an understanding that the collaborating provider

(a) agrees to serve as an advisor, mentor and consultant to the APRN;

(b) has reviewed the APRN's practice guidelines;

(c) will participate in quality assurance activities.

15.20 Collaboration Agreement and Board Approval Prior to starting active practice as an APRN, an APRN with fewer than 24 months and 2,400 hours of licensed advanced nursing practice shall enter into a collaborating provider agreement and receive Board approval for the agreement.

15.21 Practice Limitation APRNs practicing with a collaborating provider agreement may not engage in solo practice.

15.22 Completion Reports APRNs will submit evidence of completion of clinical practice with a collaborating provider at the conclusion of the transition to practice period and at the request of the Board.

MAINE REVISED STATUTES
Title 32: PROFESSIONS AND OCCUPATIONS
Chapter 31: NURSES AND NURSING
Subchapter 1: GENERAL PROVISIONS

§2102. Definitions

2-A. Advanced practice registered nursing. "Advanced practice registered nursing" means the delivery of expanded professional health care by an advanced practice registered nurse that is:

A. [2003, c. 204, Pt. H, §1 (RP).]

B. Within the advanced practice registered nurse's scope of practice as specified by the board by rulemaking, taking into consideration any national standards that exist; and [1995, c. 379, §11 (AFF); 1995, c. 379, §4 (NEW).]

C. In accordance with the standards of practice for advanced practice registered nurses as specified by the board by rulemaking, taking into consideration any national standards that may exist. Advanced practice registered nursing includes consultation with or referral to medical and other health care providers when required by client health care needs. [1995, c. 379, §11 (AFF); 1995, c. 379, §4 (NEW).]

A certified nurse practitioner or a certified nurse midwife who qualifies as an advanced practice registered nurse may prescribe and dispense drugs or devices, or both, in accordance with rules adopted by the board.

A certified nurse practitioner who qualifies as an advanced practice registered nurse must practice, for at least 24 months, under the supervision of a licensed physician or a supervising nurse practitioner or must be employed by a clinic or hospital that has a medical director who is a licensed physician. The certified nurse practitioner shall submit written evidence to the board upon completion of the required clinical experience.

The board shall adopt rules necessary to effectuate the purposes of this chapter relating to advanced practice registered nursing.

[2007, c. 316, §1 (AMD) .]

**02- DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
380 BOARD OF NURSING
Chapter 8 REGULATIONS RELATING TO ADVANCED PRACTICE REGISTERED
NURSING**

Sec. 2. General Regulations Relating to Certified Nurse Practitioners and Recent Graduates of Nurse Practitioner Programs

2. Temporary approval for graduates of nurse practitioner programs

A. A nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or a supervising nurse practitioner, or be employed by a clinic or hospital that has a medical director who is a licensed physician.

B. The applicant shall identify a supervisory relationship with a licensed physician or nurse practitioner practicing in the same practice category who will provide oversight for the nurse practitioner. –

C. The applicant identifying a supervising relationship shall:

- (1) Obtain an application from the Board to register a supervising relationship as part of the initial authority to practice process, prior to changing or adding a supervising relationship.
- (2) Submit an application including the appropriate fee.

D. The nurse practitioner must submit to the Board written evidence of completion of the required clinical experience.

E. Evidence shall be submitted that the applicant has applied for and is eligible to take, or has taken, the first available certification examination in the specialty area of practice for which application is made.

F. The applicant may not practice as a nurse practitioner if unsuccessful in 2 attempts to pass the certification examination within 2 years.

Sec. 4. General Regulations Relating to Certified Registered Nurse Anesthetists

2. Temporary approval to practice pending certification

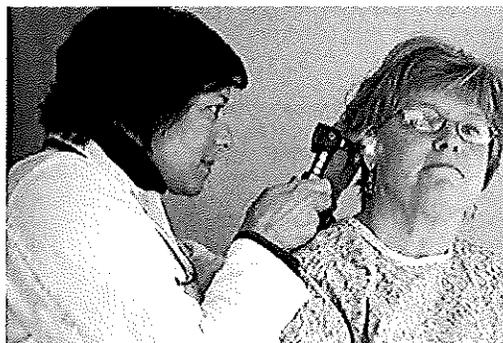
A. Temporary approval to practice pending certification may be granted to a recent graduate of an approved nurse anesthesia program who meets the requirements in Section 4(1)(A) and (C) and has applied to sit for the first available Council Certification Examination.

B. Such practice shall be under the supervision of an anesthesiologist or a certified registered nurse anesthetist.

C. Evidence shall be submitted that the applicant has applied for and is eligible to take the initial Council Certification Examination following graduation.

D. The applicant will identify her/himself as a graduate nurse anesthetist.

E. The applicant must pass the Council Certification Examination within 12 months of graduation. An applicant who fails the initial Council Certification Examination must practice as set forth in Section 4(2)(B) and (D).



