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Health and Social Services

F-4 Recent Changes to Health Professions' Scope of Practice

Changes to Health Professions' Scope of Practice

This article provides information related to the legislative changes made to scopes of practice for health professions from 2010 to 2016. The health professions affected are: acupuncturists, addictions counselors, advanced practice registered nurses, applied behavior analysis service providers, crematory operators, dental hygienists, dentists, emergency medical services attendants, naturopathic doctors, nurse-midwives, optometrists, pharmacists and pharmacy students or interns, physical therapists, physician assistants, podiatrists, psychiatrists, and registered nurse anesthetists.

Acupuncturists

2016 HB 2615 created the Acupuncture Practice Act, which provides for the licensure of acupuncturists by the Board of Healing Arts (active, exempt, and inactive licenses are created); exempts licensed physical therapists from the Acupuncture Practice Act when performing dry needling, trigger point therapy, or services specifically authorized under the Physical Therapy Practice Act; and exempts licensed acupuncturists from the Physical Therapy Practice Act. The Board of Healing Arts is required to adopt rules and regulations applicable to dry needling.

The practice of acupuncture includes, but is not limited to: techniques sometimes called "dry needling," "trigger point therapy," "intramuscular therapy," "auricular detox treatment," and similar terms; mechanical, thermal, pressure, suction, friction, electrical, magnetic, light, sound, vibration, manual treatment, and electromagnetic treatment; the use, application, or recommendation of therapeutic exercises, breathing techniques, meditation, and dietary and nutritional counselings; and the use and recommendation of herbal products and nutritional supplements, according to the acupuncturist's level of training and certification by the National Certification Commission for Acupuncture and Oriental Medicine, or its equivalent.

The practice of acupuncture does not include prescribing, dispensing, or administering of any controlled substances as defined in KSA 2016 Supp. 65-4101 *et seq.* or any prescription-only drugs, the practice of medicine and surgery including obstetrics, and the use of lasers or

ionizing radiation, osteopathic medicine and surgery or osteopathic manipulative treatment, chiropractic, dentistry, or podiatry.

Additionally, the Acupuncture Practice Act provides a detailed list of the health professions exempt from acupuncture licensure.

Addictions Counselors

The Addictions Counselor Licensure Act (Act) was created by 2010 HB 2577.

Any person licensed as an addiction counselor, licensed addiction counselor, or substance abuse counselor prior to enactment of the bill was prohibited from practicing without being licensed under the Act and was required to meet the applicable requirements effective August 1, 2011. However, the Act provided for grandfathering: anyone registered by the Behavioral Sciences Regulatory Board (BSRB), credentialed by the Department of Social and Rehabilitation Services (now known as the Department for Children and Families), or credentialed by the Kansas Association of Addiction Professionals as an alcohol and other drug abuse counselor or an alcohol and drug credentialed counselor was licensed under the Act. A temporary license may be granted by the BSRB for a person waiting to take the examination for licensure.

Persons licensed under the Act and employees or professional associates of the licensee are required to disclose information acquired in rendering addiction counseling services under specific circumstances.

Subsequently, changes to the scope of practice for licensed addiction counselors (LACs) and licensed clinical addiction counselors (LCACs) were made by 2011 HB 2182. Case management was removed from the scope of addiction counseling. The independent practice of addiction counseling and LCACs was expanded to include not only the diagnosis and treatment of substance abuse disorders but also to allow for both independent practice and diagnosis and treatment of substance abuse disorders. The bill also allowed a LAC to practice in treatment facilities exempted under

KSA 59-29b46(m). (Among the exempted facilities are licensed medical care facilities, licensed adult care homes, community-based alcohol and drug safety action programs, and state institutions at which detoxification services may have been obtained.) Individuals credentialed as alcohol and drug counselors who met the necessary requirements were allowed to be LCACs, engage in the independent practice of addiction counseling, and diagnose and treat substance use disorders.

SB 290 (2012) amended the Act to clarify the licensure requirements for LACs and LCACs and to address reciprocal licensure.

