

Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson St., Suite 1051
Topeka, KS 66612-1230



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Carol Moreland, MSN, RN
Executive Administrator

Kansas State Board of Nursing

Laura Kelly, Governor

June 20, 2022

A public hearing will be conducted at 10:00 A.M. Tuesday, September 6, 2022, in Room 560 of the Landon State Office Building, 900 S.W. Jackson St., Topeka, KS to consider the adoption of proposed changes in seven existing regulations relating to licensure and practice of Advanced Practice Registered Nurses (APRNs).

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed regulations. All interested parties may submit written comments prior to the hearing to the Executive Administrator of the Kansas State Board of Nursing, 900 S.W. Jackson St., Room 1051, Topeka, KS 66612 or by email to carol.moreland@ks.gov. All interested parties will be given a reasonable opportunity to present their views orally regarding the adoption of the proposed regulations during the public hearing. Phone comments will be taken by calling 1-877-278-8686 (access code 266223) at the time of the hearing. In order to provide all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentation to five minutes.

Any individual with a disability may request an accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statement in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Carol Moreland at (785) 296-5752. The north entrance to the Landon State Office Building is handicapped accessible. Handicapped parking is located at the north end of the Landon State Office Building, across the street from the north entrance to the building, and on Ninth Street, just around the corner from the north entrance to the building.

A summary of the proposed regulations and the economic impact follows. A copy of the proposed regulations and associated economic impact statement may be obtained by accessing the Kansas State Board of Nursing website at <https://ksbn.kansas.gov> or by contacting the Executive Administrator of the Kansas State Board of Nursing, Landon State Office Building, 900 S.W. Jackson St., Room 1051, Topeka, KS 66612, (785) 296-5752, or carol.moreland@ks.gov prior to the date of the hearing.

K.A.R. 60-11-101. Definition of expanded role. The proposed revisions for this regulation delete the definition for a collaborative agreement with a responsible physician for licensed APRNs to practice in Kansas. The definitions of authorization for collaborative practice, physician, prescription and prescription order will be deleted. There is no economic impact difference to the Board of Nursing. Communication of the changes can be communicated to APRNs and stakeholders via existing communication venues. This change will eliminate the barrier that requires APRNs to have a collaborative agreement with a responsible physician. There may be some economic impact on businesses and the general public as there will be increased access to healthcare for the citizens of Kansas.

K.A.R. 60-11-103. Licensure and educational requirements for advanced practice registered nurses. The proposed revision adds language about the requirement for proof of APRN certification in the applicant's specific role and population focus for initial licensure applications submitted on and after July

1, 2023. Language was also added regarding the requirement to submit proof of malpractice insurance coverage if the applicant renders professional clinical services as an APRN, unless the APRN meets one of the exceptions listed in K.S.A. 65-1130 as amended by S Sub for HB 2279. The economic impact to the Board of Nursing is expenditure costs to update our licensing software to have the ability to document the proof of national certification and proof of malpractice insurance (approximately \$30,000). There may be an economic impact for the applicants for APRN licensure who do not currently have national certification and malpractice insurance, as they will need to obtain both. There is no economic impact on business or the general public. It is estimated access to healthcare will increase for the citizens of Kansas.

K.A.R. 60-11-104. Functions of the advanced practice registered nurse in the role of nurse practitioner. The proposed regulation deletes the “based on authorization for collaborative practice” language for practicing as a nurse practitioner licensed in Kansas. There is no economic impact difference to the Board of Nursing for these proposed revisions. There is no economic impact on businesses or the general public. It is estimated access to healthcare will increase for the citizens of Kansas.

K.A.R. 60-11-104a. Prescription orders. Language was stricken about the need for a written protocol approved by the responsible physician. Language was added to include that APRNs are allowed to prescribe. There is no economic impact difference to the Board of Nursing for these proposed revisions.

K.A.R. 60-11-105. Functions of the advanced practice registered nurse in the role of nurse-midwife. The language “based on the authorization for collaborative practice” was stricken since the legislation eliminated the need for a collaborative agreement for a nurse-midwife to practice. There is no economic impact difference to the Board of Nursing for this proposed revision. It is estimated access to healthcare will increase for the citizens of Kansas.