- [APRN Task Force Home](#)
- [Task Force Leaders](#)
- [Consensus Model](#)
- [2013 Draft APRN Bill](#)
- [APRN Bill Summary](#)
- [Talking Points APRN Bill](#)
- [Legislative Letter /Email Templates](#)
- [Regional Meetings PPT](#)
- [Join Task Force](#)
- [Donate to Task Force](#)

Kansas Advanced Practice Registered Nurse Task Force

Who We Are-

The APRN Task Force of Kansas is a group of advanced practice registered nurses, (nurse anesthetists, clinical nurse specialists, nurse midwives and nurse practitioners), nurse educators and nurse leaders who are dedicated to improving the environment in which advanced practice registered nurses work. Our mission is to facilitate legislative changes that improve access to quality health care for Kansans. Remove legislative barriers so that advanced practice registered nurses can work within a scope of practice defined by the full extent of their education and training. Facilitate the development of innovative health care delivery systems that provide patient-centered health care and lower health care costs. In concert with the Kansas State Board of Nursing (KSBN), the APRN Task Force pledges to work with the goal of safe and compassionate health care for all Kansans.

Current Activities- 2012-2013 Legislation Plans

With a predicted shortage of primary care providers as the population ages and as millions of people become newly insured starting in 2014 as the Affordable Care Act is implemented, APRNs can fill the gap as primary care providers. The current Kansas Nurse Practice Act creates barriers to APRN directed primary care, creates underutilization of nurse practitioners as primary care providers and thus adds to the problem of insufficient primary care providers. The APRN Taskforce continues to meet monthly preparing a bill revising APRN scope of practice language. Revisions include removing the language requiring a collaborative practice agreement with a physician and the requirement of signed protocols for prescribing medications. The bill also calls for proof of medical malpractice insurance and a requirement of national certification for licensure.

Representatives of the APRN Taskforce met with members of the Kansas State Board of Nursing. At the December 2012 meeting, KSBN agreed to conceptually support our draft legislative language with the addition of a Transition to Practice time period for graduate APRNs.

Our plan is for the bill to be introduced into the 2013 legislative session. Successful passage will clear the way for the development of new patient-centered health care delivery systems managed by teams of health care providers.

2011 Activities- KSBN Legislative Success

In 2011, a bill successfully passed the Kansas Legislature, sponsored by the Kansas State Board of Nursing. SB 134 revised advanced practice nursing statutes to be consistent with language suggested by the Consensus Model for APRN Regulation. The revisions included a title change of ARNP to APRN; re-named the authorization of APN practice from certificate of qualification to license; required a Master's degree or higher; mandated advanced level continuing education units for renewal of licensure; and authorized a grandfather clause for continued licensure of advanced practice nurses after January 1, 2012. APRN Taskforce members campaigned in support of this bill.

Taskforce members rallied to support regulation language defining the advanced level continuing education units mandated by the revised statutes. At the public hearing held July, 2012, multiple letters and emails from APRNs were read into the minutes favoring a change of the proposed 1.0 hour minimum level of CEU to be changed to 0.5 hour. KSBN members voted to revise the regulation to accept CEU of 0.5 hours or more.

The History of the APRN Task Force

The idea of a task force was born from discussions among nurse practitioners who were interested in updating the language in the Nurse Practice Act describing the scope of practice of advanced practice registered nurses (APRN). Previous attempts of legislative changes had not been successful. Ronda Eagleson, Marilyn Douglass, Faye Heller, Diana Corpstein, Sharon Bailey, Judy Schrock, Serena Stutzman, Michelle Knowles and Faye Heller met in February 2009, initiating the task force. Susan Bumsted, 2009 President of the Kansas State Nurses Association, (KSNA) and the KSNA Board of Directors, joined the task force with a vision of uniting all the professional organizations of advanced practice, the schools of nursing and work with the KSBN to update statutes describing the scope of practice of all advanced practice nurses. Sarah Tidwell, KSNA Legislative Chairman, led the task force through the process of writing substitutive language for the ARNP statutes. Utilizing the Consensus Model for APRN Regulation, a model sponsored by the National Council of State Boards of Nursing, the task force in partnership with KSBN crafted APRN scope of practice changes that became HB 2447 which was introduced in January 2010.

An informational hearing of the bill occurred before the Health and Human Services Committee in February 2010; no vote was taken and the bill did not progress. Highlights of this endeavor included the services of lobbyist, Ms. Mary Ellen Conlee who provided expertise with campaign strategies and development of supportive relationships with key stakeholders and legislators. The task force utilized Doctorate of Nursing Practice students to provide research for constructive arguments supporting the bill.