HB 2615 (2016) created a new category of licensure for Master's Level Addiction Counselors, who engages in the practice of addiction counseling limited to substance use disorders. The person is allowed to diagnose substance use disorders only under the direction of a LCAC, a licensed psychologist, a person licensed to practice medicine and surgery, or a person licensed to provide mental health services as an independent practitioner and whose licensure allows for the diagnosis and treatment of substance use disorders or mental disorders.

Effective September 1, 2016, pursuant to HB 2615, no person may engage in the practice of addiction counseling or represent oneself as a licensed master's addiction counselor, a master's addiction counselor, master's substance abuse counselor, or a master's alcohol and drug counselor without having first obtained a license as a master's addiction counselor. The requirement to practice only in a facility licensed by the Kansas Department for Aging and Disability Services (KDADS) was eliminated by the bill.

HB 2615 also grandfathers credentialed or registered alcohol and other drug counselors who comply with specific requirements prior to July 1, 2017. (See the section on changes to the regulatory statutes administered by the BSRB for additional changes impacting multiple professions, including those involved in addiction counseling.)

Advanced Practice Registered Nurses

In 2011, HB 2182 amended the Nurse Practice Act with regard to Advanced Practice Registered Nurses (APRNs). All references to an Advanced Registered Nurse Practitioner (ARNP) were changed in statute to APRN, and licensure of APRNs was required.

Applied Behavior Analysis Service Providers

HB 2744 (2014) created the Applied Behavior Analysis (ABA) Licensure Act for the licensure of ABA service providers by the BSRB. ABA means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

The bill established the licensed assistant behavior analyst (LaBA) and the licensed behavior analyst (LBA). The bill established a January 1, 2015, effective date of Autism Spectrum Disorder (ASD) coverage by large health insurance plans and extended the requirement to grandfathered individual and small group plans effective July 1, 2016. The licensure requirements for ABA providers were phased in and certain providers were exempt from licensure.

HB 2744 outlined a broader range of providers allowed to receive reimbursement for ABA services from January 1, 2015, through June 30, 2016. Reimbursement narrowed beginning July 1, 2016, to services provided by an autism services provider licensed or exempt from licensure under the ABA Licensure Act, except reimbursement is allowed for services provided by an autism specialist, an intensive service provider, or any other individual qualified to provide services under the Home and Community Based Services (HCBS) Autism Waiver administered by KDADS.

The bill required the BSRB to adopt rules and regulations for the implementation and administration of the ABA Licensure Act, by July 1,

2016. The BSRB has established these rules and regulations.

In 2015, the ABA Licensure Act was amended by HB 2352 with regard to the number of employees constituting a large and small employer, terms used in connection with group health benefit plans and the ASD coverage requirement. HB 2615 (2016) clarified the duties, powers, and functions of the BSRB as involving the regulation of individuals under several named acts, including the ABA Licensure Act.

Crematory Operators

In 2010, Senate Sub. for HB 2310 enacted new law to license crematory operators and made other changes governing cremation. A new definition of “crematory operator” was established and required that only licensed crematory operators may perform cremation.

Additionally, the term “crematory operator in charge” was amended to specify the person must be a licensed crematory operator and to require the individual to hold a funeral director’s license unless the crematory receives dead human bodies for cremation only through licensed funeral establishments. The bill also extended certain liability protections to crematory operators, embalmers, and assistant funeral directors.

Dental Hygienists

HB 2631 (2012) made several changes and additions to the Dental Practices Act for the purpose of expanding dental service in the state, including targeting children who are dentally underserved. The bill created an additional extended care permit (ECP) level of service of dental hygienists, ECP III, for those dental hygienists who met the increased qualifications.

An ECP III does not have prescribing authority and must be sponsored by a dentist licensed in Kansas, as confirmed by a signed agreement stating the dentist will monitor the activities of the ECP III dental hygienist. A dentist is not allowed to monitor more than five ECP III dental hygienists. The ECP III is required to advise patients and legal

guardians that the services provided are palliative or preventive and are not comprehensive dental diagnosis and care.

