

Approved

Stephen R. Cloud 2-7-85  
DateMINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATIONThe meeting was called to order by Representative Stephen R. Cloud at  
Chairperson9:08 a.m. ~~p.m.~~ on Thursday, January 31, 1985 in room 522-S of the Capitol.

All members were present except:

## Committee staff present:

Avis Swartzman - Revisor  
Carolyn Rampey - Legislative Research Dept.  
Julian Efird - Legislative Research Dept.  
Jackie Breymeyer - Committee Secretary

## Conferees appearing before the committee:

Dr. Lois Scibetta, Executive Administrator, Kansas State Board of Nursing  
Lynelle King, Executive Director, Kansas State Nurses Association  
Larry Wolgast, Secretary, Department of Human Resources

The meeting of the House Governmental Organization Committee was called to order at 9:08 a.m. by Representative Stephen R. Cloud, Chairman. The minutes of the January 29 meeting were approved. The minutes of the January 30 meeting were distributed. The chairman introduced Dr. Lois Scibetta, Executive Administrator, Kansas State Board of Nursing. Packets containing the Kansas Nurse Practice Act, Mental Health Technicians Licensure Act, Newsletter, Update on the Board of Nursing Sunset Recommendations and the Peer Assistance Program, as well as other literature were distributed to committee members. (See Attachment A) Dr. Scibetta said that many of the changes suggested by the committee are contained in the revised editions of the Nurse Practice Act and Mental Health Technicians Licensure Act. She stated that the Board is committed to the Peer Assistance Program. The Impaired Nurse Workshop was held in Wichita last September. The main objective of this meeting was to increase the level of awareness by professionals of the problem of substance abuse. The Board of Nursing and Kansas Nurses Association gave 26 workshops throughout the state about the program. She directed the committee's attention to the paper containing the Board's goals and objectives for 1984-1985. She commented that for some reason the impaired nurses seem to be the best and brightest people who for some reason suffer a type of burnout.

Ms. Lynelle King, Executive Director, Kansas State Nurses Association, had a copy of "Kansas State Nurses Association Peer Assistance Program" for each member of the committee. (See Attachment B) She asked the committee to look at the pink sheet of paper which she identified as a "Statement of Understanding". This is the paper signed by the person seeking assistance. The paper states that he or she is voluntarily entering the program and will agree to the terms of the statement. The yellow pages contained the guidelines by which the KSNA Peer Assistance Program operates. She cited statistics in the report which date from September 1983 to December 1984. As of December 1984, of 45 nurses being investigated, 31 are currently in the program, 3 lacked insufficient evidence of impairment, 5 are still under investigation and 6 had to be referred to the State Board due to failure to comply once in the program. Vice Chairperson Barr asked Ms. King to provide an update on the status of those six nurses who had refused to comply with the program.

The chairman commented that when someone questions the value of the sunset law, this is one of the things he uses to show them the value of the sunset process. He thinks that it would be of value to document the Peer Assistance Program and put it in the statutes to protect something that is functioning well now so that it will be maintained in the future. He asked Ms. King to go back to the Board and discuss this possibility with them and try to work something out for the statute books.

The chairman thanked Dr. Scibetta and Ms. King for their interest and continued support. He asked Secretary Wolgast to continue with his response to the audits.

Secretary Wolgast stated that he would go back and recapture the essence of yesterday's audit by reviewing some of the statements made yesterday. He appreciates the fact that this particular audit was done but there is a need for appropriate and accurate documentation.

SRC

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON GOVERNMENTAL ORGANIZATION,  
room 522-S, Statehouse, at 9:08 a.m./~~p.m.~~ on Thursday, January 31, 1985

He explained that when a position becomes vacant the personnel department is notified and a green sheet announcing the job opening is sent out to the locale where the job is located. In most cases the job will be filled within the agency but this is not always the case. A certain job might call for a broader circulation to state employees. After the applications come in they are checked for qualifications and then sent to the supervisor. A 632 form is filled out telling how the applications ranked and the reasons why they ranked that way. The forms then go to the Equal Employment Opportunity Office and then to the Secretary.

Bill Medlock, Personnel Director, stated that the jobs must be advertised, a judgment made by the supervisor and approved by the chain of command.

One of the committee members commented that she receives phone calls with complaints saying that when jobs are applied for, people in the agency get their friends in. This creates a problem on the outside with the public as far as the Department is concerned.

Secretary Wolgast commented on the EEO office stating that it only comes forward with recommendations regarding a job position. The Department is already above affirmative action guidelines.

All job vacancies are posted on the terminal and all agencies have terminals. There have been no non competitive appointments made since April of 1983. Persons are notified by letter of job availability.

The comment was made that a grievance allows the person involved to go one step above the person he or she is having a problem with. Since the Secretary approves all jobs, a grievance would have to go through a civil service board or a civil suit would have to be filed.

Regarding the questionnaire, Secretary Wolgast stated that he really has a problem with it and the comparisons contained in it. It is not a random sample when questionnaires are handed out and filled out when someone is waiting to collect them. He questions the rationale of doing it this way when it is not representative of all employees. The Secretary has asked Dr. Harder to find out exactly what the EEO office wants and to cooperate fully with them to see that things are carried out and handled effectively.

Secretary Wolgast will return to the committee in the future to finish his response.

The chairman adjourned the meeting at 10:34 a.m.





# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Stephen Cloud, Chairman, and Members of the  
Governmental Organization Committee

FROM: Dr. Lois Rich Scibetta, <sup>LRS</sup> Executive Administrator

DATE: January 31, 1985

RE: Update-Board of Nursing Sunset Recommendations and the  
Peer Assistance Program

I appreciate this opportunity to meet with the Governmental Organization Committee to provide an update regarding the Sunset recommendations, and the Board of Nursing's cooperative effort with the Kansas Nurses' Association and the Peer Assistance Program.

In your packet today, you will find the revised editions of the Nurse Practice and the Mental Health Technician Acts. Many of the changes suggested by this Committee are in the regulations, including continuing education for mental health technicians. Also included, are the goals and objectives of the Board for FY 1984-1985, and the most recent newsletter.

A copy of our updated report was mailed to the Chairman of the Committee in December. As noted, the Board is committed to the Peer Assistance Program. In FY 1984, the Board made eight (8) referrals to the Peer Assistance Program.

I will be happy to answer any questions which the Committee may have.

