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Health and Social Services

G-3 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 2015 to 2019. The health professions affected include acupuncturists, addiction counselors, advanced practice registered nurses, applied behavior analysis service providers, emergency medical services attendants, mental health technicians, naturopathic doctors, nurse-midwives, pharmacists, pharmacy students or interns, pharmacy technicians, physical therapists, physician assistants, podiatrists, professional counselors, psychiatrists, and social workers. A brief summary of the Nurse Licensure Compact (2018 HB 2496) and changes related to the Behavioral Sciences Regulatory Board (BSRB), the Healing Arts Act, and the Radiologic Technologists Practice Act that affected the licensure of multiple health professions are also included. (*Note:* For historical purposes, Table A contains changes to scopes of practice made from 2011 to 2014.)

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 counseling; 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

HB 2615 also 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 licensed clinical addiction counselor (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 further grandfathered credentialed or registered alcohol and other drug counselors who complied with specific requirements prior to July 1, 2017. (*Note:* See the BSRB section later in this article for changes to the regulatory statutes

administered by the BSRB that impact multiple professions, including those involved in addiction counseling.)

Advanced Practice Registered Nurses

HB 2615 also authorized the Independent Practice of Midwifery Act by certified nurse-midwives who were licensed as advanced practice registered nurses (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, with effective dates in 2015 and 2016 for some provisions. 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.

Emergency Medical Services Attendants

In 2016, HB 2387 made changes to the authorized activities of those who have certain emergency medical services (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 emergency medical technician-intermediate (EMT-I) transitioning to an advanced emergency medical technician (AEMT) and updated and changed authorized activities by emergency medical technicians (EMTs) and emergency medical responders. The terms EMT, EMT-I, EMT-defibrillator (EMT-D), mobile intensive care technician (MICT), EMT-I/Defibrillator, AEMT, and paramedic were removed from the list of those individuals of whom at least one must be on each vehicle providing EMS 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.”

Naturopathic Doctors

SB 15 (2019) revised the Naturopathic Doctor Licensure Act to amend the definition of “naturopathic medicine” to include ordering diagnostic imaging studies, including, but not limited to, x-ray, ultrasound, mammogram, bone densitometry, computed tomography, magnetic resonance imaging, and electrocardiograms. However, the bill requires naturopathic doctors to refer patients to an appropriately licensed and qualified healthcare professional to conduct diagnostic imaging studies and interpret the results of such studies. The bill also amended the definition of a “licensed practitioner” in the Radiologic Technologists Practice Act to include, among other professions, a licensed Kansas naturopathic doctor.

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.

Proposed regulations related to the practice of certified nurse-midwives agreed to by the Board of Healing Arts and the Board of Nursing were submitted for consideration. In an August 28, 2019, letter to the Board of Healing Arts, the Office of the Attorney General noted it could not approve 11 of the proposed regulations at that time. Seven proposed regulations were approved by the Division of the Budget, the Department of Administration, and the Attorney General. A December 10, 2019, public hearing is scheduled on the seven proposed regulations.

“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.

Pharmacists, Pharmacy Students or Interns, and Pharmacy Technicians

Senate Sub. for HB 2055 (2017) amended the Pharmacy Act to add another 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 (KAR 68-5-17). 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.

The Pharmacy Act was amended by 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.

HB 2119 (2019) amended the Pharmacy Act to permit a licensed pharmacist to administer a drug by injection that, in the judgment of the prescriber, could safely be self-administered by a patient, to a patient pursuant to a prescription order, unless the prescription order includes the words “not to be administered by a pharmacist,” or words of like effect. The bill defined “medication order” to mean an order by a prescriber for a registered patient of a Kansas licensed medical care facility. Nothing in the provisions of the bill replaces, repeals, or supersedes requirements of KSA 65-4a10, which states, among other things, no abortion shall be performed or induced by any person other than a physician licensed to practice medicine in Kansas.

Physical Therapists

In 2016, HB 2615 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

In 2015, Senate Sub. for HB 2225 amended the Physician Assistant Licensure Act to set the statutory limitation on the number of physician assistants (PAs) a physician may supervise to two until January 11, 2016. The Board of Healing Arts had previously been directed, pursuant to 2014 HB 2673, to establish regulations imposing limits appropriate to different care settings.

The effective date of a PA's expanded authority to dispense prescription-only drugs when authorized by a supervising physician, established by 2014 HB 2673, was amended by Senate Sub. for HB 2225 (2015) to an effective date of January 11, 2016.