The tasks and procedures an ECP III may perform are limited to those activities that can be performed by a hygienist under the ECP I or ECP II, plus additional tasks that include the identification and removal of decay using hand instrumentation and placing a temporary filling; services related to dentures, including adjustment and checking for sore spots; smoothing of a sharp tooth with a slow speed dental handpiece; use of a local anesthetic within certain limitations; extraction of deciduous teeth within certain limitations; and other duties delegated by the sponsoring dentist consistent with the Dental Practices Act. The bill also detailed the population to be served by an ECP III.

Dentists

HB 2182 (2011) amended the Dental Practices Act to allow for the franchise practice of dentistry. The bill also allowed licensed dentists to practice dentistry as employees of a general hospital in counties with populations of less than 50,000.

A special volunteer dental license was established in HB 2631 for dentists who are retired from active practice and wish to donate their expertise for the dental care and treatment of indigent and underserved persons in Kansas. The bill set forth stipulations related to this license, including that no payment of an application fee, license fee, or renewal fee is required and no continuing education is required for issuance or renewal. Dentists with a special volunteer dental license are limited to providing dental care without payment or compensation only to underserved and indigent persons in the state.

Emergency Medical Services Attendants

House Sub. for SB 262 (2010) amended the statutes related to Emergency Medical Services (EMS). The bill changed the titles of EMS attendants as follows: “Emergency Medical Technician–Intermediate” (EMT-I) changed to “Advanced Emergency Medical Technician” (AEMT); “First

Responder” changed to “Emergency Medical Responder” (EMR); and “Mobile Intensive Care Technician” (MICT) changed to “Paramedic.”

The bill established a scope of practice for the professions by rules and regulations established by the Kansas Board of Emergency Medical Services (Board). The professions were required to complete a course of instruction approved by the Board and specifically be authorized to perform activities by medical protocol.

The changes made in 2010 allowing EMS attendants to transition from authorized activities to scope of practice, renaming attendant levels to reflect national nomenclature, and allowing for enhanced skills sets to create the ability to provide a higher level of care were amended again in 2011 by HB 2182. The 2011 changes were to support the transition and to provide options for those required to meet the transition requirements. EMS attendants were allowed the option to transition to a lower level of certification. In addition, the 2011 changes allowed an EMT-I, an AEMT, an EMT, an EMT-Defibrillator (EMT-D), and an EMR to provide medical services within their scope of practice when authorized by medical protocols or upon order when direct voice communication was maintained and monitored by specific authorized medical personnel.

In 2011, HB 2182 also changed the initiation date to allow attendants complete certification cycles to accomplish the transition requirements and provided the conditions to be met by each EMS certificate holder to transition to a higher level. The scopes of practice of an EMT-I, and AEMT, an EMT, an EMT-Defibrillator, and an EMR were set out in detail by the bill. The term “medical advisor” was replaced with “medical director” and each EMS was required to have a medical director whose duties included the implementation of medical protocols and the approval and monitoring of the attendants’ education.

In 2016, HB 2387 made changes to the authorized activities of those who have certain EMS certifications. Under continuing law, each classification of EMS attendant is authorized to perform the interventions of the lower levels of certified attendants. The bill changes authorized

activities by an EMT-I transitioning to an AEMT and updates and by EMTs and EMRs. The terms EMT, EMT-I, EMT-D, MICT, EMT-I/Defibrillator, AEMT, and paramedic are removed from the list of those individuals at least one of which must be on each vehicle providing emergency medical services and replaces the list with a reference to an attendant certified under statutes applicable to those listed categories.

Naturopathic Doctors

Among the changes made by 2010 House Sub. for SB 83 was the creation of the Naturopathic Doctors Licensure Act. The bill changed the regulatory status of naturopathic doctors with the Board of Healing Arts from registrants to licensees. In addition, the bill authorized naturopaths to form professional corporations and provided clarifying language that licensure does not require health insurance to provide covered services.