LRS/amm

*Atch. A*  
*1/31/85*

INFORMATIONAL BULLETIN  
KANSAS STATE BOARD OF NURSING  
503 KANSAS AVENUE  
TOPEKA, KANSAS 66601

VOLUME I, ISSUE III

FALL, 1984

This is the third Informational Bulletin from the Board of Nursing. The issue has been delayed because of changes in our office staff. Please do let us know what you like, or do not like, about the Bulletin. Feel free to suggest topics for future issues of this Bulletin. All of us at the Board wish you the warmest season's greetings and a prosperous New Year.

Lois Rich Scibetta, Ph.D., R.N.  
Executive Administrator

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GENERAL INFORMATION

Phone-913/296-4929  
Board Hours-8am-4:30pm

PROFESSIONAL STAFF

Dr. Lois Rich Scibetta, Ph.D., R.N.  
Board Matters, Legislative, Regulations, Budget, Overall Operations.  
296-3068

Bonnie B. Howard, R.N., M.A.  
Nurse Practice Specialist  
Complaints against Licensees and Examinations. 296-3782  
(Position to be Filled)  
Nurse Education Specialist  
Schools and Continuing Education.  
296-3783

BOARD MEMBERS

O. Patricia Diamond, R.N.  
President, Hutchinson

Joan Olden Brake, R.N.  
Vice President, Wichita

Mary L. Dunbar, LMHT  
Secretary, Winfield

Pat Boos, Public Member  
Severance

Helen A. Chop, R.N.  
Kansas City

Doris I. Grant, LMHT  
Larned

Elaine Harvey, Ed.D., R.N.  
Hays

Mildred Odom, Public Member  
Manhattan

JoAnn Peavler, LPN  
Topeka

Rita Rinkenbaugh, R.N.  
Coffeyville

Berniece Smith, LPN  
Ottawa

STANDING BOARD COMMITTEES

Continuing Education Committee  
O. Patricia Diamond, Chair

Nursing Service/Nursing Education Advisory, Ruth Bigge, Chair

MHT Examination Committee  
Joan Olden Brake, Chair

MHT Practice Act Committee  
Helen Chop, Chair

Nurse Practice Act Committee  
O. Patricia Diamond, Chair

Long Range Planning (Budget)  
Dr. Lois Rich Scibetta, Chair

Educational Policies  
Dr. Elaine Harvey, Chair

Committee on the Impaired Nurse  
Joan Olden Brake, Chair

Orientation  
Helen Chop, Chair

WHATS NEW??

\*Staff Recruitment: The position of Nursing Education Specialist is now being recruited. The job requires that an RN have at least a Masters Degree, preferably a doctorate, and experience in curriculum development and teaching experience on the baccalaureate and Masters level. Candidates will be interviewed in December. We will keep you informed. In July, Marge McCready accepted a position with the Stormont Hospital School of Nursing in Topeka. We all wish her well in her new position.

Needless to say, the vacancy of the Nursing Education Specialist has caused delays related to education matters. School visits have been postponed and other activities (continuing education) have been greatly curtailed until the position is filled. Your patience in this matter is appreciated.

Please give us as much time as possible to review any continuing education program. The regulations do require three months notice. In the past, with a full-time professional here, the time factor was not as serious a problem, as it is at this time. Again, thank you for your cooperation.

I am happy to report that Mrs. Ruth Engle, Clerk III, joined our staff on October 8, 1984. Mrs. Engle replaced Mrs. Cindy Pangburn, who transferred to another job. Mrs. Engle will be responsible for the clerical activities in education and in the practice area.

\*LMHT Regulations: As you will recall, during the 1983 Sunset Review of the Board, legislation was passed which enabled the Board to promulgate regulations for continuing education hours for Mental Health Technicians. The regulations have been written, the public hearing was held in Salina on November 15, 1984. Briefly, the regulations provide for a two year license for the MHT and require 20 hours of continuing education for renewal in 1986.

\*Video Tape Series on the Board of Nursing: Plans are underway to update the tape series prepared in 1982. Some of the materials are outdated, and the Sunset Review in 1983 resulted in many changes in the Nurse Practice Act. If you have seen the tapes, and have suggestions, please let us know. (Continued, page 2)

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The purpose of the Board of Nursing is to protect the public through the licensure process.

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Board Vice-President, Joan Olden Brake, R.N., recently presented a paper to the Public Health Nurse Section, American Public Health Association in Anaheim, California.

WHATS NEW!! (Continued)

\*Nurse Practice Act: The 1984 Revised edition of the laws and regulations is now at the printers. We should have them by the end of December. The official name of the regulations has been changed to the Kansas Nurse Practice Act. If you would like a copy of the revised edition of the Nurse Practice Act, please send a check or money order for \$2.00 per copy to the Board office.

\*Mental Health Technicians Act: We are completing the final draft of the act, which will include the changes as a result of the Sunset Review.

GOALS AND OBJECTIVES OF THE KANSAS STATE BOARD OF NURSING FOR 1984 - 1985

- \*1) Increase the emphasis on practice of Board licensees by the following means:
  - a) Continue to participate in and evaluate the impaired practitioner program in cooperation with the K.S.N.A.
  - b) Continue to plan and participate in educational workshop(s) related to the impaired practitioner.
  - c) Monitor the practice of Board licensees and investigate complaints.
  - d) Provide onsite consultation, upon request, regarding the Nurse Practice Act and Mental Health Technicians Act.
  - e) Establish qualifications for nursing service administrators and middle managers, and develop standards of practice in collaboration with nursing service and nursing education.
  - f) Plan and participate in informational workshops.
  - g) Initiate changes, revise and update the Nurse Practice Act and the Mental Health Technician Act to reflect appropriate practice.
- \*2) Continue to monitor education programs. (Diploma, AD, BS, LPN, LMHT, ARNP and CE.)
  - a) Collaborate with officials in the community colleges and vocational schools regarding educational programs, utilizing the new evaluation guide.
  - b) Evaluate reports required by the Board from each program.
  - c) Update practice acts related to educational matters.
  - d) Review education policies for basic programs, continuing education and advanced programs.
  - e) Develop and implement continuing education for Mental Health Technicians.