K.A.R. 60-11-107. Functions of the advanced practice registered nurse in the role of clinical nurse specialist. The language “based on the authorization for collaborative practice” was stricken since the legislation eliminated the need for a collaborative agreement for a clinical nurse specialist to practice. There is no economic impact difference to the Board of Nursing for this proposed revision. It is estimated access to healthcare will increase for the citizens of Kansas.

K.A.R. 60-11-113. License renewal. Language was added that states for any APRN whose initial licensure is before July 1, 2023, the APRN may submit evidence of APRN certification at the time of license renewal. Language was also added that states an APRN shall provide proof of malpractice insurance coverage when renewing the license if the APRN renders professional clinical services, unless the APRN meets one of the exceptions listed in K.S.A. 65-1130 as amended by S Sub for HB 2279. There will be an economic impact for any APRNs that must have malpractice insurance and do not presently have it.

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60-11-101. Definition of expanded role; limitations; restrictions. (a) Each “advanced practice registered nurse” (APRN), as defined by K.S.A. 65-1113 and amendments thereto, shall function in an expanded role to provide primary, secondary, and tertiary health care in the APRN's role of advanced practice. Each APRN shall be authorized to make independent decisions about advanced practice nursing needs of families, patients, and clients and medical decisions based on the authorization for collaborative practice with one or more physicians. This regulation shall not be deemed to require the immediate and physical presence of the physician when care is given by an APRN. Each APRN shall be directly accountable and responsible to the consumer.

(b) “Authorization for collaborative practice” shall mean that an APRN is authorized to develop and manage the medical plan of care for patients or clients based upon an agreement developed jointly and signed by the APRN and one or more physicians. Each APRN and physician shall jointly review the authorization for collaborative practice annually. Each authorization for collaborative practice shall include a cover page containing the names and telephone numbers of the APRN and the physician, their signatures, and the date of review by the APRN and the physician. Each authorization for collaborative practice shall be maintained in either hard copy or electronic format at the APRN's principal place of practice.

(c) “Physician” shall mean a person licensed to practice medicine and surgery by the state board of healing arts.

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

(e) “Prescription order” shall have the meaning specified in K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113, as amended

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by ~~L. 2011, ch. 114, sec. 39~~, and K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1~~L.~~
2011, ch. 114, sec. 44; effective May 1, 1984; amended March 31, 2000; amended Sept. 4, 2009;
amended May 18, 2012; amended, T- _____, _____; amended P-
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60-11-103. Licensure and educational requirements for advanced practice registered nurses.

(a) Licensure as an advanced practice registered nurse. Each applicant for licensure as an advanced practice registered nurse shall meet the following requirements:

(1) File with the board a completed application on a form adopted by the board and pay the application fee prescribed by K.A.R. 60-11-119;

(2) be fingerprinted and submit to a state and national criminal history record check; and

(3) submit proof of APRN certification in the applicant's specific role and population focus granted by a national certifying organization that is recognized by the board and whose certification standards are approved by the board as equal to or greater than the corresponding standards established by the board for initial licensure applications submitted on and after July 1, 2023;

(4) submit proof of malpractice insurance coverage if the applicant renders professional clinical services as an APRN, unless the advanced practice registered nurse meets one of the exceptions listed in K.S.A. 65-1130 as amended by 2022 S Sub for HB 2279, sec. 1, and amendments thereto; and

~~(3)~~(5) within 180 days after the board's receipt of the application, submit proof that all qualifications for licensure, as specified in K.S.A. 65-1130 and K.S.A. 65-1131 and amendments thereto, have been met. If the applicant does not meet this requirement, the application shall be deemed abandoned and closed.

(b) Licensure in the roles of clinical nurse specialist, nurse anesthetist, nurse-midwife, and nurse practitioner. To be issued a license as an advanced practice registered nurse in any of the roles of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following requirements:

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

(2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. 60-17-101 through 60-17-108;

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

(4) hold a current license to practice as an advanced practice registered nurse in the role for which application is made and demonstrate to the board's satisfaction that both of the following requirements are met:

(A) The license was issued by a nursing licensing authority of another jurisdiction; and

(B)(i) The licensee completed a program meeting standards equal to or greater than those established by K.A.R. 60-17-101 through 60-17-108; or

(ii) the applicant has met the requirements for licensure pursuant to K.S.A. 48-3406, and amendments thereto; or

(5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the role of advanced practice for which application is made. The applicant shall show that the curriculum of the program is consistent with public health and safety policy and that it the program

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prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing.