Senate Sub. for HB 2225 (2015) amended the Physician Assistant Licensure Act to create the designations of “exempt license” and “federally active license.” The “federally active license” designation had been eliminated by 2014 HB 2673.

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 (2015) 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 provided 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 provided 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 (KAR 100-28a-1 *et seq.*).

Podiatrists

SB 28 (2019) adds doctors of podiatric medicine who have completed a two-year post-doctoral surgical residency program prior to July 1, 2007, in reconstructive rearfoot/ankle surgery to the podiatrists who may perform surgery on the ankle, provided such grandfathered podiatrists are also either board-certified or board-qualified

progressing to board certification in reconstructive rearfoot/ankle surgery by a nationally recognized certifying organization acceptable to the Board of Healing Arts. These grandfathered podiatrists were inadvertently excluded in a 2014 statutory revision.

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. (*Note:* See the BSRB section on the following page for changes to the regulatory statutes administered by the BSRB relating to licensure by reciprocity and provisional licenses impacting multiple professions, including professional counselors.)

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.

Social Workers

SB 15 (2019), as it pertains to social workers, provided for licensure by reciprocity for social workers at the baccalaureate, master's, and

specialist clinical levels; provided for provisional licenses for applicants deficient in the qualifications or in the quality of educational experience required for licensure to allow the applicants time to fulfill remedial or other requirements prescribed by the BSRB; amended provisions related to temporary licenses for applicants who met all requirements except for taking the required examination; clarified the use of professional titles; and amended licensure requirements for a specialist clinical social worker to reduce the number of hours of postgraduate supervised professional experience required to 3,000 hours and the number of hours of clinical supervision to not less than 100 hours. The bill also amended a statute pertaining to an exemption from the examination requirement for licensure as a social worker to require only that the applicant has taken and passed an examination similar to that for which the exemption is sought, as determined by the BSRB.

Additionally, the bill amended requirements for licensure by reciprocity for other professions licensed by the BSRB, which are discussed in the section below on BSRB changes.

Other Changes Related to Licensure of Health Professions

Changes made from 2015 to 2019 related to the Board of Nursing, the BSRB, the Healing Arts Act, and the Radiologic Technologists Practice Act that affected multiple health professions are outlined as follows.

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. All provisions of the bill took effect by July 1, 2019.

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 ABA 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 updated 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.

In addition to the changes previously discussed regarding licensure for social workers at baccalaureate, master's, and specialist clinical levels, SB 15 (2019) made several changes to the requirements for licensure across other professions licensed by the BSRB. The bill amended requirements for licensure by reciprocity to create uniform requirements for reciprocal licensure across the professions licensed by the BSRB. SB 15 also reduced the number of months an applicant needs to be registered, certified, or licensed to practice a profession in another jurisdiction. The amended

time frame, which is the same as for the practice of social work at the three levels, applies to the following: professional counseling; marriage and family therapy; addiction counseling at the baccalaureate, master's, and clinical levels; doctoral level psychologist; and master's level psychologist. The bill also provides for a provisional license to allow time for remediation of a deficiency for these same professions. Additionally, the bill allows an applicant for social work licensure and for the following professions to apply for a temporary license pending completion of the required examination: marriage and family therapists, addiction counselors, master's addiction counselors, psychologists, and doctoral and master's level psychologists.

Healing Arts Act

The Healing Arts Act was 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. As of October 15, 2019, no public hearing has been scheduled on the proposed regulation.

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.

In 2017, Senate Sub. for HB 2027 amended the statute in the Healing Arts Act governing institutional licenses and restrictions placed on practice privileges of these license holders. The bill reinserted the language removed by 2014 HB 2673 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.

HB 2119 (2019) allowed a business entity issued a certificate of authorization by the Board of Healing Arts to employ or contract with one or more licensees of the Board, for the purpose of providing professional services for which such licensee holds a valid license issued by the Board. The bill defined a "licensee" to mean a person licensed by the Board to practice medicine and surgery or chiropractic and whose license is in a full active status and has not been revoked, suspended, limited or placed under probationary conditions. Medical care facilities in compliance with Kansas Department of Health and Environment licensure requirements and defined as a hospital, ambulatory surgical

center, or recuperation center are exempt from the provisions of the bill. The provisions of the bill were added to the Kansas Healing Arts Act. The Board is required to adopt rules and regulations as necessary to implement and administer the provisions in the bill. The provisions of the bill authorizing business entities to hire physicians and chiropractors take effect March 1, 2020.