Nurse-Midwives

The Independent Practice of Midwifery Act (Midwifery Act) was created by 2016 HB 2615. Effective January 1, 2017, the Midwifery Act allows certified nurse-midwives to practice without a collaborative practice agreement under specific conditions set forth below and requires the certified nurse-midwife to hold a license from the Board of Nursing and the Board of Healing Arts. The Board of Healing Arts, in consultation with the Board of Nursing, is required to promulgate rules and regulations no later than January 1, 2017, pertaining to certified nurse-midwives engaging in the independent practice of midwifery and governing the ordering of tests, diagnostic services, prescribing of drugs, and referral or transfer to physicians in the event of complications or emergencies.

“Independent practice of midwifery” means the provision of clinical services by a certified nurse-midwife without the requirement of a collaborative practice agreement with a person licensed to practice medicine and surgery. The clinical services are limited to those associated with a normal, uncomplicated pregnancy and delivery,

including the prescription of drugs and diagnostic tests, the performance of an episiotomy or a repair of a minor vaginal laceration, the initial care of the normal newborn, and family planning services, including treatment or referral of a male partner for sexually transmitted infections.

The standards of care in the ordering of tests, diagnostics services, and the prescribing of drugs shall be those standards which protect patients and are comparable to those for persons licensed to practice medicine and surgery providing the same services.

The bill also prohibits nurse-midwives engaged in the independent practice of midwifery from performing or inducing abortions or from prescribing drugs for an abortion.

Optometrists

In 2010, HB 2584 allowed optometrists to dispense ophthalmic lenses with medication evenly over any period of time required, a change from no more than a 24-hour supply of medication in ophthalmic lenses.

In 2012, HB 2525 updated the optometry law to reflect the current, State Board-required, single licensure level of optometrists by eliminating language referring to three different levels of licensure, as well as clarifying the minor surgical procedures optometrists may perform.

Pharmacists and Pharmacy Students or Interns

In 2010, HB 2448 allowed a pharmacist, or a pharmacy student or intern working under the direct supervision and control of a pharmacist, to administer the influenza vaccine to a person six years of age or older. The bill also allowed a pharmacist to report the immunizations to the vaccinee’s primary care provider by electronic facsimile, e-mail, or other electronic means in addition to by mail.

The Pharmacy Act was amended by 2012 SB 211 to add a second exception to the requirement that pharmacists fill all prescriptions in strict conformity with the directions of the prescriber. The exception

allows a pharmacist to provide up to a three-month supply of a prescription drug that is not a controlled substance or a psychotherapeutic drug when a practitioner has written a drug order to be filled with a smaller supply, but the prescription includes enough refills to fill a three-month supply.

The only other statutory exception allows a pharmacist who receives a prescription order for a brand-name drug to substitute a different brand in order to achieve a lesser cost to the purchaser, unless the prescriber has instructed the prescription be dispensed as written or as communicated, or the federal Food and Drug Administration has determined the generic prescription medication is not bioequivalent to the prescribed brand name prescription medication.

Senate Sub. for HB 2146 (2014) amended the “practice of pharmacy” definition to include performance of collaborative drug therapy management pursuant to a written collaborative practice agreement with one or more physicians who have an established physician-patient relationship. Other definitions added to the Pharmacy Act were “collaborative practice agreement” and “collaborative drug therapy management.”

A collaborative practice agreement is a written agreement or protocol between one or more pharmacists and one or more physicians providing for collaborative drug therapy management. The collaborative practice agreement must contain conditions or limitations pursuant to the collaborating physician’s orders and be within the physician’s lawful scope of practice and appropriate to the pharmacist’s training and experience.

Collaborative drug therapy management allows a pharmacist to perform patient care functions for a specific patient delegated to the pharmacist by a physician through a collaborative practice agreement. A physician who enters into an agreement remains responsible for the care of the patient throughout the collaborative drug therapy management process. Under this management process, a pharmacist cannot alter a physician’s orders or directions, diagnose or treat any disease, independently prescribe drugs, or independently practice medicine and surgery.