(c) Licensure in the roles of clinical nurse specialist and nurse practitioner. Each applicant for a license as an advanced practice registered nurse in a role other than anesthesia or midwifery shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (b) before July 1, 1994;

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

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

(d) Licensure in the role of nurse anesthetist. Each applicant for a license as an advanced practice registered nurse in the role of anesthesia shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (b) before July 1, 2002; or

(2) if none of the requirements in subsection (b) were met before July 1, 2002, meet one of the requirements of subsection (b) and hold a master's degree or a higher degree in nurse anesthesia or a related field.

(e) Licensure in the role of nurse-midwife. Each applicant for a license as an advanced practice registered nurse in the role of midwifery shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (b) before July 1, 2000;

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

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

(f) National nursing organization certification for licensure. ~~A license may be granted if an individual has been certified by a national nursing organization whose certification standards have been approved by the board as equal to or greater than the corresponding standards established by the board for obtaining a license to practice as an advanced practice registered nurse.~~ National nursing organizations with certification standards that meet ~~this~~ the standard specified in paragraph (a)(3) shall be identified by the board, and a current list of national nursing organizations with certification standards approved by the board shall be maintained by the board. Any licensee may request that a certification program be considered by the board for approval and, if approved, included by the board on its list of national nursing organizations with approved certification standards.

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

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

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

(j) Refresher course requirement. In spite of the provisions of subsections (b) through (i), each applicant for a license as an advanced practice registered nurse who has not gained 1,000 hours of advanced nursing practice during the five years preceding the date of application shall be required to successfully complete a refresher course as defined by the board.

(k) Verification of current Kansas license. Verification of a current Kansas license shall be provided to other state boards upon the applicant's request and payment of the fee prescribed by K.A.R. 60-4-101.

(l) Licensure for endorsement pursuant to K.S.A. 48-3406, and amendments thereto.

(1) The applicant shall demonstrate "~~similar~~ scope of practice" as defined in K.S.A. 65-1130 and amendments thereto, K.A.R. 60-11-104, K.A.R. 60-11-104a, K.A.R. 60-11-105, and K.A.R. 60-11-106.

(2) "Active practice" shall mean that in a calendar year, the applicant worked for at least 1,000 hours in the scope of practice for which licensure is sought.

(m) Temporary emergency licensure. Each applicant for a temporary emergency license shall submit an application on a form adopted by the board to practice advanced nursing during a state of emergency declared by the legislature and submit proof that either of the following qualifications for licensure has been met:

(1) For licensure as a registered professional nurse, the applicant is currently licensed or has

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been licensed as a registered professional nurse by a state licensing board within five years of the application date.

(2) For licensure as an advanced practice registered nurse, the applicant is currently licensed or has been licensed as an advanced practice registered nurse by a state licensing board within five years of the application date, passed a course in cardiopulmonary resuscitation (CPR) for humans, has a current CPR certificate, and has the skills required to practice advanced practice nursing during the state of emergency declared by the legislature. (Authorized by K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1, K.S.A. 65-1131, and K.S.A. 2021 Supp. 48-3406; implementing K.S.A. 2021 Supp. 65-1118, K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1, K.S.A. 65-1131, K.S.A. 2021 Supp. 48-3406, K.S.A. 2021 Supp. 74-1106, and K.S.A. 74-1112; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended, T-60-11-14-90, Nov. 14, 1990; amended, T-60-3-14-91, March 14, 1991; amended Sept. 2, 1991; amended March 9, 1992; amended Sept. 14, 1992; amended April 26, 1993; amended Sept. 6, 1994; amended Jan. 3, 1997; amended March 31, 2000; amended Sept. 4, 2009; amended May 18, 2012; amended, T-60-1-26-22, Jan. 26, 2022; amended May 6, 2022; amended, T-_____, _____; amended P - _____.)