Radiologic Technologists Practice Act

SB 15 (2019), in addition to previously described changes affecting naturopathic doctors, amended the definition of “licensed practitioner” in the Radiologic Technologists Practice Act to include a Kansas-licensed PA, APRN, and naturopathic doctor.

Table A			
2011-2014 Changes in Health Professions’ Scope of Practice			
Year	Profession	Bill Number	Change in Scope of Practice
2011	Addiction Counselor	HB 2182	Case management was removed from the scope of addiction counseling; expanded the independent practice of licensed clinical addiction counselors (LCACs); licensed addiction counselors (LACs) were allowed to practice in exempted treatment facilities; and the independent practice of addiction counseling by individuals credentialed as alcohol and drug abuse counselors who met the requirements was allowed.
2011	Advanced Practice Registered Nurse (APRN)	HB 2182	All references in the Nurse Practice Act to an advanced registered nurse practitioner were changed to APRN and the licensure of APRNs was required.
2011	Dentist	HB 2182	The Dental Practices Act was amended to allow for the franchise practice of dentistry and for licensed dentists to practice as employees of a general hospital in counties with populations of less than 50,000.
2011	Emergency Medical Services (EMS) Attendants	HB 2182	Statutory changes made in 2010 allowing EMS attendants to transition from authorized activities to a scope of practice were amended to support the transition, provide transition options, establish conditions to be met to transition to a higher level, and establish scopes of practice for EMS attendants.
2012	Addiction Counselor	SB 290	The Addiction Counselor Act was amended to clarify the licensure requirements for LACs and LCACs and to address reciprocal licensure.
2012	Dentist	HB 2631	A special volunteer dental license was established allowing dentists retired from active practice to provide of dental care without payment or compensation to indigent and underserved persons in the state.
2012	Dental Hygienist	HB 2631	The Dental Practices Act was amended to create an extended care permit level III (ECP III) and establish the ECP III scope of practice.
2012	Optometrist	HB 2525	The optometry law was updated to reflect a single licensure level of optometrists and to clarify the minor surgical procedures optometrists may perform.

Table A			
2011-2014 Changes in Health Professions' Scope of Practice			
Year	Profession	Bill Number	Change in Scope of Practice
2012	Pharmacist	SB 211	An exemption was added to the Pharmacy Act to allow a pharmacist to provide up to a three-month supply of a prescription drug that is not a controlled substance or a psychotherapeutic drug under certain conditions.
2013	Physical Therapist (PT)	HB 2066	The Physical Therapy Act was amended to allow PTs to initiate a physical therapy treatment without referral from a licensed health care practitioner and to establish a treatment when a referral would need to be obtained to continue such treatment. PTs were also authorized to perform wound debridement services after approval by certain health care practitioners.
2014	Applied Behavior Analysis Service Provider	HB 2744	The Applied Behavior Analysis (ABA) Licensure Act was created requiring licensure of ABA service providers by the Behavioral Sciences Regulatory Board, establishing the licensed assistant behavior analyst and the licensed behavior analyst, establishing Autism Spectrum Disorder (ASD) health insurance coverage, and phasing in licensure requirements for ABA providers and exempting certain providers from licensure.
2014	Institutional License Holder providing mental health services	HB 2673	The Healing Arts Act was amended to require institutional license holders to be employed by certain mental health facilities for at least three years and to limit such licensee's practice to providing mental health services that are part of the licensee's paid duties and performed on behalf of the employer.
2014	Pharmacist	Senate Sub. for HB 2146	The "practice of pharmacy" definition was amended 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.
2014	Pharmacist Intern	Senate Sub. for HB 2146	Provisions relating to the registration, discipline, training, and direct oversight of pharmacist interns by a pharmacist were added to the Pharmacy Act.
2014	Physician Assistant (PA)	HB 2673	The Kansas Physician Assistant Licensure Act was amended to replace the statutory limitation on the number of PAs supervised by a physician; to direct the Board of Healing Arts to establish regulations imposing limits on physician supervision of PAs appropriate to different patient care settings and create new PA licensure designations; to create an "active license" and "licensure by endorsement" and eliminate a "federally active license;" and to allow PAs to dispense prescription-only drugs under certain conditions when authorized by a supervising physician. (<i>Note: See 2015 HB 2225 in the PA section of this article for subsequent changes.</i>)
2014	Podiatrist	HB 2673	The Podiatry Act was amended to expand and clarify the scope of podiatry and podiatric surgery related to surgery on the ankle and to create a Podiatry Interdisciplinary Advisory Committee to the Board of Healing Arts.

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