Senate Sub. for HB 2146 also provided for the registration, discipline, training, and oversight of pharmacy interns. These new provisions relating to pharmacy interns are considered part of the Pharmacy Act. The bill authorized the Board of Pharmacy to adopt rules and regulations necessary to ensure pharmacy interns are adequately trained as to the nature and scope of their duties. Pharmacy interns must work under the direct supervision and control of a pharmacist, who is responsible to determine the pharmacy intern is in compliance with applicable rules and regulations of the Board of Pharmacy and who is responsible for the acts and omissions of the pharmacist intern in performing the intern’s duties.

Physical Therapists

The Physical Therapy Practice Act was amended by 2010 House Sub. for SB 83 with regard to the licensure of physical therapists by creating two new licensure categories: “exempt license” and “federally active license.”

The bill authorized the Board of Healing Arts to issue an “exempt license” to a person who is not regularly engaged in the practice of physical therapy in Kansas and who does not hold himself or herself out to the public as being professionally engaged in the practice of physical therapy. The exempt licensee may serve as a paid employee or unpaid volunteer of a local health department or an indigent health care clinic. Individuals holding an exempt license are not required to have professional liability insurance coverage.

The Board of Healing Arts is authorized to issue a “federally active license” only to a person who meets the requirements for a license to practice physical therapy in Kansas and who practices that branch of physical therapy solely in the course of employment or active duty in the U.S. government or any of its departments, bureaus, or agencies.

The federally active license holder may engage in limited practice outside the course of federal employment consistent with the scope of practice of exempt licenses, except the scope of practice is limited to providing direct patient care services, supervision, direction, or consultation for no

compensation. The license holder is permitted to receive payment for subsistence and actual expenses incurred in providing such services. The license holder is permitted to render professional services as a charitable health care provider, but is not required to maintain individual professional liability insurance.

In 2013, HB 2066 amended the Physical Therapy Practice Act to allow physical therapists to initiate a physical therapy treatment without referral from a licensed health care practitioner. In prior law, physical therapists were allowed only to evaluate patients without physician referrals and to initiate treatment after approval by certain health care providers.

HB 2066 also required physical therapists, in instances where treatment of a patient occurs without a referral, to obtain a referral from an appropriate licensed health care practitioner to continue treatment if, after 10 patient visits or a period of 15 business days from the initial treatment visit (follows the initial evaluation), the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable, or functional improvement, or any combination of these criteria.

When a patient self-refers to a physical therapist, the physical therapist is required, prior to commencing treatment, to provide written notice to the patient that a physical therapy diagnosis is not a medical diagnosis by a physician. The bill also provided that new provisions of law created by the bill were not to be construed to prevent a hospital or ambulatory surgical center from requiring a physician order or referral for physical therapy services for a patient currently being treated in such facility.

HB 2066 also authorized physical therapists to perform wound debridement services only after approval by a person licensed to practice medicine and surgery or other licensed health care practitioner in appropriately related cases. The bill deleted the requirements limiting physical therapists to evaluation of patients without a physician referral and the conditions and time frame specified for permitted evaluation and treatment without referral. Prior to this bill, physical

therapists were permitted to initiate treatment only after approval by a licensed physician, a licensed podiatrist, a licensed physician assistant or a licensed advanced practice registered nurse working pursuant to the order or direction of a licensed physician, a licensed chiropractor, a licensed dentist, or licensed optometrist in appropriately related cases. The bill also deleted provisions authorizing physical therapists to initiate treatment under the approval of a healing arts practitioner licensed by another state.

HB 2615 (2016) amended the Physical Therapy Practice Act to include the practice of dry needling within the scope of practice for licensed physical therapists, exempted licensed physical therapists from the Acupuncture Practice Act when performing dry needling, and exempted licensed acupuncturists from the Physical Therapy Practice Act. The Board of Healing Arts is required to adopt rules and regulations applicable to dry needling.

