

[HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD:

The Kansas State Board of Nursing was constituted by legislative action in 1913. Since that time, legislative changes have occurred from time to time. These changes have kept pace with current trends and practices.

1949: The licensure of practical nurses was established when licensure for professional nurses became mandatory.

1973: Licensure of mental health technicians. Today the Board licenses the three groups, professional and practical nurses, and mental health technicians.

1974: Two licensed practical nurses added to the Board.

1975: Mandatory licensure for practical nurses established.

From annual to biennial renewal of licenses.

Eleven member Board established, 5 registered nurses (3 educators and 2 nursing service administrators), 2 licensed practical nurses, 2 licensed mental health technicians and 2 public members.

1976: Certification of advanced nursing practice.

Continuing education required for on-going nursing licensure.

Certified medication aides allowed to give oral medication to residents of adult care homes.

1980: Compositions of professional nurse members of Board changed, 3 registered nurses from nursing service and 2 registered nurses from education.

1981: Fee structure established for accreditation of nursing programs, and approval of continuing education providers.

Court costs charged to guilty party in administrative hearings.

1982: Standards for revocation, suspension and limitation of nursing license adopted.

1983: Board reviewed by Sunset Audit, continued until 1987.

Legislative authority to write new regulations for advanced nursing practice certification.

Mandatory reporting established for infractions of Mental Health Technicians Act.

Cooperative effort established for impaired nurses with Kansas State Nurses Association.

Extensive changes in Nurse Practice Act:

- handling of disciplinary matters
- "good moral character" as criteria for licensure removed

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD:
Continued

- 1984:** Recommendations of Sunset Review accomplished.
- Regulations written and passed for the certification of advanced nursing practice.
- 1985:** Regulations written for 20 hours of mandatory continuing education for licensed mental health technicians.
- Biennial licensure established for licensed mental health technicians.
- Board reviewed and evaluated its participation and cooperation with the Kansas State Nurses Association Peer Assistance program with the impaired nurse.
- 1986:** Legislation passed to authorize nurse anesthetists to practice.
- Additional qualifications of applicants instituted; increased statutory for maximums.
- Board of Nursing authorized to fix, charge and collect fees for institutes, conferences and educational program. Conference fund established.
- 1987:** The Board of Nursing was again reviewed for Sunset, and passed without difficulty. Legislation was passed which granted the Board the statutory authority to define unprofessional conduct for Mental Health Technicians, by rule and regulation.
- The Nurse Practice Act was amended to allow school nurses to delegate certain nursing functions identified by rules and regulations to unlicensed personnel in the schools. One purpose of the amendment was to assist the Department of Education to "mainstream" handicapped children.
- 1988:** Mandatory Reporting law passed, to include all Board of Nursing licensure.
- Board of Nursing given authority to authorize Registered Nurse Anesthetists for practice in Kansas.
- Rule and regulation authority changed to allow for the establishment of standards for Registered nurse Anesthetists, fees established.
- Administrative Procedure Act changed which allowed the Board to establish an Investigative Panel and a Hearing Panel.
- Omnibus Appropriations Bill, provided funding for a contract for a program for chemically impaired licensees.
- 1989:** First Peer Assistance Contract signed.
- As a result of mandatory reporting, there was a dramatic increase in the number of disciplinary reports.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD:

Continued

- 1990:** Nurse Practice Act was amended to extend temporary permits to all nurses while attending a refresher course; to allow continuing nursing education providers to renew providerships every five years instead of two and clarify language on disciplinary content.
- 1991:** During 1991, delegation policies were discussed and developed by the Board of Nursing. Work began on reviewing and revising statutes and regulations.
- 1992:** Board was granted authority to assess administrative fines for violations of the Nurse Practice Act. An exception added in statute allowed nurses to delegate nursing tasks to unlicensed personnel.
- 1993:** Public and private censure was added to disciplinary section of the practice act. One registered nurse Board member was to be certified as an advanced registered nurse practitioner. The Board was to be assigned and pay salary for a full time assistant attorney general.
- 1994:** Licensed practical nurses would be allowed to practice intravenous therapy in an expanded role after attending and passing a standardized I.V. course approved by the Board. With computerized testing for RN's and LPN's, new graduates can only practice nursing for 90 days before taking licensure examination.
- 1995:** Revision of delegation language included listing of factors to be considered during delegation. Procedural fees collected for disciplinary hearings can go into the Board's fee fund at 100 percent.
- 1996:** Revision of registered nurse anesthetist act.
- 1997:** Revised definition of continuing nursing education and expanded types of offerings KSBN will accept for continuing nursing education credit.
- Composition of Board changed adding a registered professional nurse and removing a licensed mental health technician.
- Established an exempt license for nurses and licensed mental health technicians.
- Denial of licensure for individuals with a felony conviction of a crime against a person.
- 1998:** Change in licensed practical nurse intravenous therapy regulations restricts some medications the licensed practical nurse can administer intravenously.
- 1999:** Minor additions to the regulations on delegation of nursing procedures or tasks in the school setting.
- Nurse Practice Act amended to say that when an individual fails to pass the licensure examination within 24 months from graduation, the individual must petition to retake the examination. The Board may require the individual to submit a study plan.
- Nurse Practice Act amended to include in regulation that an applicant for licensure will pass the examination prepared by the national council of state boards of nursing.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD:

Continued

1999: Continued

Nurse Practice Act amended by adding a section providing modification for persons with learning disabilities. The licensed mental health technician is included in the requirement for petition and possible study plan if has not passed the examination within 24 months from graduation.