Goals and Objectives, Continued

- \*3) Participate in state-wide planning for nursing and mental health technology by offering direction and leadership.
  - a) Conduct annual workshop on issues of interest for licensees.
- \*4) Review competencies for distinction between levels of nursing practice, professional nursing function (AD, RN, BS) and practical nursing functions.
- \*5) Initiate and support legislation that will enhance the practice of Board licensees.
- \*6) Continue evaluation of articulation programs.
- \*7) Interpret role of Board of Nursing to various groups and community organizations.
- \*8) Plan, develop and implement a computerized data system for Board office.

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BOARD MEETING SCHEDULE - 1985

All meetings conducted by the Board of Nursing are open to the public, and you are cordially invited to attend. The Board agenda closes one month before the meeting. If you would like to be on our mailing list for agendas, let us know.

Two meetings will be held out of Topeka to enable more of you to attend. (See Schedule)

- January 16, 17, 18, 1985 - Topeka
- April 17, 18, 1985 - Topeka
- May 22, 23, 24, 1985 - Fort Hays State University, Hays
- July 24, 25, 1985 - Topeka
- October 30, 31, 1985 - St. Mary of the Plains College, Wichita
- December 4, 5, 1985 (tentative) - Topeka

Meetings conducted in Topeka will be held at the Frank Carlson Federal Building, 444 S. E. Quincy, Room 201 or 202. All meetings usually convene at 8 A.M.

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HAPPY HOLIDAYS, AND DO LET US HEAR FROM YOU!

TOPEKA, KANSAS  
PERMIT #077  
PAID  
U.S. POSTAGE  
BULK RATE

Kansas State Board of Nursing  
503 Kansas Ave., PO Box 1098  
Topeka, KS 66601

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# Kansas Nurse Practice Act

LAWS AND ADMINISTRATIVE  
REGULATIONS

REVISED EDITION 1984

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KANSAS  
STATE BOARD OF NURSING  
Box 1098  
503 Kansas Avenue, Suite 330  
Topeka, Kansas 66601

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## Laws Relating to Registration of Nurses and Nursing Education

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Ed. Note: \* These sections have been modified and will be amended in 1985.

### Article 11.—EXAMINATION, LICENSURE AND REGULATION OF NURSING

**65-1113. Definitions.** When used in this act and the act of which this section is amendatory:

(a) "Board" means the board of nursing.

(b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.

(c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.

(d) *Practice of nursing.* (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and amendments thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry. (2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (1) of subsection (d) of this section.

(f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d) of this section.

(g) "Advanced registered nurse practitioner" or "ARNP" means a professional nurse who holds a certificate of qualification from the board to function as a pro-



fessional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 1983 Supp. 65-1130. [L. 1949, ch. 331, § 1; L. 1963, ch. 314, § 1; L. 1975, ch. 316, § 1; L. 1978, ch. 240, § 1; L. 1980, ch. 186, § 1; L. 1983, ch. 206, § 6; April 28.]

**65-1114. Unlawful acts.** (a) It shall be unlawful for any person:

(1) To practice or to offer to practice professional nursing in this state; or

(2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a registered professional nurse; or

(3) to practice or offer to practice practical nursing in this state; or

(4) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a licensed practical nurse, unless such person has been duly licensed under the provisions of this act.

(b) It shall be unlawful for any person:

(1) To practice or offer to practice as an advanced registered nurse practitioner in this state; or

(2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is an advanced registered nurse practitioner, unless such person has been duly issued a certificate of qualification as an advanced registered nurse practitioner under the Kansas nurse practice act. [L. 1949, ch. 331, § 3; L. 1975, ch. 316, § 2; L. 1978, ch. 240, § 3; L. 1983, ch. 206, § 7; April 28.]

**65-1115. License of professional nurses; qualifications of applicants; license by examination and without examination; title and abbreviation; temporary permit.** (a) *Qualifications of applicants.* An applicant for a license to practice as a registered professional nurse shall file with the board written application for a license and submit satisfactory proof that the applicant: (1) Has graduated from a high school accredited by the appropriate legal accrediting agency or has otherwise obtained the equivalent of a high school education, as determined by the Kansas state department of education; (2) has successfully completed the basic professional curriculum in an accredited school of professional nursing and holds evidence of graduation therefrom or has successfully completed the basic professional curriculum in a school of professional nursing located outside this state which maintains standards at least equal to schools of professional nursing which are accredited by the board and holds evidence of graduation therefrom; and (3) has obtained such other qualifications not in conflict with this act as the board may prescribe.

(b) *License.* (1) *By examination.* An applicant shall be required to pass a written examination in such subjects as the board may prescribe. Each written examination may be supplemented by an oral or practical examination. Upon successfully passing such examination the board shall issue to the applicant a license to practice nursing as a registered professional nurse.

(2) *Without examination.* The board may issue a license to practice nursing as a registered professional nurse without examination to an applicant who has been duly licensed or registered as a registered professional

nurse by examination under the laws of another state, territory or foreign country if, in the opinion of the board, the applicant meets the qualifications required of a licensed professional nurse in this state.

(3) *Persons licensed under previous law.* Any person who was licensed immediately prior to the effective date of this act as a registered professional nurse, shall be deemed to be licensed as a registered professional nurse under the provisions of this act and shall be eligible for renewal licenses upon compliance with K.S.A. 65-1117 and any amendments thereto.

(c) *Title and abbreviation.* Any person who holds a license to practice as a registered professional nurse in this state shall have the right to use the title, "registered nurse," and the abbreviation, "R.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs or figures to indicate that the person using the same is a registered professional nurse.

(d) *Temporary permit.* The board may issue a temporary permit to practice nursing as a registered professional nurse for a period of not to exceed 60 days. [L. 1949, ch. 331, § 4; L. 1963, ch. 314, § 2; L. 1968, ch. 231, § 1; L. 1972, ch. 231, § 9; L. 1975, ch. 316, § 3; L. 1982, ch. 261, § 1; L. 1983, ch. 207, § 1; July 1.]

**65-1116. License of practical nurses; qualifications of applicants; license by examination and without examination; title and abbreviation; temporary permit.** (a) *Qualification.* An applicant for a license to practice as a licensed practical nurse shall file with the board a written application for a license and submit to the board satisfactory proof that the applicant: (1) Has graduated from a high school accredited by the appropriate legal accrediting agency or has otherwise obtained the equivalent of a high school education, as determined by the Kansas state department of education; (2) has successfully completed the prescribed curriculum in an accredited school of practical nursing and holds evidence of graduation therefrom or has successfully completed the prescribed curriculum in an accredited school of practical nursing located outside this state which maintains standards at least equal to schools of practical nursing which are accredited by the board and holds evidence of graduation therefrom; and (3) has obtained such other qualifications not in conflict with this act as the board may prescribe.