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60-11-104. Functions of the advanced practice registered nurse in the role of nurse

practitioner. Each advanced practice registered nurse in the role of nurse practitioner shall function in an advanced role at a specialized level, through the application of advanced knowledge and skills and shall be authorized to perform the following:

(a) Provide health promotion and maintenance, disease prevention, and independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(e) and amendments thereto, of acute and chronic diseases;

(b) develop and manage the medical plan of care for patients or clients, ~~based on the authorization for collaborative practice;~~

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

(d) provide health care for individuals by managing health problems encountered by patients and clients; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113, ~~as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44~~ 2022 S Sub for HB 2279, sec. 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended

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May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012; amended, T- _____,
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60-11-104a. Protocol requirements; Prescription orders. (a) ~~Each written protocol that an advanced practice registered nurse is to follow when prescribing, administering, or supplying a prescription-only drug shall meet the following requirements:~~ Any advanced practice registered nurse may perform the following:

(1) ~~Specify for each classification of disease or injury the corresponding class of drugs that the advanced practice registered nurse is permitted to prescribe;~~ Prescribe durable medical equipment;

(2) ~~be maintained in either a loose leaf notebook or a book of published protocols. The notebook or book of published protocols shall include a cover page containing the following data:~~ prescribe, procure, and administer any drug consistent with the licensee's specific role and population focus, except any drug that is intended to cause an abortion; and

(3) prescribe, procure, or administer any drug that is a controlled substance in accordance with the uniform controlled substances act as specified in K.S.A. 65-4101, and amendments thereto.

(A) ~~The names, telephone numbers, and signatures of the advanced practice registered nurse and a responsible physician who has authorized the protocol; and~~

(B) ~~the date on which the protocol was adopted or last reviewed; and~~

(3) ~~be kept at the advanced practice registered nurse's principal place of practice.~~

(b) ~~Each advanced practice registered nurse shall ensure that each protocol is reviewed by the advanced practice registered nurse and physician at least annually.~~

(e) ~~Each prescription order in written form shall meet the following requirements:~~

(1) ~~Include the name, address, and telephone number of the practice location of the advanced practice registered nurse;~~

(2) ~~include the name, address, and telephone number of the responsible physician;~~

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~~(3)~~(2) be signed by the advanced practice registered nurse with the letters A.P.R.N.; and

~~(4)~~ be from a class of drugs prescribed pursuant to protocol; and

~~(5)~~(3) contain the D.E.A. registration number issued to the advanced practice registered nurse when a controlled substance, as defined in K.S.A. 65-4101(e) and amendments thereto, is prescribed.

~~(d)~~(c) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced practice registered nurse from conveying a prescription order orally or administering a drug if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry or licensed as an advanced practice registered nurse.

~~(e)~~(d) When used in this regulation, terms shall be construed to have the meanings specified in K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44 2022 S Sub for HB 2279, sec. 1; effective, T-60-9-12-88, Sept. 12, 1988; effective Feb. 13, 1989; amended May 7, 1990; amended Jan. 3, 1995; amended March 31, 2000; amended May 18, 2012; amended, T-_____, _____; amended P - _____.)

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60-11-105. Functions of the advanced practice registered nurse in the role of nurse-midwife.

Each advanced practice registered nurse in the role of nurse-midwife shall function in an advanced role through the application of advanced skills and knowledge of women's health care through the life span and shall be authorized to perform the following:

(a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113~~(b)~~ and amendments thereto, and treatment, as defined in K.S.A. 65-1113~~(e)~~ and amendments thereto;

(b) develop and manage the medical plan of care for patients or clients, ~~based on the authorization for collaborative practice;~~

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

(d) in a manner consistent with subsection (c), provide health care for women, focusing on gynecological needs, pregnancy, childbirth, the postpartum period, care of the newborn, and family planning, including indicated partner evaluation, treatment, and referral for infertility and sexually transmitted diseases; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44 2022 S Sub for HB 2279, sec. 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended

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May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012; amended, T- _____,

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60-11-107. Functions of the advanced practice registered nurse in the role of clinical nurse specialist. Each advanced practice registered nurse in the role of clinical nurse specialist shall function in an advanced role to provide evidence-based nursing practice within a specialty area focused on specific patients or clients, populations, settings, and types of care. Each clinical nurse specialist shall be authorized to perform the following:

(a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113~~(b)~~ and amendments thereto, and treatment, as defined in K.S.A. 65-1113~~(e)~~ and amendments thereto;

