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Health and Social Services

F-5 Recent 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 2011 to 2018. The health professions affected include the following: acupuncturists, addiction counselors, advanced practice registered nurses, applied behavior analysis service providers, dental hygienists, dentists, emergency medical services attendants, licensed practical nurses, mental health technicians, nurse-midwives, optometrists, pharmacists, pharmacy students or interns, pharmacy technicians, physical therapists, physician assistants, podiatrists, professional counselors, psychiatrists, and registered nurses. A brief summary of the Nurse Licensure Compact (2018 HB 2496) and changes related to the Behavioral Sciences Regulatory Board (BSRB) and the Board of Healing Arts that affected the licensure of multiple health professions are also included.

Acupuncturists

HB 2615 (2016) 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 has adopted the required rules and regulations applicable to dry needling by physical therapists. (*Note:* See the "Physical Therapists" section in this article for additional information.)

The practice of acupuncture includes, but is not limited to the following: 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, and electromagnetic treatment; the use, application, or recommendation of therapeutic exercises, breathing techniques, meditation, and dietary and nutritional counselling; 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 any controlled substances as defined in KSA 65-4101 *et seq*. or any prescription-only drugs, or the practice of the following: 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.

Addiction Counselors

The Addiction 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. The Act provided for grandfathering of certain registered or credentialed professionals.

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 by 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 engage in the practice of addiction counseling limited to substance use disorders. Such a counselor 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 grandfathered credentialed or registered alcohol and other drug counselors who complied with specific requirements prior to July 1, 2017. (*Note:* See page 9 for 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 were changed in statute to APRN, and licensure of APRNs was required.

In 2016, HB 2615 authorized the Independent Practice of Midwifery Act by certified nurse-midwives who were licensed as APRNs. Further information is included in the section on nurse-midwives.

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 and the licensed behavior analyst. 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.

The bill also 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 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 (KAR 102-8-1 through 102-8-12).

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.

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 hand-piece; 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 (2012) 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

The statutory changes made by House Sub. for SB 262 in 2010, allowing Emergency Medical Services (EMS) attendants to transition from authorized activities to a scope of practice established by the Kansas Board of Emergency Medical Services (Board) through rules and regulations, renaming attendant levels to reflect national nomenclature, and allowing for enhanced skill sets to create the ability to provide a higher level of care, were amended 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 emergency medical technician–intermediate (EMT-I), an advanced emergency medical technician (AEMT), an emergency medical technician (EMT), an EMT-defibrillator (EMT-D), and an emergency medical responder (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, an AEMT, an EMT, an EMT-D, 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 changed authorized activities by an EMT-I transitioning to an AEMT and updated and changed authorized activities by EMTs and EMRs. The terms EMT, EMT-I, EMT-D, mobile intensive care technician (MICT), EMT-I/D, AEMT, and paramedic were removed from the list of those individuals of whom at least one must be on each vehicle providing emergency medical services and the list was replaced with a reference to an attendant certified under statutes applicable to those listed categories.

In 2018, SB 311 added EMS attendants to the list of mandatory reporters of abuse, neglect, exploitation, or need of protective services as it pertains to a resident or certain adults (as defined in continuing law). The applicable definition in continuing law for “resident” is found in KSA 2018 Supp. 39-1401(a) and for “adult” in KSA 2018 Supp. 39-1430(a). The definition of “adult” excludes residents of adult care homes.

Mental Health Technicians

In 2017, HB 2025 amended the Mental Health Technician’s Licensure Act. The bill changed the description of services in the definition of “practice of mental health technology” by deleting

"responsible nursing for patients with mental illness or intellectual disability" and inserting "participation and provision of input into the development of person-centered treatment plans for individuals or groups of individuals specified in paragraph (b)" (those specified in paragraph (b) are "the mentally ill, emotionally disturbed, or people with intellectual disability") and by including facilitating habilitation of individuals. The bill also replaced the term "patient" with "individual."

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 as an APRN and the Board of Healing Arts for the independent practice of midwifery. The bill required the Board of Healing Arts, in consultation with the Board of Nursing, 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.

On December 8, 2017, the Board of Healing Arts considered and formally approved proposed regulations, which were forwarded to the Board of Nursing. On March 28, 2018, upon consideration of concerns expressed by its APRN Committee, the Board of Nursing declined the regulations and referred them back to the Board of Healing Arts for consideration of nationally recognized standards of practice. General Counsel for the Board of Healing Arts appeared before the Board of Nursing at its September 2018 meeting to request the Board of Nursing concur on the proposed regulations, or in the alternative, specify the portions of any regulations to which they objected and propose revisions or alternatives to those portions. At that meeting, the Board of Nursing voted to concur on 14 of the 18 proposed regulations and nonconcur on the 4 remaining regulations. The Board of Nursing agreed to provide the Board of Healing Arts with proposed alternatives to the nonconcurred regulations. All of the concurred regulations have been submitted to the Department of Administration for review. The Board of Healing Arts, at its October 12, 2018, meeting, discussed the language proposed by the Board of Nursing for the four remaining nonconcurred regulations. Counsel for both boards are in the process of exchanging proposed changes to determine if the differences can be resolved.

"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 that protect patients and are comparable to those for persons licensed to practice medicine and surgery providing the same services.

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

Optometrists

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

Pharmacists, Pharmacy Students or Interns, and Pharmacy Technicians

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.

Another 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 2055 (2017) added a third exception to the requirement prescriptions be filled in strict conformity with any directions of the prescriber concerning biological products. The bill allows a pharmacist to exercise brand exchange (substitution) without prior approval from the prescriber, unless certain conditions exist. A pharmacist who receives a prescription order for a biological product may exercise brand exchange with a view toward achieving a lesser cost to the purchaser, unless the prescriber has instructed the prescription be dispensed as written or as communicated or the biological product is not an interchangeable biological product for the prescribed biological product. The bill required pharmacists to notify the patient and prescriber of the substitution of a biological product after the exchange has occurred and established recording requirements for biological product substitutions.