Physician Assistants

HB 2673 (2014) made changes to the Kansas Physician Assistant Licensure Act to replace the statutory limitation on the number of physician assistants (PAs) that may be supervised by a physician and directed the Board of Healing Arts to establish regulations imposing limits appropriate to different patient care settings and creating new licensure designations for PAs. In 2015, Senate Sub. for HB 2225 amended the statutory limitation on the number of PAs a physician may supervise to two until January 11, 2016.

The bill also created new licensure designations of “active license” and “licensure by endorsement,” and eliminated the designation of a “federally active license.”

Additionally, the practice of a PA was expanded to allow a PA, when authorized by a supervising physician, to dispense prescription-only drugs according to rules and regulations adopted by the Board of Healing Arts governing prescription-only drugs, when dispensing is in the best interest of the patient and pharmacy services are not readily available, and the amount dispensed is not in excess of the quantity necessary for a 72-hour

supply. The effective date of a PA's authority to dispense prescription-only drugs was amended by Senate Sub. for HB 2225 to an effective date of January 11, 2016.

Senate Sub. for HB 2225 amended the Physician Assistant Licensure Act to create the designations of "exempt license" and "federally active license."

An "exempt license" may be issued to a licensed PA who is not regularly engaged in PA practice in Kansas and does not hold himself or herself out publicly to be engaged in such practice. An exempt licensee is entitled to all privileges of a PA, is subject to all provisions of the Physician Assistant Licensure Act, and is allowed to be a paid employee of a local health department or an indigent health care clinic.

The Board of Healing Arts may issue a "federally active license" to a licensed PA who practices as a PA solely in the course of employment or active duty with the U.S. Government. Under this designation, a person may engage in limited practice outside the course of federal employment consistent with the scope of practice of the exempt licensees, except the scope is limited to: performing administrative functions; providing direct patient care services gratuitously or providing supervision, direction, or consultation for no compensation (payment for subsistence allowances or actual and necessary expenses incurred in providing such services is allowed); and rendering professional services as a charitable health care provider.

Senate Sub. for HB 2225 also allowed a PA to write do-not-resuscitate (DNR) orders if delegated the authority by a physician, and revised the DNR statutory form to include a PA signature line.

Further, the bill changes "written protocol" to "written agreement" and "responsible physician" to "supervising physician" with regard to the authority of a PA to prescribe drugs. The bill reverted to the use of the terms in law prior to July 1, 2014, but only until January 11, 2016, when the new terms became effective. Supervising physician means a physician who has accepted responsibility for the medical services rendered and the actions of the PA while performing under the direction and supervision of the supervising physician. The

Board of Healing Arts is required to adopt rules and regulations to be effective January 11, 2016, governing the practice of PAs.

Podiatrists

The Podiatry Act was amended by 2014 HB 2673 to expand and clarify the scope of podiatry and podiatric surgery and to create a Podiatry Interdisciplinary Advisory Committee to the Board of Healing Arts to advise and make recommendations on matters relating to the licensure of podiatrists to perform surgery on the ankle. "Podiatry" was previously defined as the diagnosis and treatment of all illnesses of the human foot. The bill changed the definition of podiatry to mean the diagnosis and medical and surgical treatment of all illnesses of the human foot, including the ankle and tendons which insert into the foot as well as the foot. The bill prohibits podiatrists from performing ankle surgery unless the podiatrist has completed a three-year post-doctoral surgical residency program in reconstructive rearfoot/ankle surgery and is either board-qualified (progressing to certification) or board-certified in reconstructive rearfoot/ankle surgery by a nationally recognized certifying organization acceptable to the Board of Healing Arts. Surgical treatment of the ankle by a podiatrist is required to be performed only in a medical care facility.

Psychiatrists

HB 2615 (2016) provided for a temporary license not to exceed two years to be issued to persons who have completed all requirements for a doctoral degree approved by the BSRB but have not received such degree conferral and who provide documentation of such completion.