2000: Extensive changes in Nurse Practice Act:

- Clarified language used to define the expanded role; limitations; and restrictions of the Advanced Registered Nurse Practitioner.
- Clarified qualifications of advanced registered nurse practitioners.
- Allowed Advanced Registered Nurse Practitioner to obtain a D.E.A. number and that written protocol is followed when prescribing, administering, or supplying a prescription.
- Stated that functions performed by an Advanced Registered Nurse Practitioner in the expanded role of the nurse anesthetist shall be defined in K.S.A. 65-1158.
- Revoked requirements for advanced registered nurse practitioner programs.
- Defined advanced Nursing Education program, affiliating agency, clinical learning, contractual agreement, preceptor, and satellite program.
- Established requirements needed for each advanced nursing education program for initial accreditation.
- Established requirements needed for each advanced nursing education program for re-accreditation.
- Established faculty and preceptor qualifications for each advanced nursing education program.
- Established curriculum requirements for each advanced nursing education program.
- Established criteria for clinical resources for each advanced nursing education program.
- Described educational facilities for each advanced nursing education program.
- Established that each advanced nursing education program shall have written policies for admission, transfer students, re admission, counseling and guidance, progression criteria, student representation in faculty governance, and graduation.
- The practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination scheduled following such graduation but in no case to exceed 120 days, whichever comes first.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD:

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2000: Continued

- Required each advanced nursing education program to submit to the state board of nursing a plan for disposition of records if the school terminates the advanced registered nursing education program.
- Established requirements for a refresher course for an Advanced Registered Nurse Practitioner.

2001: Nurse Practice Act amended

- The fee for a duplicate license may be waived if the license was stolen.
- The maximum of 15 contact hours of independent study in a renewal period was eliminated allowing the nurses to have a total of 30 contact hours that are independent study.
- Language pertaining to the inactive status for the Licensed Mental Health Technician was clarified.
- Clarification was made to the definitions pertaining to Continuing Education for nurses.

2002: Nurse Practice Act amended

- Any nurse anesthetist whose Kansas ARNP certification has lapsed and who desires to obtain a reinstatement of ARNP certification shall increase the number of years to accumulate 1,000 hours of nurse anesthesia practice in another jurisdiction from two to five years.
- In order for a school of nurse anesthesia to be approved by the board of nursing, consideration shall be given to whether the school meets standards II and IV contained in the “standards for accreditation of nurse anesthesia educational programs” of the council on accreditation of nurse anesthesia educational programs published in 1994 and revised 1999.
- Any applicant whose Kansas authorization has lapsed may, within 5 years of its expiration date, reinstate the authorization by submitting proof that the applicant has met the requirements.
- Each hospital and agency providing facilities for clinical experience shall be licensed or approved by the appropriate groups.
- Administration of intravenous fluid therapy means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.
- Each person desiring to obtain approval for an intravenous (IV) fluid therapy course shall submit a proposal to the board.

HISTORICAL DEVELOPMENT, SCOPE AND FUNCTION OF THE BOARD:

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2002: Continued

- The purpose of the intravenous fluid therapy course shall be to prepare licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

2003: Nurse Practice Act amended

- Clarification of terms used in the regulations for schools of nursing by adding the definition for capstone course, approval, conditional approval, community-based health care, criteria for unscheduled survey visit, distance learning, faculty hire exception and loss of approval.
- Organize the regulation for clarification and also add that the name of each hospital and affiliating agency providing facilities for clinical experience shall be licensed and the list submitted with the initial applications.
- Increase the resurvey visit from 5 years to 5-10 years. Resurvey or unannounced site visits and actions the board may make if the school of nursing is found to have deficiencies.
- Require school to have a written plan that includes the method of selection of preceptors, the roles of the faculty members and preceptors and the preceptors during the preceptorship. This change will allow for the school to request a faculty hire exception if faculty meeting the criteria required by the regulation is not available.
- Update curriculum requirements for nursing content to meet incumbent job analysis and licensure examination test plan. To clarify the process in changing curriculum for nursing programs.
- Clarify the requirements for clinical sites and the ration of faculty to student for clinical experience for the students. Exclude the capstone course from the total percentage of clinical hours that can be used with preceptors.
- Approval of schools of nursing educational facilities was reviewed. Editorial changes only were made, no major change was made.
- Delete several requirements for the annual report. Add that the annual report shall contain the major and minor curriculum changes, student –faculty clinical ratio, pas rate of the NCLEX exam for each of the last 3 years and operating budget.
- Clarify the current regulations and also add that a licensed practical nurse may administer by direct intravenous push corticosteroids.