The bill also defined "biological product" and "interchangeable biological product" and clarified the definition of a "brand exchange" to distinguish between a brand exchange for a prescribed drug product and brand exchange for a prescribed biological product, provided for emergency refills of biological products by pharmacists, and addressed allowable charges for brand exchange of biological products.

Additionally, the bill required the Board of Pharmacy to adopt rules and regulations restricting the tasks a pharmacy technician may perform prior to passing any required examinations and required every pharmacy technician registered after July 1, 2017, to pass a certified pharmacy technician examination approved by the Board of Pharmacy. The Board of Pharmacy established rules and regulations addressing the certification of required examinations and requests for extension. However, the Board of Pharmacy determined additional practice limitations prior to passage of the certification exam should not be imposed because it would place too many restrictions on on-the-job training.

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.

The bill also provided for the registration, discipline, training, and oversight of pharmacist interns. These new provisions relating to pharmacist interns are considered part of the Pharmacy Act. The bill authorized the Board of Pharmacy to adopt rules and regulations necessary to ensure pharmacist interns are adequately trained as to the nature and scope of their duties. No such rules or regulations have been adopted as of September 12, 2018. Pharmacist interns must work under the direct supervision and control of a pharmacist who is responsible to determine the pharmacist intern is in compliance with applicable rules and regulations of the Board of Pharmacy and is responsible for the acts and omissions of the pharmacist intern in performing the intern's duties.

The Pharmacy Act was amended in 2017 HB 2030 to change, from 18 to 12 years of age, the minimum age for a person to whom a pharmacist, or a pharmacy student or intern working under the direct supervision and control of a pharmacist, is authorized to administer a vaccine, other than the influenza vaccine, pursuant to a vaccination protocol and with the requisite training. Continuing law requires immunizations provided under the authorization of the Pharmacy Act be reported to appropriate county or state immunization registries. The bill allowed the person vaccinated or, if the person is a minor, the parent or guardian of the minor, to opt out of the registry reporting requirement.

Physical Therapists

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 only after approval by certain health care providers.

The bill 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 (following 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 a 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 has adopted the required rules and regulations applicable to dry needling (KAR 100-29-18 through 100-29-21).

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) who 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 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 federal 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.

It should be noted, with the enactment of 2017 Sub. for SB 85 (Simon's Law), a DNR or similar physician's order cannot be instituted for an unemancipated minor unless at least one parent or legal guardian of the minor has been informed, orally and in writing, of the intent to institute the order. A reasonable attempt to inform the other parent must be made if the other parent is reasonably available and has custodial or visitation rights. The information need not be provided in writing if, in reasonable medical judgment, the urgency of the decision requires reliance on providing the information orally. The bill provides that either parent or the unemancipated minor's guardian may refuse consent for a DNR or similar order, either orally or in writing. Further, the bill provides that no DNR or similar order can be instituted, orally or in writing, if there is a refusal of consent.

Senate Sub. for HB 2225 also changed "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 has adopted the required rules and regulations 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 that 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 rear foot/ankle surgery and is either board-qualified (progressing to certification) or board-certified in reconstructive rear foot/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.

Professional Counselors

SB 386 (2018) amended the Professional Counselors Licensure Act with regard to educational requirements for licensure as a professional counselor. In continuing law, an applicant to the BSRB for licensure as a professional counselor is required, among other things, to have earned a graduate degree in counseling. The bill allows licensure for an applicant who earned a graduate degree in a counseling-related field if the remaining qualifications set forth in statute are met. The change applies to individuals applying for initial licensure and to individuals applying for licensure who are licensed to practice professional counseling in another jurisdiction.

The bill also clarified the licensure requirement of 45 graduate semester hours in various areas set forth in statute is counseling coursework.

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.

Other Changes Related to Licensure of Health Professions

Changes made from 2014 to 2018 related to the BSRB, the Board of Healing Arts, and the Board of Nursing that affected multiple health professions are outlined below.

Board of Nursing

HB 2496 (2018) enacted the Nurse Licensure Compact (Compact) and amended the Kansas Nurse Practice Act to enable the Board of Nursing to carry out the provisions of the Compact and establish the duties of registered nurses (RNs) and licensed practical nurses (LPNs) under the Compact. The Compact allows RNs and LPNs to have one multi-state license, with the privilege to practice in the home state of Kansas and in other Compact states physically, electronically, telephonically, or any combination of those.

The bill takes affect from and after July 1, 2019, and upon publication in the statute book.

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 clarified 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, places licensed psychologists and social workers under the Kansas Administrative Procedure Act, establishes supervisory training standards for professional counselors and marriage and family therapists, and creates 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.

However, in 2017, Senate Sub. for HB 2027 amended the statute governing institutional licenses and restrictions placed on practice privileges of these license holders. The bill reinserted the language removed in 2014 to allow for reinstatement of an institutional license of an individual who was issued an institutional license prior to May 9, 1997, and who is providing mental health services under a written protocol with a person who holds a Kansas license to practice medicine and surgery other than an institutional license.

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 licensee is entitled to all privileges attendant to the branch of the healing arts for which such license is used. 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. The Board of Healing Arts submitted KAR 100-6-2a, pursuant to KSA 65-2873b, to the Department of Administration in July 2018. The regulation is pending approval by the Department of Administration, the Division of the Budget, and the Attorney General.

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. The Board has not identified a need for regulations specific to special permit holders, other than the generally applicable regulations already in existence.

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