Master and Doctoral Nursing Students

The APRN Task Force welcomes your participation! Students are encouraged to join as the activities of the task force are great opportunities to experience the legislative process and to get involved in health policy development. Past students have been involved by providing research as part of their curriculum credit projects. Students are a great resource to the task force infusing new ideas and talents that are certainly valuable. Plus, you are poised for your future already being abreast of issues surrounding APN practice. For more information, discuss with your nursing faculty advisor.

The APRN Task Force is supported by:

- American College of Nurse-Midwives, Kansas Chapter
- Fort Hays State University Department of Nursing
- Great Plains Nurse Practitioner Society
- Kansas Action Coalition Future of Nursing
- Kansas Alliance of Advance Nurse Practitioners
- Kansas Association of Nurse Anesthetists
- Kansas State Board of Nursing
- Kansas State Nurses Association
- Pittsburg State University Department of Nursing
- University of Kansas School of Nursing
- Washburn University School of Nursing
- Wichita State University School of Nursing

Revised Dec. 2012 by M. Douglass DNP, APRN, FNP-C



**Facilitate legislative changes to improve
access to primary care for Kansans**
Quality Access Value

Contact: Marilyn Douglass, APRN
Chairman APRN Taskforce
merilyn@dvd.dr.kscoxmail.com

Support legislation to allow APRNs to be primary care providers

- Current Nurse Practice Act creates barriers so that APRNs are underutilized
- Remove the statute mandated collaborative practice agreement and physician-signed protocols to prescribe medications
- Requires APRNs to carry malpractice insurance for licensure
- Creates a transition to practice time period for graduate APRNs to practice with a collaborating physician or APRN
- Requires APRNs to pass a national certification exam and continue certification for licensure

The Problem: Limited access to health care- Not enough primary care providers

- 86 of 105 Kansas counties are designated health professional shortage areas¹
- More medical graduates choosing specialty careers compared to general practice¹⁸
- Aging population with chronic health problems that requires more health care visits
- Currently, 351,000 uninsured Kansans need primary care providers²

Health cost savings

- Mean salaries of nurse practitioners (NP) are less than family physicians
- Studies demonstrate cost savings in midwife directed prenatal cares, NP directed heart failure cares, NP directed care of pneumonia and ventilator patients³⁻⁹
- NPs are more likely to practice in remote and rural areas where physicians are scarce¹⁵

Safe, high quality practice continues in the 16 states where supervisory language has been removed

- Adverse events and malpractice filings did not increase after removal of supervisory language¹⁴
- States with broad scope of practice note very high patient satisfaction with APRN directed care¹⁷

Who is supportive of this legislative change?

- Kansas State Board of Nursing and National Council of State Boards of Nursing
- Robert Wood Foundation, AARP, Institute of Medicine: Future of Nursing Report
- National Governors Association
- Kansas Action Coalition
- Kansas Graduate Schools of Nursing- KU, WSU, Washburn, Fort Hays, Pittsburg State, Newman
- VA Health System (supports concept of APRN practice without practice agreement)
- Federal Trade Commission¹⁹⁻²⁰
- American Red Cross

"One way states could increase access to primary care for their residents is to consider easing their scope of practice restrictions and modifying their reimbursement policies to increase the role of nurse practitioners in providing primary care." (National Governor's Association, Dec. 2012)



Oppositional Points and Discussion

- American Academy of Family Physicians- AAFP agrees that there is a primary care physician shortage. Believes that nurse practitioners cannot substitute for doctors because of the difference in education curriculums and clinical hours. APRNs are not professing to be substitute doctors. Clearly, there is a population of patients that can be managed by advanced practice nurses. Physicians, advanced practice nurses and physician assistants can work together caring for a population of patients. Our legislation removes the mandate of a collaborative practice agreement from statute; COLLABORATION with physicians and allied health will continue.
- Kansas Medical Society- Affirms that only physicians can engage in the practice of medicine. Affirms that the quality of care provided by mid-level practitioners is influenced by the quality of supervision by the collaborating physician. Newhouse et al (2011) conducted a systematic review of research literature from 1990 to 2008 to compare APRN directed health care outcomes to physician directed health care outcomes. The results indicate APRNs provide effective and high-quality patient care, have an important role in improving the quality of patient care in the United States, and could help address concerns about whether care provided by APRNs can safely augment the physician supply to support reform efforts aimed at expanding access to care. The National Governor's Association also performed an up-to-date review of peer-reviewed literature that compares health care offered by NPs. Similar results were reported, that NPs provided at least equal quality of care to patients as compared to physicians. (National Governors Association 2012) The collaborative practice agreement and physician-signed protocols mandated by statute do not contribute to quality; there is no evidence of decreased quality care in the 16 states where supervisory language has been removed.
- Jeff Susman, MD Editor-in-Chief Journal of Family Practice (2010) "I urge my fellow family physicians to accept- actually, to embrace- a full partnership with APRNs... let's celebrate differences in practice, explore opportunities for collaboration, and develop diverse models of care." "I'm convinced that joining forces with APRNs to develop innovative models of team care will lead to the best health outcomes."