(b) *License.* (1) *By examination.* The applicant shall be required to pass a written examination in such subjects as the board may prescribe. Each written examination may be supplemented by an oral or practical examination. Upon successfully passing such examinations, the board shall issue to the applicant a license to practice as a licensed practical nurse. (2) *Without examination.* The board may issue a license to practice as a licensed practical nurse without examination to any applicant who has been duly licensed or registered by examination as a licensed practical nurse or a person entitled to perform similar services under a different title under the laws of any other state, territory or foreign country if, in the opinion of the board, the applicant meets the requirements for licensed practical nurses in this state. (3) Any person who was licensed immediately prior to the effective date of this act as a licensed practical nurse shall be

deemed to be licensed as a licensed practical nurse under the provisions of this act and shall be eligible for renewal licenses upon compliance with K.S.A. 65-1117 and any amendments thereto.

(c) *Title and abbreviation.* Any person who holds a license to practice as a licensed practical nurse in this state shall have the right to use the title, "licensed practical nurse," and the abbreviation, "L.P.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs or figures to indicate that the person using the same is a licensed practical nurse.

(d) *Temporary permit.* The board may issue a temporary permit to practice nursing as a licensed practical nurse for a period of not more than 60 days. [L. 1949, ch. 331, § 5; L. 1963, ch. 314, § 3; L. 1968, ch. 231, § 2; L. 1975, ch. 316, § 4; L. 1982, ch. 261, § 2; L. 1983, ch. 207, § 2; July 1.]

**65-1117. Renewal of licenses; continuing education requirements; rules and regulations.** (a) All licenses issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by the rules and regulations of the board. The board shall mail an application for renewal of license to every registered professional nurse and licensed practical nurse at least 60 days prior to the expiration date of such person's license. Every person so licensed who desires to renew such license shall file with the board, on or before the date of expiration of such license, a renewal application together with the prescribed biennial renewal fee. Every licensee who is no longer engaged in the active practice of nursing may so state by affidavit and submit such affidavit with the renewal application. The board shall require every licensee in the active practice of nursing within the state to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education. In establishing such requirements the board shall consider any existing programs of continuing education currently being offered to such licensees by medical care facilities. Upon receipt of such application, payment of fee, upon receipt of the evidence of satisfactory completion of the required program of continuing education and upon being satisfied that the applicant meets the requirements set forth in K.S.A. 65-1115 or 65-1116 and amendments thereto in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any person who shall fail to secure a renewal license within the time specified herein may secure a renewal of such lapsed license by making verified application therefor on a form provided by the board and upon furnishing proof that the applicant is competent and qualified to act as a registered professional nurse or licensed practical nurse and by satisfying all of the requirements for renewal set forth in subsection (a), including payment to the board of a reinstatement fee as established by the board. [L. 1949, ch. 331, § 6; L. 1975, ch. 316, § 5; L. 1976, ch. 274, § 1; L. 1978, ch. 240, § 4; L. 1980, ch. 187, § 1; L. 1983, ch. 206, § 8; April 28.]

**65-1118. Fees.** The board shall collect in advance fees provided for in this act as fixed by the board, but not exceeding:

Application for license—professional nurse . . . . .	\$60.00
Application for license—practical nurse . . . . .	35.00
Application for biennial renewal of license— professional nurse and practical nurse . . . . .	25.00
Application for reinstatement of license . . . . .	35.00
Certified copy of license . . . . .	6.00

[L. 1949, ch. 331, § 7; L. 1963, ch. 314, § 4; L. 1973, ch. 249, § 1; L. 1975, ch. 316, § 6; L. 1978, ch. 347, § 11; L. 1980, ch. 188, § 1; July 1.]

**65-1118a. Fees; consultants' travel expenses.** (a) The board shall collect in advance fees provided for in this act as fixed by the board, but not exceeding:

Application for accreditation—schools of nursing	\$700.00
Biennial renewal of accreditation—schools of nursing . . . . .	300.00
Application for approval of continuing education providers . . . . .	200.00
Biennial renewal of approval of continuing edu- cation providers . . . . .	100.00
Approval of single continuing education offer- ings . . . . .	25.00
Consultation by request, not to exceed per day on site . . . . .	300.00

(b) In addition to the above prescribed fees, consultants' travel expenses shall be charged to the person, firm, corporation or institution requesting consultation services to be provided by the board. [L. 1981, ch. 244, § 1; July 1.]

**65-1119. Schools of nursing; accreditation; approval of providers of continuing education offerings; application fee; criteria for evaluating out-of-state schools.** (a) *Application for accreditation.* An accredited school of nursing is one which has been approved as such by the board as meeting the standards of this act, and the rules and regulations of the board. An institution desiring to conduct an accredited school of professional or practical nursing shall apply to the board for accreditation and submit satisfactory proof that it is prepared to and will maintain the standards and basic professional nursing curriculum or the required curriculum for practical nursing, as the case may be, as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The accreditation of a school of nursing shall expire two years after the granting of such accreditation by the board. An institution desiring to continue to conduct an accredited school of professional or practical nursing shall apply to the board for the renewal of accreditation and submit satisfactory proof that it will maintain the standards and basic professional nursing curriculum or the required curriculum for practical nursing, as the case may be, as prescribed by this act and by the rules and regulations of the board. Applications for renewal of accreditation shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(b) *Schools for professional nurses.* To qualify as an accredited school for professional nurses, the school must be conducted in the state of Kansas, and shall apply to the board and submit evidence that: (1) It is prepared to carry out the professional curriculum as prescribed in the rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by this law and the rules and regulations of the board.

(c) *Schools for practical nurses.* To qualify as an accredited school for practical nurses, the school must be conducted in the state of Kansas, and shall apply to the board and submit evidence that: (1) It is prepared to carry out the curriculum as prescribed in the rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by this law and the rules and regulations of the board.