Registered Nurse Anesthetists

In 2010, HB 2619 amended the scope of practice allowed for registered nurse anesthetists (RNAs). An RNA, upon the order of a physician or dentist and as a member of a physician- or dentist-directed health care team, is allowed to order or administer appropriate medication and anesthetic agents necessary to implement anesthesia plans

of care pre- and post-analgesia and during the peri-anesthetic or pre-analgesic period and to order necessary medications and tests in the peri-anesthetic or peri-analgesic period and take appropriate action during that period.

Other Changes Related to Licensure of Health Professions

Changes made from 2014 to 2016 related to the BSRB and the Board of Healing Arts that affected multiple health professions are outlined below.

Behavioral Sciences Regulatory Board

HB 2615 (2016) standardized regulatory statutes administered by the BSRB that apply to psychologists, professional counselors, social workers, addiction counselors, and marriage and family therapists. The bill clarifies the duties, powers, and functions of the BSRB as involving the regulation of individuals under the Social Workers Licensure Act, the Licensure of Master's Level Psychologists Act, the Applied Behavior Analysis Licensure Act, the Marriage and Family Therapists Licensure Act, and the Addiction Counselor Licensure Act. The standardized provisions pertain to licensure by reciprocity, the reasons for disciplinary action against a licensee, and the licensure fees charged by the BSRB.

The bill allows the BRSB to require fingerprinting and background checks on licensees, place licensed psychologists and social workers under the Kansas Administrative Procedure Act, establish supervisory training standards for professional counselors and marriage and family therapists, and create a new category of licensure for Master's Level Addiction Counselors.

Additionally, the bill requires a two-thirds majority vote of the BSRB to issue or reinstate the license of an applicant with a felony conviction. The bill updates several statutes by deleting the terms "state certified alcohol and drug abuse counselor" and "counselor" from applicable statutes and inserting "licensed addiction counselor," "licensed master's addiction counselor," and "licensed clinical addiction counselor" into applicable statutes.

Healing Arts Act

HB 2673 (2014) amended provisions of the Healing Arts Act related to institutional licenses. The bill removed the requirement for applicants who attend out-of-state schools of medicine or osteopathic medicine to have attended a school that has been in operation for at least 15 years. The requirement that the applicant has attended an institution whose graduates have been licensed in a state or states with standards similar to Kansas remains.

The bill removed the option for an institutional license holder to provide mental health services pursuant to written protocol with a person who holds a license that is not an institutional license. Instead, the institutional license holder is required to meet the previously optional requirements of employment by certain mental health facilities for at least three years and requiring the institutional license holder's practice be limited to providing mental health services that are a part of the licensee's paid duties, and are performed on behalf of the employer.

The Healing Arts Act was again amended by 2015 Senate Sub. for HB 2225 to clarify a reentry license must be an "active" reentry license and to create a resident active license. A resident active license can be issued to a person who has successfully completed at least one year of approved postgraduate training; is engaged in a full-time, approved postgraduate training program; and has passed the examinations for licensure. The Board of Healing Arts is required to adopt rules and regulations regarding issuance, maintenance, and renewal of the license. A resident active licensee is entitled to all privileges attendant to the branch of the healing arts for which such license is used.

Additionally, Senate Sub. for HB 2225 expanded the scope of the "special permit"—to include the practice of medicine and surgery—that may be issued by the Board of Healing Arts to any person who has completed undergraduate training at the University of Kansas School of Medicine who has not yet commenced a full-time approved postgraduate training program. The holder of the special permit is allowed to be compensated by a supervising physician, but is not allowed to

charge patients a fee for services rendered; is not allowed to engage in private practice; is allowed to prescribe drugs, but not controlled substances; is required to clearly identify himself or herself as a physician in training; is not deemed to be rendering professional service as a health care provider for the purposes of professional liability insurance; is subject to all provisions of the Healing Arts Act, except as otherwise provided in the bill; and is required to be supervised by a physician who is

physically present within the health care facility and is immediately available.

The special permit expires the day the holder of the permit becomes engaged in a full-time approved postgraduate training program or one year from issuance. The permit may be renewed one time. The Board of Healing Arts is allowed to adopt rules and regulations to carry out the provisions related to the special permit holder.

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