"The landscape of health care is changing- deliver more primary as opposed to specialty care; deliver more care in the community rather than the acute care setting; provide seamless care; enable all health professionals to practice to the full extent of their education, training, and competencies; foster interprofessional collaboration." Institute of Medicine. 2011. The Future of Nursing: Leading Change, Advancing Health

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- ¹⁶ Institute of Medicine. 2011. *The Future of Nursing: Leading change, advancing health*. Washington, D.C.: the National Academies Press.

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¹⁹Federal Trade Commission (2011). Opinion of the regulation of advanced practice nurses in Texas. Retrieved October 14, 2012 at <http://www.ftc.gov/os/2011/05/V110007texasaprn.pdf>

²⁰Federal Trade Commission (2011). Opinion of the regulation of advanced practice nurses in Florida. Retrieved October 14, 2012 at <http://www.ftc.gov/os/2011/03/V110004campbell-florida.pdf>

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**TRANSFORMING HEALTHCARE
 FOR KANSAS**

ACCESS - QUALITY - VALUE

2/7/2013 KSAPRN Task Force 1

OUR MESSAGE

- Facilitate legislative changes to improve access to primary care for Kansans
- Propose statute amendments allowing APRNs to practice as primary care providers consistent with their education, training and competencies
- Current Nurse Practice Act creates barriers so that APRNs are underutilized and unavailable to healthcare consumers

2/7/2013 KSAPRN Task Force 2

OUR MESSAGE

- Remove mandate that requires collaborative practice agreement and physician-signed protocols to prescribe medications
- Require APRNs to carry malpractice insurance for licensure
- Create a transition to practice time period for graduate APRNs to practice with a collaborating physician or APRN
- Require APRNs to pass a national certification exam and continue certification for licensure

2/7/2013 KSAPRN Task Force 3

ACCESS

- 86 of 105 Kansas counties are designated health professional shortage areas¹
- More medical graduates choosing specialty careers compared to general practice⁸
- Aging population with chronic health problems that requires more health care resources
- Current 351,000 uninsured Kansans will need primary care providers²

2/7/2013 KSAPRN Task Force 4

QUALITY

- Adverse events and malpractice filings did not increase after removal of supervisory language⁴
- States with broad scope of practice note very high patient satisfaction with APRN directed care⁷
- Safe, quality care continues in the 16 states where supervisory language has been removed
- Signed collaborative agreements do not ensure physician availability when needed nor is there any evidence that such arrangements improve the quality or safety of patient care

2/7/2013 KSAPRN Task Force 5

VALUE

- Mean salaries of nurse practitioners are less than family physicians
- Studies demonstrate cost savings in Nurse-midwife directed care, NP directed heart failure cares, NP directed care of pneumonia and ventilator patients^{3,9}
- NPs are more likely to practice in remote and rural areas where physicians are scarce⁵

2/7/2013 KSAPRN Task Force 6

SUPPORT

- Kansas State Board of Nursing and National Council of State Boards of Nursing
- Institute of Medicine
- National Governors Association
- KanCare
- Kansas Action Coalition
- Kansas Graduate Schools of Nursing- KU, WSU, Washburn, Fort Hays, Pittsburg State, Newman
- VA Health System
- Federal Trade Commission¹⁹⁻²⁰
- American Red Cross

2/7/2013 KSAPRN Task Force 7

SUPPORT

- *“The landscape of health care is changing - deliver more primary as opposed to specialty care; deliver more care in the community rather than the acute care setting; provide seamless care; enable all health professionals to practice to the full extent of their education, training, and competencies; foster interprofessional collaboration.”*

Source: Institute of Medicine. 2011. The Future of Nursing: Leading Change, Advancing Health

2/7/2013 KSAPRN Task Force 8

SUPPORT

- *“One way states could increase access to primary care for their residents is to consider easing their scope of practice restrictions and modifying their reimbursement policies to increase the role of nurse practitioners in providing primary care.”*

Source: “The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care”. National Governor’s Association, Dec. 2012. www.nga.org/center

2/7/2013 KSAPRN Task Force 9

SUPPORT

- Jeff Susman, MD Editor-in-Chief Journal of Family Practice (2010) “I urge my fellow family physicians to accept- actually, to embrace- a full partnership with APRNs... let’s celebrate differences in practice, explore opportunities for collaboration, and develop diverse models of care.” “I’m convinced that joining forces with APRNs to develop innovative models of team care will lead to the best health outcomes.”

2/7/2013 KSAPRN Task Force 10

OPPOSITION

- American Academy of Family Physicians- AAFP agrees that there is a primary care physician shortage. Believes that nurse practitioners cannot substitute for doctors because of the difference in education curriculums and clinical hours.