(d) *Survey.* The board shall prepare and maintain a list of accredited schools for both professional and practical nurses whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for a license as a registered professional nurse or as a licensed practical nurse. A survey of the institution or institutions and of the schools applying for accreditation shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for an accredited school for professional nurses or for practical nurses are met, it shall so approve and accredit the school as either a school for professional nurses or practical nurses, as the case may be. From time to time, as deemed necessary by the board, it shall cause to be made a resurvey of accredited schools and written reports of such resurveys submitted to the board. If the board determines that any accredited school of nursing is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such school, shall be given immediately to it. A school which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited schools of nursing until such time as the school shall comply with said standards. All accredited schools shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

(e) *Providers of continuing education offerings.* To qualify as an approved provider of continuing education offerings, persons, organizations or institutions proposing to provide such continuing education offerings shall apply to the board for approval and submit evidence that the applicant is prepared to meet the standards and requirements established by the rules and regulations of the board for such continuing education offerings. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. Qualification as an approved provider of continuing education offerings shall expire two years after the granting of such approval by the board. A person, organization or institution desiring to continue to qualify as an approved provider of continuing education offerings shall apply to the board for renewal as

an approved provider of continuing education offerings and submit satisfactory evidence that the applicant will maintain the standards and requirements established by the rules and regulations of the board for continuing education offerings. Applications for renewal as an approved provider of continuing education offerings shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(f) *Criteria for evaluating out-of-state schools.* For the purpose of determining whether an applicant for licensure who is a graduate of a school of professional or practical nursing located outside this state meets the requirements of item (2) of subsection (a) of K.S.A. 65-1115 and amendments thereto or the requirements of item (2) of subsection (a) of K.S.A. 65-1116 and amendments thereto, as appropriate, the board by rules and regulations shall establish criteria for determining whether a particular school of professional nursing located outside this state maintains standards which are at least equal to schools of professional nursing which are accredited by the board and whether a particular school of practical nursing located outside this state maintains standards which are at least equal to schools of practical nursing which are accredited by the board. [L. 1949, ch. 331, § 8; L. 1963, ch. 314, § 5; L. 1973, ch. 249, § 2; L. 1978, ch. 240, § 5; L. 1980, ch. 188, § 2; L. 1980, ch. 186, § 2; L. 1981, ch. 244, § 2; L. 1982, ch. 261, § 3; L. 1983, ch. 207, § 3; L. 1983, ch. 206, § 9; L. 1983, ch. 206, § 14; July 1.]

**65-1120. Denial, revocation or suspension of licenses or certificates of qualification; costs.** (a) The board shall have the power to deny, revoke, limit or suspend any license or certificate of qualification to practice nursing as a registered professional nurse, as a licensed practical nurse or as an advanced registered nurse practitioner that is issued by the board or applied for in accordance with the provisions of this act in the event that the applicant or licensee is found after hearing to have been: (1) Guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing; (2) guilty of a felony if the board determines, after investigation, that such person has not been sufficiently rehabilitated to warrant the public trust, or of any offense involving moral turpitude; (3) unfit or incompetent by reason of negligent habits or other causes; (4) habitually intemperate in the use of alcohol or addicted to the use of habit-forming drugs; (5) mentally incompetent; (6) guilty of unprofessional conduct; or (7) has willfully or repeatedly violated any of the provisions of the Kansas nurse practice act or any rule and regulation adopted pursuant to that act.

(b) *Proceedings.* Upon filing of a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate such charges, or the board may designate and authorize an employee or employees of the board to conduct such investigation. After investigation, the board may institute charges. In the event such investigation, in the opinion of the board, shall reveal reasonable grounds for believing the applicant or licensee is guilty of the charges, the board shall fix a time and place for a hearing thereof and shall

cause a copy of the charges, together with a notice of the time and place fixed for hearing, to be personally served on the accused at least 20 days prior to the time fixed for hearing. When personal service cannot be effected and such fact is certified on oath by any person duly authorized by the board to make service, the board shall cause to be published, once in each of two successive weeks, a notice of the hearing in a newspaper published in the county in which the accused last resided, according to the records of the board, and shall mail a copy of the charges and of such notice to the accused at the last known address of the accused. When publication of notice is necessary, the date of hearing shall not be less than 20 days after the last date of publication of the notice. At the hearing, the accused shall have the right to appear personally or by counsel, or both, to produce witnesses and evidence, to cross-examine witnesses, and to have subpoenas issued by the board. At the hearing the board shall administer oaths as may be necessary for the proper conduct of the proceedings.

(c) *Witnesses.* No person shall be excused from testifying in any proceedings before the board under this act or in any civil proceedings under this act before a court of competent jurisdiction on the ground that such testimony may incriminate the person testifying, but such testimony shall not be used against such person for any prosecution for any crime under the laws of this state except the crime of perjury as defined by K.S.A. 21-3805 and amendments thereto.

(d) *Costs.* If the order of the board is adverse to the applicant or licensee, the costs of the board's proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued at the instance of the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee shall be paid out of any available moneys in the board of nursing fee fund. [L. 1949, ch. 331, § 9; L. 1963, ch. 314, § 6; L. 1972, ch. 231, § 10; L. 1975, ch. 316, § 7; L. 1978, ch. 240, § 6; L. 1981, ch. 245, § 1; L. 1983, ch. 206, § 10; April 28.]

**65-1121. Rehearing of orders of board; appeals to court; notice of stay of order or decision.** Any person suffering legal wrong because of any order of the board refusing to issue, or revoking or suspending a nursing license or certificate of qualification, and any school of nursing or educational and training program for advanced registered nurse practitioners suffering a legal wrong because of an order of the board refusing to accredit the school of nursing or educational and training program for advanced registered nurse practitioners or revoking or suspending accreditation previously granted may:

(a) Apply to the board for a rehearing in respect to such matters within 10 days from the date of the service of such order, and the board shall grant or deny such rehearing within 10 days from the date application therefor shall be filed with it. If a rehearing or reconsideration be granted, the matter shall be determined by the board within 30

days after the matter is submitted. No cause of action arising out of any order of the board shall accrue to any party unless such party makes application for rehearing as herein provided.

(b) Appeal to a court of competent jurisdiction from any such order of the board by petition filed in such court within 30 days of service of the order from which appeal is taken and serving a copy of the petition upon the secretary of the board.

