60-11-101. Definition of advanced expanded role; limitations; restrictions. (a) An advanced registered nurse practitioner (ARNP), as defined by K.S.A. 65-1113, and amendments thereto, shall function in an expanded role to provide primary, secondary, and tertiary health care to individuals, families, or groups, or some combination of these groups of clients, in a variety of settings, including homes, institutions, offices, industries, schools, community agencies, and private in the ARNP's category of advanced practice. Advanced registered nurse practitioners shall function in a collegial relationship with physicians and other health professionals in the delivery of primary health care services. Each ARNP shall be authorized to make independent decisions about advanced practice nursing needs of families, patients, and clients, and interdependent medical decisions based on the authorization for collaborative practice with one or more physicians in carrying out health regimens for families and clients. This regulation shall not be deemed to require the immediate and physical presence of the physician when care is given by an ARNP. Each ARNP shall be directly accountable and responsible to the consumer.

(b) “Primary health care” means the prevention of disease, promotion and maintenance of health, assessment of needs, long-term nursing management of chronic illness, and referral of clients to other resources. The contact between advanced registered nurse practitioner and client may be for an episode of illness, or it may be for continuous health care monitoring. “Authorization for collaborative practice” shall mean that an ARNP is authorized to develop and manage the medical plan of care for patients or clients based upon an agreement developed
jointly and signed by the ARNP and one or more physicians. Each ARNP and physician shall jointly review the authorization for collaborative practice annually. Each authorization for collaborative practice shall include a cover page containing the names and telephone numbers of the ARNP and the physician, their signatures, and the date of review by the ARNP and the physician. Each authorization for collaborative practice shall be maintained in either hard copy or electronic format at the ARNP’s principal place of practice.

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

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

(e) “Prescription order” shall have the meaning set forth specified in K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113 and K.S.A. 1999 Supp. 65-1130; effective May 1, 1984; amended March 31, 2000; amended P-___________________.)
60-11-102. Categories of advanced registered nurse practitioners. The four categories of advanced registered nurse practitioners certified by the board of nursing are shall be the following:

(a) Clinical nurse clinician or nurse practitioner specialist;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) clinical specialist nurse practitioner. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended P-__________.)
60-11-103. Qualifications of Educational requirements for advanced registered nurse practitioners. (a) To be certified as an advanced registered nurse practitioner in any of the categories of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following criteria:

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

(2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. 60-11-103 through 60-17-108;

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

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

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

(B) required completion of a program meeting standards equal to or greater than those established by K.A.R. 60-11-103 through 60-17-108; or

(5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the category of advanced practice for which application is made. The applicant shall show
that the curriculum of the program is consistent with public health and safety policy and that it prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing.

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

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

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

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

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

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

(2) if none of the requirements in subsection (a) of this regulation are met before July 1, 2002, meet one of the requirements of subsection (a) of this regulation and hold a master's degree or a higher degree in nurse anesthesia or a related field.
(d) Each applicant for certification as an advanced registered nurse practitioner in the category of midwifery shall meet one of the following requirements:

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

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

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

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

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

(g) Each applicant who completes an advanced registered nurse practitioner program after January 1, 2001 in a category other than anesthesia or midwifery shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

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

(i) Refresher course. Notwithstanding the provisions of subsections (a) through (f), each applicant for a certificate to practice as an advanced registered nurse practitioner who has not gained 1,000 hours of advanced nursing practice during the five years preceding the date of application shall be required to successfully complete a refresher course as defined by the board. (Authorized by and implementing K.S.A. 65-1130, as amended by L. 1999, Ch. 115, §1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended, T-60-11-14-90, Nov. 14, 1990; amended, T-60-3-14-91, March 14, 1991; amended Sept. 2, 1991; amended March 9, 1992; amended Sept. 14, 1992; amended April 26, 1993; amended Sept. 6, 1994; amended Jan. 3, 1997; amended March 31, 2000; amended P-___________________.)
60-11-104. Functions of the advanced registered nurse practitioner, nurse clinician or in the category of nurse practitioner. Each advanced registered nurse practitioner in the category of nurse practitioner shall function in the expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advance knowledge and skills. Each nurse clinician or nurse practitioner and shall be authorized to perform the following: (a) Perform all functions defined for basic nursing practice. Provide health promotion and maintenance, disease prevention, and independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto, of acute and chronic diseases;

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

(c) assess normal and abnormal findings from the history, physical examination and laboratory reports provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(d) plan, implement and evaluate care provide health care for individuals by managing health problems encountered by patients and clients; and
(e) consult with the client and members of the health care team to provide for acute and ongoing health care or referral of the client; provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions.

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

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

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

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

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

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

(l) participate, when appropriate, in the joint review and revision of adopted protocols or guidelines when the advanced registered nurse practitioner is involved in the medical plan of care. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended P-_______________.)
60-11-105. Functions of the advanced registered nurse practitioner, in the category of nurse-midwife. An advanced registered nurse practitioner functioning in the category of nurse-midwife shall function in the expanded role of nurse-midwife shall perform in an interdependent role as a member of a physician-directed health care team, within the framework of mutually adopted protocols or guidelines. Each nurse-midwife through the application of advanced skills and knowledge of women’s health care through the life span and shall be authorized to perform the following: (a) Be responsible for the management and complete health care of the normal expanding family throughout pregnancy, labor, delivery, and post-delivery care. Provide independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto; 

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

   (c) participate in well-woman gynecological procedures provide health care services for which the nurse-midwife is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included; 

   (d) participate in periodic and joint evaluation of services rendered, including chart reviews, case reviews, patient evaluations, and outcome of case statistics in a manner consistent with subsection (c), provide health care for women, focusing on gynecological needs, pregnancy,
childbirth, the postpartum period, care of the newborn, and family planning, including indicated partner evaluation, treatment, and referral for infertility and sexually transmitted diseases; and

(e) participate in the joint review and revision of adopted protocols or guidelines provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended P-_____________________.)
60-11-107. Functions of the advanced registered nurse practitioner; in the category of clinical nurse specialist. The primary responsibility of the advanced registered nurse practitioner performing in the category of clinical nurse specialist shall function in the an expanded role of clinical nurse specialist shall be patient care delivery to a select population in a specialty area to provide evidence-based nursing practice within a specialty area focused on specific patients or clients, populations, settings, and types of care. Each clinical nurse specialist shall be authorized to perform the following:

(a) Provide direct nursing care utilizing a broad base of advanced scientific knowledge, nursing theory and skills in assessing, planning, implementing, and evaluating those aspects of health and nursing care of individuals who require this specialized competence independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto;

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

(c) conduct nursing research. Each clinical nurse specialist shall create and test methods of nursing intervention and health care in the area of specialization provide health care services for which the clinical nurse specialist is educationally prepared and for which competency has been established and maintained. Educational preparation
may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included:

(d) teach and counsel individuals or groups. Each clinical nurse specialist shall utilize theories and skills of communication and teaching learning process to increase the knowledge or functioning of individuals and groups, nursing personnel, students and other members of the health care team provide care for specific patients or clients or specific populations, or both, utilizing a broad base of advanced scientific knowledge, nursing theory, and skills in assessing, planning, implementing, and evaluating health and nursing care; and

(c) serve as a consultant, and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care; and provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions.

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