2/7/2013 KSAPRN Task Force 11

RESPONSE

- APRNs are not professing to be substitute doctors
- There is a population of patients that can be managed by advanced practice nurses. Physicians, advanced practice nurses and physician assistants can work together caring for certain population of patients
- Our legislation removes the mandate of a collaborative practice agreement from statute; Collaboration with physicians and members of the health care team will continue

2/7/2013 KSAPRN Task Force 12

OPPOSITION

- Kansas Medical Society- Affirms that only physicians can engage in the practice of medicine. Affirms that the quality of care provided by mid-level practitioners is influenced by the quality of supervision by the collaborating physician
- However, some medical specialties are recognizing the benefits of a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the patient

2/7/2013

KS APRN Task Force

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RESPONSE

- Newhouse et al (2011) conducted a systematic review of research literature from 1990 to 2008 to compare APRN directed health care outcomes to physician directed health care outcomes
- Results :
 - APRNs provide effective and high-quality patient care
 - APRNs have an important role in improving the quality of patient care in the United States
 - This review could help address concerns about whether care provided by APRNs can safely augment the physician supply to support reform efforts aimed at expanding access to care

2/7/2013

KS APRN Task Force

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RESPONSE

- The National Governor's Association also performed an up-to-date review of peer-reviewed literature that compares health care offered by NPs.
- Similar results were reported, that NPs provided at least equal quality of care to patients as compared to physicians. (National Governors Association, 2012)
- APRNs and physicians need to be clearly, separately responsible only for their own actions. Adopting these amendments will establish that vital independence in accountability and professional liability

2/7/2013

KS APRN Task Force

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THE 2013 KS LEGISLATURE

- The Kansas Legislature consists of:
 - 125-member (D-33, R- 92) House of Representatives
 - 40-member (D-8, R-32) Senate
- About one-third of legislators are newly elected
- Representatives are elected for a two-year term and Senators are elected for a four-year term
- HB- is being introduced by the House Standing Committee on Health and Human Services. By February 22, the bill must be out of the house of origin and voted on by the full house by March 1st
- Then, the bill goes to the Senate. Legislature adjourns in early May. Bills can be carried over to 2014.

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KS APRN Task Force

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<http://kslegislature.org>

- This website provides the information needed to contact Senators and Representatives; track the status and content of a bill; read supplementary reports and publications; find out what is happening in the chambers or committees; and look at the current statutes
- A live audio broadcast of the House and Senate chambers allows the public to listen to debate on bills and issues
- Information about the chambers, committees, or individual legislators can be found using the appropriate tabs at the top of the page

2/7/2013

KS APRN Task Force

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HELPFUL INTERNET SITES

- Search for your representative and contact information:
 - <http://kslegislature.org>
 - <http://capwiz.com/acnm/dbq/officials> - Do not log in, just put in your zip code + 4 in the "Elected Officials" "Search by Zip Code"
- www.ksnurses.com - quick link to APRN Task Force
- www.nursingworld.org - ANA Policy-Advocacy
- www.championnursing.org
- Lobbyist: maryellen@conleeconsulting.com

2/7/2013

KS APRN Task Force

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EFFECTIVE COMMUNICATION

“The right message at the right time”

Multiple communication venues:

- Testimony
- Letters, e-mail, phone calls from public, patients, APRNs, supporters
- Personal conversations
- Communication from APRN Task Force to grassroots supporters is essential

2/7/2013 KSAPRN Task Force 39

HOW CAN YOU HELP

- Build relationships with your legislators
- Demonstrate interest and respect for the job that legislators do
- Speak as a knowledgeable expert
- Share your personal story “How does requirement for collaborative agreement impede your practice”
“Examples of patients you care for”
- Show real people from their legislative districts support the bill
- Follow up with a thank you note or e-mail

2/7/2013 KSAPRN Task Force 40

HOW CAN YOU HELP

- We need your financial support
- Visit www.ksnurses.com -quick link to “KS APRN Task Force” – “Donation”
- Phone credit card donation to: Michelle Reese at KSNA, 785-233-8638
- Make check, corporate matches, or other gifts to:
APRN Task Force
1109 SW Topeka Blvd
Topeka, KS 66612-1602

2/7/2013 KSAPRN Task Force 41

SUMMARY OF THE STATUTE AMENDMENTS

1. ADDED a definition of APRN. 65-1113 (d)(3). Page 2 (of our draft). Definition taken from the National Council of State Boards of Nursing (NCSBN) Consensus Model.
- Identifies those elements of practice that are designated as advanced nursing functions. ADDED statements to LPN and RN definitions to clarify that nurses could follow orders from APRNs. 65-1113 (1) and (2), page 2.
2. ADDED an expanded statement of accountability. 65-1130(d)(1) and (2). Page 5. Explains how APRNs will recognize limits of scope of practice and plan for situations beyond their expertise. Language taken for the NCSBN Consensus Model.