Such petition shall specifically state the grounds for appeal. The secretary of the board shall promptly certify to the clerk of such court a correct and full copy of the record of the board in connection with the order, including a transcript of evidence if taken, its findings of fact, conclusions and a copy of the order. The court shall review the record of the board's proceedings of such order or decision and, if it finds such order or decision unlawful, arbitrary or unreasonable, may vacate or set aside such order. Procedure upon trial of such proceedings shall be the same as in other civil actions, but no party shall urge or rely upon any ground not set forth in its application for rehearing. The filing or pendency of a petition for review shall not in itself stay or suspend the operation of any order or decision of the board, but, during the pendency of such proceedings the court, in its discretion, may stay or suspend, in whole or in part, the order or decision of the board. No order of the court so staying or suspending an order or decision of the board shall be made by the court otherwise than on five days' notice and after hearing and shall be based upon a finding by the court from the evidence that great or irreparable damage would result to the petitioner in the absence of such stay or suspension. [L. 1949, ch. 331, § 10; L. 1975, ch. 316, § 8; L. 1978, ch. 240, § 7; L. 1983, ch. 206, § 11; April 28.]

**65-1122. Misdemeanors; penalties.** It shall be a misdemeanor for any person, firm, corporation or association to:

(a) Sell or fraudulently obtain or furnish any nursing diploma, license, record or certificate of qualification or aid or abet therein;

(b) practice professional nursing, practical nursing or practice as an advanced registered nurse practitioner, unless duly licensed or certified to do so;

(c) use in connection with such person's name any designation implying that such person is a licensed professional nurse, a licensed practical nurse or an advanced registered nurse practitioner unless duly licensed or certified so to practice under the provisions of this act, and such license or certificate is then in full force;

(d) practice professional nursing, practical nursing or as an advanced registered nurse practitioner during the time a license or certificate issued under the provisions of this act shall have expired or shall have been suspended or revoked;

(e) represent that a school for nursing is accredited for educating either professional nurses or practical nurses, unless such school has been duly accredited by the board and such accreditation is then in full force; or

(f) violate any provisions of the Kansas nurse practice act or any rule and regulation adopted pursuant to that act.

Any person who violates this section shall be guilty of a

class C misdemeanor, except that, upon conviction of a second or subsequent violation of this section, such person shall be guilty of a class B misdemeanor. [L. 1949, ch. 331, § 11; L. 1963, ch. 314, § 7; L. 1975, ch. 316, § 9; L. 1978, ch. 240, § 8; L. 1983, ch. 206, § 12; April 28.]

**65-1123. Injunctions.** When it appears to the board that any person is violating any of the provisions of this act or that any person, firm, corporation, institution or association is employing (except as permitted under K.S.A. 65-1124 and amendments thereto) a person to perform professional nursing or practical nursing in Kansas, who is not licensed under this act, the board may in its own name bring an action in a court of competent jurisdiction for an injunction against such violation or such employing, and the proper courts of this state may enjoin any person, firm or corporation, institution or association from violation of this act or such employing without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted. [L. 1949, ch. 331, § 12; L. 1963, ch. 314, § 8; L. 1975, ch. 316, § 10; July 1.]

**65-1124. Acts which are not prohibited.** No provisions of this law shall be construed as prohibiting:

(a) Gratuitous nursing by friends or members of the family;

(b) the incidental care of the sick by domestic servants or persons primarily employed as housekeepers;

(c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

(d) nursing assistance in the case of an emergency;

(e) the practice of nursing by students enrolled in accredited schools of professional or practical nursing nor nursing by graduates of such schools or courses pending the results of the first licensing examination scheduled by the board following such graduation;

(f) the practice of nursing in this state by legally qualified nurses of any of the other states as long as the engagement of any such nurse requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, and as long as such nurses do not represent or hold themselves out as nurses licensed to practice in this state;

(g) the practice by any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of official duties;

(h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;

(i) the administration of medications to residents of adult care homes or to patients in hospital-based long term care units by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary; or

(j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act. [L. 1949, ch. 331, § 13; L. 1963, ch. 314, § 9; L. 1975, ch. 316, § 11; L. 1978, ch. 241, § 1; L. 1983, ch. 207, § 4; L. 1983, ch. 208, § 3; July 1.]

**65-1127. Immunity from liability in civil actions for reporting, communicating and investigating certain information concerning alleged malpractice incidents and other information; conditions.** (a) No person reporting to the board of nursing under oath and in good faith any information such person may have relating to alleged incidents of malpractice or the qualifications, fitness or character of a person licensed to practice professional nursing or licensed to practice practical nursing shall be subject to a civil action for damages as a result of reporting such information.

(b) Any state, regional or local association of registered professional nurses or licensed practical nurses and the individual members of any committee thereof, which in good faith investigates or communicates information pertaining to the alleged incidents of malpractice or the qualifications, fitness or character of any licensee or registrant to the board of nursing or to any committee or agent thereof, shall be immune from liability in any civil action, that is based upon such information or transmittal of information if the investigation and communication was made in good faith and did not represent as true any matter not reasonably believed to be true. [L. 1976, ch. 261, § 4; July 1.]

**65-1129. Rules and regulations.** The board shall adopt and promulgate rules and regulations as are necessary to carry out the provisions of this act. [L. 1978, ch. 240, § 9; July 1.]

**65-1130. Advanced registered nurse practitioner; standards and requirements for obtaining certificate of qualification; rules and regulations to be adopted; categories, education, training, qualifications and expanded role; limitations and restrictions.** (a) No professional nurse shall announce or represent to the public that such person is an advanced registered nurse practitioner unless such professional nurse has complied with requirements established by the board and holds a valid certificate of qualification as an advanced registered nurse practitioner in accordance with the provisions of this section.

(b) The board shall establish standards and requirements for any professional nurse who desires to obtain a certificate of qualification as an advanced registered nurse practitioner. Such standards and requirements shall include, but not be limited to, standards and requirements relating to the education and training of advanced registered nurse practitioners. The board may require that some, but not all, types of advanced registered nurse practitioners hold an academic degree beyond the minimum educational requirement for qualifying for a license to practice as a professional nurse. The board may give such examinations and secure such assistance as it deems necessary to determine the qualifications of applicants.

(c) The board shall adopt rules and regulations applicable to advanced registered nurse practitioners which:

(1) Establish categories of advanced registered nurse practitioners which are consistent with nursing practice specialties recognized by the nursing profession.