(b) develop and manage the medical plan of care for patients or clients, ~~based on the authorization for collaborative practice;~~

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

(d) provide care for specific patients or clients or specific populations, or both, utilizing a broad base of advanced scientific knowledge, nursing theory, and skills in assessing, planning, implementing, and evaluating health and nursing care; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 2021 Supp. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44 2022 S Sub for HB 2279, sec. 1; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended

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60-11-113. License renewal. (a) Advanced practice registered nurse licenses shall be renewed on the same biennial cycle as the cycle for the registered professional nurse licensure renewal, as specified in K.A.R. 60-3-108.

(b) On and after January 1, 2013, each individual renewing a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to the advanced practice registered nurse role during the most recent prior license period. Proof of completion of 30 contact hours of approved CNE in the advanced practice nurse role may be requested by the board. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of the advanced practice registered nursing role. Each separate offering shall be approved before the individual submits the license renewal application.

(e) Approval shall not be granted for identical offerings completed within the same license renewal period.

(f) Any individual renewing a license may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for the preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

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(g) Fractions of contact hours may be accepted for offerings over 30 minutes.

(h) All CNE accumulated for APRN license renewal shall also be applicable to the renewal of the registered professional nurse license.

(i) Any APRN whose initial licensure is before July 1, 2023 may submit evidence of APRN certification to the board upon license renewal.

(j) An APRN shall provide proof of malpractice insurance coverage when renewing the license if the APRN renders professional clinical services, unless the advanced practice registered nurse meets one of the exceptions listed in K.S.A. 65-1130 as amended by 2022 S Sub for HB 2279, sec. 1, and amendments thereto. (Authorized by K.S.A. 2011 2021 Supp. 65-1117, and K.S.A. 65-1129, and K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1; implementing K.S.A. 2011 2021 Supp. 65-1117, K.S.A. 65-1130, as amended by 2022 S Sub for HB 2279, sec. 1, and K.S.A. 2011 Supp. 65-1132; effective Sept. 2, 1991; amended May 9, 1994; amended July 29, 2005; amended May 18, 2012; amended, T-_____, _____; amended P-_____.)

APPROVED

JUN 13 2022

DEPT. OF ADMINISTRATION

APPROVED

JUN 14 2022

ATTORNEY GENERAL

RECEIVED

JUN 20 2022

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SECRETARY OF STATE

Kansas Administrative Regulations Economic Impact Statement (EIS)

Kansas State Board of Nursing
Agency

Carol Moreland
Agency Contact

785-296-3068
Contact Phone Number

60-11-101, 60-11-103, 60-11-104, 60-11-104a, 60-11-105, 60-11-107, 60-11-113

☒ Permanent ☐

Temporary
K.A.R. Number(s)

Is/Are the proposed rule(s) and regulation(s) mandated by the federal government as a requirement for participating in or implementing a federally subsidized or assisted program?

- ☐ Yes If yes, continue to fill out the remaining form to be included with the regulation packet submitted in the review process to the Department of Administration and the Attorney General. Budget approval is not required; however, the Division of the Budget will require submission of a copy of the EIS at the end of the review process.
- ☒ No If no, do the total annual implementation and compliance costs for the proposed rule(s) and regulation(s), calculated from the effective date of the rule(s) and regulation(s), exceed \$1.0 million over any two-year period through June 30, 2024, or exceed \$3.0 million over any two-year period on or after July 1, 2024 (as calculated in Section III, F)?
- ☐ Yes If yes, continue to fill out the remaining form to be included with the regulation packet submitted in the review process to the Department of Administration, the Attorney General, AND the Division of the Budget. The regulation(s) and the EIS will require Budget approval.
- ☒ No If no, continue to fill out the remaining form to be included with the regulation packet submitted in the review process to the Department of Administration and the Attorney General. Budget approval is not required; however, the Division of the Budget will require submission of a copy of the EIS at the end of the review process.

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Section I

Brief description of the proposed rule(s) and regulation(s).