2/7/2013 KSAPRN Task Force 42

SUMMARY OF THE STATUTE AMENDMENTS

3. ADDED a requirement of malpractice insurance for licensure. 65-1130(c)(3)(E). Page 6. Rules and regulations will define exemptions or allow lesser liability requirements, i.e. APRNs working for the Federal Government are exempt by the Tort Claims Act, and in situations where the APRN may not be able to obtain malpractice insurance.
- This addition lends validation to APRNs performing and signing for high school sport participation physicals.

2/7/2013 KSAPRN Task Force 43

SUMMARY OF THE STATUTE AMENDMENTS

4. ADDED a requirement of national certification for licensure. 65-1130(c)(3)(F). Page 6.
- The language was taken from the Kansas CRNA statute 65-1152 (a)(3). Requiring national certification is a recommendation of NCSBN and signifies a standard of competency.
- Currently Kansas is one of only five states who do NOT require national certification.
- INCLUDES A GRANDFATHER CLAUSE for all licensed APRNs up to the effective date who will not be required to have national certification.

2/7/2013 KSAPRN Task Force 44

SUMMARY OF THE STATUTE AMENDMENTS

- ADDED a clarification statement that within the role, an APRN may serve as a primary care provider. 65-1130 (c)(3)(G). Page 6.
 - Adds reinforcement to our main mission to improve access to APRN directed care for Kansans and increases the number of primary care providers who can provide care to the growing population of underserved Kansans.

2/7/2013 KS APRN Task Force 25

SUMMARY OF THE STATUTE AMENDMENTS

- REMOVED the requirement of written protocol and medical plan of care authorized by responsible physician for prescription of medications and substituted authorization to prescribe, procure and administer legend and controlled substances pursuant to applicable state and federal laws. 65-1130(c)(3)(H). Page 7.
 - As recommended in the Institute of Medicine Future of Nursing Report (2011), remove restrictions that prohibit APRNs from practicing to the full extent of their education and training.
 - Current statute restrictions lead to underutilization of nurse practitioners as primary care providers, which decreases access to care. (IOM, 2011).
 - Multiple research studies confirm safe quality care provided by APRNs with comparable outcomes to physician-directed care.
 - Safe quality health care continues in the 16 states where supervisory language has already been removed

2/7/2013 KS APRN Task Force 25

SUMMARY OF THE STATUTE AMENDMENTS

- ADDED a Transition to Practice time period with an identified collaborative relationship with a licensed APRN or a licensed physician for an APRN with less than one year of experience. 65-1130 (c)(H)(2). Page 8.
 - Kansas State Board of Nursing (KSBN) requested a transition to practice time period for graduate APRNs during negotiations with KSBN at the December 2012 Board meeting. Language was taken from Maine Nurse Practice Act.
 - INCLUDES a requirement that five years after implementation, KSBN evaluate the effectiveness of this transition to practice and determine if it contributes to improved public safety. If not, KSBN may take action to sunset the transition to practice requirement.

2/7/2013 KS APRN Task Force 27

SUMMARY OF STATUTE AMENDMENTS

- ADDED a statement to reinforce that APRNs may order medical devices, equipment, treatments, nutrition, diagnostics and supportive devices. 65-1130 (c)(I). Page 9.9.
- ADDED Global Signature Authority. 65-1130 (c)(J). Page 9. APRNs may sign forms that traditionally have only had the word "physician" as the provider. It becomes a hardship for patients to find a physician to sign a form when established with an APRN primary provider who could sign the form. Language was taken from the Maine Nurse Practice Act.

2/7/2013 KS APRN Task Force 28

SUMMARY OF THE STATUTE AMENDMENTS

- ADDED definitions of terms specific to advanced practice nursing. 65-1130 (c)(K). Page 9.
 - Definition of "patient" came from the NCSBN Consensus Model. The definition of "primary care" came from the IOM Report on the Future of Nursing (2011). The definition of "consultation" came from the Oregon Nurse Practice Act. The definition of "treatment" came from the NCSBN Consensus Model. The definition of "collaborative relationship" came from the New Mexico and Oregon Nurse Practice Acts.

2/7/2013 KS APRN Task Force 29

LET'S MAKE KANSAS #17 "No Major Barriers"

Indicator 3: removing barriers to practice and care

All 50 states have removed all or some barriers to APRN practice. Kansas is the only state to have removed all barriers to APRN practice.