(2) Establish education, training and qualifications necessary for certification for each category of advanced registered nurse practitioner established by the board at a level adequate to assure the competent performance by advanced registered nurse practitioners of functions and procedures which advanced registered nurse practitioners are authorized to perform.

(3) Define the expanded role of advanced registered nurse practitioners and establish limitations and restrictions on such expanded role. The board shall adopt a definition of expanded role under this subsection (c)(3) which is consistent with the education, training and qualifications required to obtain a certificate of qualification as an advanced registered nurse practitioner, which protects the public from persons performing functions and procedures as advanced registered nurse practitioners for which they lack adequate education, training and qualifications and which authorizes advanced registered nurse practitioners to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such expanded role the board shall consider: (A) The training and education required for a certificate of qualification as an advanced registered nurse practitioner; (B) the type of nursing practice and preparation in specialized practitioner skills involved in each category of advanced registered nurse practitioner established by the board; (C) the scope of practice of nursing specialties and limitations thereon prescribed by national organizations which certify nursing specialties; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education and training in nursing. [L. 1983, ch. 206, § 2; April 28.]

**65-1131. Same; certificate of qualification; fees.** Upon application to the board by any professional nurse in this state and upon satisfaction of the standards and requirements established by the board under K.S.A. 1983 Supp. 65-1130, the board may issue a certificate of qualification to such applicant authorizing the applicant to perform the duties of an advanced registered nurse practitioner as defined by the board under K.S.A. 1983 Supp. 65-1130. The application to the board shall be upon such form and contain such information as the board may require and shall be accompanied by a fee, to be established by rules and regulations adopted by the board, to assist in defraying the expenses in connection with the issuance of certificates of qualification as advanced registered nurse practitioners, but the fee shall not be less than \$30 nor more than \$50 for an original application, and not more than \$20 for the renewal of a certificate of qualification as an advanced registered nurse practitioner. The executive administrator of the board shall remit all moneys received pursuant to this section to the state treasurer as provided by K.S.A. 74-1108 and amendments thereto. [L. 1983, ch. 206, § 3; April 28.]

**65-1132. Same; renewal of certificate of qualification.** (a) All certificates of qualification issued under the provisions

of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by rules and regulations of the board. The board shall mail an application for renewal of a certificate of qualification to every advanced registered nurse practitioner at least 60 days prior to the expiration date of such person's license. Every person who desires to renew such certificate of qualification shall file with the board, on or before the date of expiration of such certificate of qualification, a renewal application together with the prescribed biennial renewal fee. Upon receipt of such application and payment of any applicable fee, and upon being satisfied that the applicant for renewal of a certificate of qualification meets the requirements established by the board under K.S.A. 1983 Supp. 65-1130 in effect at the time of initial qualification of the applicant, the board shall verify the accuracy of the application and grant a renewal certificate of qualification.

(b) Any person who fails to secure a renewal certificate of qualification prior to the expiration of the certificate of qualification may secure a renewal of such lapsed certificate of qualification by making application therefor on a form provided by the board, upon furnishing proof that the applicant is competent and qualified to act as an advanced registered nurse practitioner and upon satisfying all of the requirements for renewal set forth in subsection (a), including payment to the board of a reinstatement fee as established by the board.

(c) Any person who on June 20, 1982, held a certificate of qualification as an advanced registered nurse practitioner may secure a certificate of qualification as an advanced registered nurse practitioner under this act by making application therefor on a form provided by the board, by furnishing proof that the applicant is competent and qualified to act as an advanced registered nurse practitioner, by furnishing proof that any applicable continuing education requirement has been satisfied by the applicant and by paying to the board a fee equal to the prescribed biennial renewal fee as established by the board reduced (but not below zero) by an amount computed by dividing the fee paid for the certificate of qualification as an advanced registered nurse practitioner by the person who on June 20, 1982, held such certificate by 24 and multiplying that amount by a number equal to the number of whole months which remained after June 20, 1982, before such certificate would have expired. [L. 1983, ch. 206, § 4; April 28.]

**65-1133. Same; educational and training programs for advanced registered nurse practitioners; accreditation; survey.** (a) An accredited educational and training program for advanced registered nurse practitioners is a program conducted in Kansas which has been approved by the board as meeting the standards and the rules and regulations of the board. An institution desiring to conduct an educational and training program for advanced registered nurse practitioners shall apply to the board for accreditation and submit satisfactory proof that it is prepared to and will maintain the standards and the required curriculum for advanced registered nurse practitioners as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms

supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The accreditation of an educational and training program for advanced registered nurse practitioners shall expire two years after the granting of such accreditation by the board. An institution desiring to continue to conduct an accredited educational and training program for advanced registered nurse practitioners shall apply to the board for the renewal of accreditation and submit satisfactory proof that it will maintain the standards and the required curriculum for advanced registered nurse practitioners as prescribed by this act and by the rules and regulations of the board. Applications for renewal of accreditation shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(b) A program to qualify as an accredited educational and training program for advanced registered nurse practitioners must be conducted in the state of Kansas, and the school conducting the program must apply to the board and submit evidence that: (1) It is prepared to carry out the curriculum prescribed by rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by law and the rules and regulations of the board.

(c) The board shall prepare and maintain a list of programs which qualify as accredited educational and training programs for advanced registered nurse practitioners whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for certificates of qualification as advanced registered nurse practitioners. A survey of the institution or school applying for accreditation of an educational and training program for advanced registered nurse practitioners shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for accreditation are met, it shall so approve and accredit the program. From time to time, as deemed necessary by the board, it shall cause to be made a resurvey of accredited programs and written reports of such resurveys submitted to the board. If the board determines that any accredited program is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such program, shall be given. A program which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited programs until such time as the program shall comply with said standards. All accredited programs shall maintain accurate and current records showing in full the theoretical and practical courses given to each student. [L. 1983, ch. 206, § 5; April 28.]

65-1134. Citation of Kansas nurse practice act. K.S.A. 1983 Supp. 65-1130 to 65-1134, inclusive, and the acts contained in article 11 of chapter 65 of the Kansas Statutes Annotated and any acts amendatory thereof or made specifically supplemental thereto shall be construed together and may be cited as the Kansas nurse practice act. [L. 1983, ch. 206, § 1; April 28.]