The proposed changes to the permanent regulations are in response to S Sub for HB 2279 that was passed in 2022 Legislative session. The changes in this bill amended K.S.A. 65-1130, which covers the practice of an Advanced Practice Registered Nurse. Effective 7/1/22 there will no longer be a need for the APRN to practice under a collaborative agreement with a responsible physician. Effective 7/1/22 APRNs will be required to submit proof of malpractice insurance at the time of licensure and license renewal. Effective 7/1/23 applicants for an initial APRN license will be required to submit proof of national certification and APRNs licensed before 7/1/23 may submit proof of national certification at the time of license renewal. There are changes in the practice of prescribing, which are listed in S Sub for HB 2279.

Section II

Statement by the agency if the rule(s) and regulation(s) exceed the requirements of applicable federal law, and a statement if the approach chosen to address the policy issue(s) is different from that utilized by agencies of contiguous states or the federal government. *(If the approach is different or exceeds federal law, then include a statement of why the proposed Kansas rule and regulation is different.)*

They do not exceed the requirements of applicable federal law.

Section III

Agency analysis specifically addressing the following:

- A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

APRNs will be able to practice independently of a Physician, so there may be more APRN practices and the access to healthcare should increase for the citizens of Kansas.

- B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule(s) and regulation(s) and on the state economy as a whole;

I do not have knowledge of the implementation and compliance costs for these entities.

- C. Businesses that would be directly affected by the proposed rule(s) and regulation(s);

Businesses that utilize APRNs to provide healthcare services.

- D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

The biggest benefit is the increased access to healthcare for the citizens of Kansas due to eliminating the barrier of needing a collaborative agreement with a responsible physician for an APRN to practice.

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- E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;

When the bill was crafted, during the hearing, etc. there were many stakeholder groups involved and had the ability to submit testimony on the impact of this legislation.

- F. An estimate of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to businesses, local governments, or members of the public.

Note: Do not account for any actual or estimated cost savings that may be realized.

Costs to Affected Businesses – \$Click here to enter amount.

Costs to Local Governmental Units – \$Click here to enter amount.

Costs to Members of the Public – \$Click here to enter amount.

Total Annual Costs – \$Click here to enter amount.
(sum of above amounts)

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

I have no idea what the estimated cost that could reasonably be expected to be incurred by these entities.

- ☐ Yes If the total implementation and compliance costs exceed \$1.0 million over any two-year period through June 30, 2024, or exceed \$3.0 million over any two-year period on or after July 1, 2024, and prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.
- ☐ No
- ☒ Not Applicable

If applicable, click here to enter public hearing information.

Provide an estimate to any changes in aggregate state revenues and expenditures for the implementation of the proposed rule(s) and regulation(s), for both the current fiscal year and next fiscal year.

There will be changes to seven regulations that were changed by the passage of this bill. There will be the cost of the publication in the Kansas Register for these permanent regulations and the need for a public hearing (appr. <\$2,000). There will need to be changes made to our licensure system because of the need to verify malpractice insurance and national certification (appr. \$30,000).

I cannot provide an estimate to the changes in state revenues because of this law.

Provide an estimate of any immediate or long-range economic impact of the proposed rule(s) and regulation(s) on any individual(s), small employers, and the general public. If no dollar estimate can be given for any individual(s), small employers, and the general public, give specific reasons why no estimate is possible.

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I cannot put an estimate on the cost of increased access to healthcare for the citizens of Kansas.

- G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.

I don't think this will increase or decrease revenues of these entities.

- H. Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).

There were many stakeholders involved when the bill was crafted, in hearing and worked in the Legislature before the bill was passed. There was overwhelming support for the bill. The revised rules and regs are in response to the bill and changes it amended in the Nurse Practice Act.

Section IV

Does the Economic Impact Statement involve any environmental rule(s) and regulation(s)?

- ☐ Yes If yes, complete the remainder of Section IV.
☒ No If no, skip the remainder of Section IV.

- A. Describe the capital and annual costs of compliance with the proposed rule(s) and regulation(s), and the persons who would bear the costs.

Click here to enter agency response.

- B. Describe the initial and annual costs of implementing and enforcing the proposed rule(s) and regulation(s), including the estimated amount of paperwork, and the state agencies, other governmental agencies, or other persons who would bear the costs.

Click here to enter agency response.

- C. Describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons who would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).

Click here to enter agency response.

- D. Provide a detailed statement of the data and methodology used in estimating the costs used.

Click here to enter agency response.

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