State progress in removing regulatory barriers to care by Advanced Practice Registered Nurses (APRNs)

2/7/2013 KS APRN Task Force 30



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**TRANSFORMING HEALTHCARE
FOR KANSAS**

ACCESS - QUALITY - VALUE

2/7/2013 KS APRN Task Force 1

OUR MESSAGE

- Facilitate legislative changes to improve access to primary care for Kansans
- Propose statute amendments allowing APRNs to practice as primary care providers consistent with their education, training and competencies
- Current Nurse Practice Act creates barriers so that APRNs are underutilized and unavailable to healthcare consumers

2/7/2013 KS APRN Task Force 2

OUR MESSAGE

- Remove mandate that requires collaborative practice agreement and physician-signed protocols to prescribe medications
- Require APRNs to carry malpractice insurance for licensure
- Create a transition to practice time period for graduate APRNs to practice with a collaborating physician or APRN
- Require APRNs to pass a national certification exam and continue certification for licensure

2/7/2013 KS APRN Task Force 3

ACCESS

- 86 of 105 Kansas counties are designated health professional shortage areas¹
- More medical graduates choosing specialty careers compared to general practice⁸
- Aging population with chronic health problems that requires more health care resources
- Current 351,000 uninsured Kansans will need primary care providers²

2/7/2013 KS APRN Task Force 4

QUALITY

- Adverse events and malpractice filings did not increase after removal of supervisory language⁴
- States with broad scope of practice note very high patient satisfaction with APRN directed care⁷
- Safe, quality care continues in the 16 states where supervisory language has been removed
- Signed collaborative agreements do not ensure physician availability when needed nor is there any evidence that such arrangements improve the quality or safety of patient care

2/7/2013

KS APRN Task Force

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VALUE

- Mean salaries of nurse practitioners are less than family physicians
- Studies demonstrate cost savings in Nurse-midwife directed care, NP directed heart failure cares, NP directed care of pneumonia and ventilator patients^{3,9}
- NPs are more likely to practice in remote and rural areas where physicians are scarce¹⁵

2/7/2013

KS APRN Task Force

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SUPPORT

- Kansas State Board of Nursing and National Council of State Boards of Nursing
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- National Governors Association
- KanCare
- Kansas Action Coalition
- Kansas Graduate Schools of Nursing- KU, WSU, Washburn, Fort Hays, Pittsburg State, Newman
- VA Health System
- Federal Trade Commission¹⁹⁻²⁰
- American Red Cross

2/7/2013

KS APRN Task Force

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SUPPORT

- *“The landscape of health care is changing - deliver more primary as opposed to specialty care; deliver more care in the community rather than the acute care setting; provide seamless care; enable all health professionals to practice to the full extent of their education, training, and competencies; foster interprofessional collaboration.”*

Source: Institute of Medicine. 2011. The Future of Nursing: Leading Change, Advancing Health

2/7/2013

KS APRN Task Force

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SUPPORT

- *“One way states could increase access to primary care for their residents is to consider easing their scope of practice restrictions and modifying their reimbursement policies to increase the role of nurse practitioners in providing primary care.”*

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2/7/2013 KS APRN Task Force 9

SUPPORT

- Jeff Susman, MD Editor-in-Chief Journal of Family Practice (2010) “I urge my fellow family physicians to accept- actually, to embrace- a full partnership with APRNs... let’s celebrate differences in practice, explore opportunities for collaboration, and develop diverse models of care.” “I’m convinced that joining forces with APRNs to develop innovative models of team care will lead to the best health outcomes.”

2/7/2013 KS APRN Task Force 10

OPPOSTION

- American Academy of Family Physicians- AAFP agrees that there is a primary care physician shortage. Believes that nurse practitioners cannot substitute for doctors because of the difference in education curriculums and clinical hours.

2/7/2013 KS APRN Task Force 11

RESPONSE

- APRNs are not professing to be substitute doctors
- There is a population of patients that can be managed by advanced practice nurses. Physicians, advanced practice nurses and physician assistants can work together caring for certain population of patients
- Our legislation removes the mandate of a collaborative practice agreement from statute; Collaboration with physicians and members of the health care team will continue

2/7/2013 KS APRN Task Force 12

OPPOSITION

- Kansas Medical Society- Affirms that only physicians can engage in the practice of medicine. Affirms that the quality of care provided by mid-level practitioners is influenced by the quality of supervision by the collaborating physician
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2/7/2013 KS APRN Task Force 13

RESPONSE

- Newhouse et al (2011) conducted a systematic review of research literature from 1990 to 2008 to compare APRN directed health care outcomes to physician directed health care outcomes
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2/7/2013 KS APRN Task Force 14

RESPONSE

- The National Governor's Association also performed an up-to-date review of peer-reviewed literature that compares health care offered by NPs.
- Similar results were reported, that NPs provided at least equal quality of care to patients as compared to physicians. (National Governors Association, 2012)
- APRNs and physicians need to be clearly, separately responsible only for their own actions. Adopting these amendments will establish that vital independence in accountability and professional liability

2/7/2013 KS APRN Task Force 15

THE 2013 KS LEGISLATURE

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2/7/2013 KS APRN Task Force 16

http://kslegislature.org

- This website provides the information needed to contact Senators and Representatives; track the status and content of a bill; read supplementary reports and publications; find out what is happening in the chambers or committees; and look at the current statutes
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2/7/2013 KS APRN Task Force 17

HELPFUL INTERNET SITES

- Search for your representative and contact information:
<http://kslegislature.org>
<http://capwiz.com/acnm/dbq/officials> - Do not log in, just put in your zip code + 4 in the "Elected Officials" "Search by Zip Code"
- www.ksnurses.com – quick link to APRN Task Force
- www.nursingworld.org – ANA Policy-Advocacy
- www.championnursing.org
- Lobbyist: maryellen@conleeconsulting.com

2/7/2013 KS APRN Task Force 18

EFFECTIVE COMMUNICATION

"The right message at the right time"

Multiple communication venues:

- Testimony
- Letters, e-mail, phone calls from public, patients, APRNs, supporters
- Personal conversations
- Communication from APRN Task Force to grassroots supporters is essential

2/7/2013 KS APRN Task Force 19

HOW CAN YOU HELP

- Build relationships with your legislators
- Demonstrate interest and respect for the job that legislators do
- Speak as a knowledgeable expert
- Share your personal story "How does requirement for collaborative agreement impede your practice"
"Examples of patients you care for"
- Show real people from their legislative districts support the bill
- Follow up with a thank you note or e-mail

2/7/2013 KS APRN Task Force 20

HOW CAN YOU HELP

- We need your financial support
- Visit www.ksnurses.com -quick link to "KS APRN Task Force" – "Donation"
- Phone credit card donation to: Michelle Reese at KSNA, 785-233-8638
- Make check, corporate matches, or other gifts to:
APRN Task Force
1109 SW Topeka Blvd
Topeka, KS 66612-1602

2/7/2013

KS APRN Task Force

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SUMMARY OF THE STATUTE AMENDMENTS

1. ADDED a definition of APRN. 65-1113 (d)(3). Page 2 (of our draft). Definition taken from the National Council of State Boards of Nursing (NCSBN) Consensus Model.
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2/7/2013

KS APRN Task Force

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SUMMARY OF THE STATUTE AMENDMENTS

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2/7/2013

KS APRN Task Force

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SUMMARY OF THE STATUTE AMENDMENTS

4. ADDED a requirement of national certification for licensure. 65-1130(c)(3)(F). Page 6.
 - The language was taken from the Kansas CRNA statute 65-1152 (a)(3). Requiring national certification is a recommendation of NCSBN and signifies a standard of competency.
 - Currently Kansas is one of only five states who do NOT require national certification.
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2/7/2013

KS APRN Task Force

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SUMMARY OF THE STATUTE AMENDMENTS

5. ADDED a clarification statement that within the role, an APRN may serve as a primary care provider. 65-1130 (c)(3)(G). Page 6.
 - Adds reinforcement to our main mission to improve access to APRN directed care for Kansans and increases the number of primary care providers who can provide care to the growing population of underserved Kansans.

2/7/2013

KS APRN Task Force

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SUMMARY OF THE STATUTE AMENDMENTS

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 - Current statute restrictions lead to underutilization of nurse practitioners as primary care providers, which decreases access to care. (IOM, 2011).
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 - Safe quality healthcare continues in the 16 states where supervisory language has already been removed

2/7/2013

KS APRN Task Force

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SUMMARY OF THE STATUTE AMENDMENTS

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2/7/2013

KS APRN Task Force

27

SUMMARY OF STATUTE AMENDMENTS

8. ADDED a statement to reinforce that APRNs may order medical devices, equipment, treatments, nutrition, diagnostics and supportive devices. 65-1130 (c)(I). Page 9.9.
9. ADDED Global Signature Authority. 65-1130 (c)(J). Page 9. APRNs may sign forms that traditionally have only had the word "physician" as the provider.

It becomes a hardship for patients to find a physician to sign a form when established with an APRN primary provider who could sign the form. Language was taken from the Maine Nurse Practice Act.

2/7/2013

KS APRN Task Force

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SUMMARY OF THE STATUTE AMENDMENTS

10. ADDED definitions of terms specific to advanced practice nursing. 65-1130 (c)(K). Page 9.

- Definition of “patient” came from the NCSBN Consensus Model. The definition of “primary care” came from the IOM Report on the Future of Nursing (2011). The definition of “consultation” came from the Oregon Nurse Practice Act. The definition of “treatment” came from the NCSBN Consensus Model. The definition of “collaborative relationship” came from the New Mexico and Oregon Nurse Practice Acts.

2/7/2013 KS APRN Task Force 29

LET’S MAKE KANSAS #17 “No Major Barriers”

Indicator 3: removing barriers to practice and care

100% APRN autonomy
All APRN practice rights to be able to practice in the 44 states of major autonomy and licensing

State progress in removing regulatory barriers by state by Advanced Practice Registered Nurses (APRNs)

Legend:
 No Major Barriers (Green)
 Few Barriers (Blue)
 Many Barriers (Orange)
 No APRNs (Red)

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