74-1106. Board of nursing; appointment; terms; qualifications; duties and powers; rules and regulations; compensation and expenses; board subject to sunset law. (a) *Appointment, term of office.* (1) The governor shall appoint a board consisting of eleven (11) members of which five (5) shall be registered professional nurses, two (2) shall be licensed practical nurses, two (2) shall be licensed mental health technicians and two (2) shall be members of the general public, which shall constitute a board of nursing, with the duties, power and authority set forth in this act. The members of the board of nursing holding office on the effective date of this amendment shall continue as members until the expiration of their respective terms.

(2) Upon the expiration of the term of any registered professional nurse, the Kansas state nurses association shall submit to the governor a list of registered professional nurses containing names of not less than three (3) times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four (4) years and until a successor is appointed and qualified.

(3) On the effective date of this act, the Kansas federation of licensed practical nurses shall submit to the governor a list of licensed practical nurses containing names of not less than three (3) times the number of persons to be appointed, and appointments shall be made after consideration of such list, with the first appointment being for a term of four (4) years and the second appointment being for a term of two (2) years. Upon the expiration of the term of any licensed practical nurse, a successor of like qualifications shall be appointed in the same manner as the original appointment for a term of four (4) years and until a successor is appointed and qualified.

(4) Upon the expiration of the term of any mental health technician, the Kansas association of human services technologies shall submit to the governor a list of persons licensed as mental health technicians containing names of not less than three (3) times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four (4) years and until a successor is appointed and qualified.

(5) Each member of the general public shall be appointed for a term of four (4) years and successors shall be appointed for a like term.

(6) Whenever a vacancy occurs on the board of nursing, it shall be filled by appointment for the remainder of the unexpired term in the same manner as the preceding appointment. No person shall serve more than two (2) consecutive terms as a member of the board of nursing and appointment for the remainder of an unexpired term shall constitute a full term of service on such board.

(b) *Qualifications of members.* Each member of the board shall be a citizen of the United States and a resident of the state of Kansas. Registered professional nurse members shall possess a license to practice as a professional nurse in this state with at least five (5) years' experience in nursing as such and shall be actively engaged in nursing at the time of appointment. The licensed practical nurse members shall be graduated from an accredited practical nurse program, hold a diploma from an

accredited high school or have, otherwise obtained the equivalent of a high school education and be licensed to practice practical nursing in the state with at least five (5) years' experience in practical nursing and shall be actively engaged in practical nursing at the time of appointment. Upon the expiration of the terms of the registered professional nurse members holding office on the effective date of this act, the governor shall appoint successors so that the registered professional nurse membership of the board shall consist of three members who are engaged in nursing service and two members who are engaged in nursing education. The registered professional nurse members of the board holding office on the effective date of this act shall continue as members until the expiration of their respective terms. The licensed mental health technician members shall be high school graduates or shall have obtained the equivalent of a high school education and shall be licensed to practice as licensed mental health technicians in the state at the time of appointment. The consumer members shall represent the interests of the general public. Each member of the board shall take and subscribe the oath prescribed by law for state officers, which oath shall be filed with the secretary of state.

(c) *Duties and powers.* (1) The board shall meet annually at Topeka during the month of July and shall elect from its members a president, vice-president and secretary-treasurer, each of whom shall hold their respective offices for one (1) year, and also shall employ, in the classified service of the Kansas civil service act, an executive administrator, who shall be a registered professional nurse and who shall not be a member of the board, and such other employees as necessary to carry on the work of the board. As necessary, the board shall be represented by an attorney appointed by the attorney general as provided by law, whose compensation shall be determined and paid by the board with the approval of the governor. The board may hold such other meetings during the year as may be deemed necessary to transact its business.

(2) The board may adopt rules and regulations not inconsistent with this act necessary to carry into effect the provisions thereof, and such rules and regulations may be published and copies thereof furnished to any person upon application.

(3) The board shall prescribe curricula and standards for professional and practical nursing programs and mental health technician programs, and provide for surveys of such schools and courses at such times as it may deem necessary. It shall accredit such schools and courses as meet the requirements of the appropriate act and rules and regulations of the board.

(4) The board shall examine, license and renew licenses of duly qualified applicants and conduct hearings upon charges for suspension or revocation of a license or accreditation of professional and practical nursing and mental health technician programs and may deny, suspend or revoke for proper legal cause, licenses or accreditation of professional and practical nursing and mental health technician programs, as hereinafter provided. Examination for applicants for registration shall be given at least twice each year and as many other times as deemed necessary by the board. The board shall promote im-

proved means of nursing education and standards of nursing care through institutes, conferences and other means.

(5) The board shall have a seal of which the secretary shall be the custodian. The president and the secretary-treasurer shall have the power and authority to administer oaths in transacting business of the board, and the secretary-treasurer shall keep a record of all proceedings of the board and a register of professional and practical nurses and mental health technicians licensed and showing the certificates of registration or license granted or revoked, which such register shall be open at all times to public inspection.

(6) A majority of the board of nursing including two (2) professional nurse members shall constitute a quorum for the transaction of business.

(d) *Subpoenas.* In all matters pending before it, the board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all relevant and necessary papers, books, records, documentary evidence and materials. Any person failing or refusing to appear or testify regarding any matter about which such person may be lawfully questioned or to produce any books, papers, records, documentary evidence or relevant materials in the matter to be heard, after having been required by order of the board or by a subpoena of the board to do so, may, upon application by the board to any district judge in the state, be ordered by such judge to comply therewith. Upon failure to comply with the order of said district judge, the court may compel obedience by attachment for contempt as in the case of disobedience of a similar order or subpoena issued by said court. A subpoena may be served upon any person named therein anywhere within the state with the same fees and mileage by an officer authorized to serve subpoenas in civil actions in the same procedure as is prescribed by the code of civil procedure for subpoenas issued out of the district courts of this state.

(e) *Compensation and expenses.* Members of the board of nursing attending meetings of such board, or attending a subcommittee meeting thereof authorized by such board, shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223 and amendments thereto.

(f) The provisions of the Kansas sunset law apply to the board of nursing appointed pursuant to this section and said board is subject to abolition thereunder. [L. 1949, ch. 331, § 2; L. 1956, ch. 52, § 15; L. 1957, ch. 431, § 11; L. 1963, ch. 314, § 10; L. 1965, ch. 506, § 38; L. 1967, ch. 434, § 26; L. 1973, ch. 309, § 25; L. 1973, ch. 310, § 1; L. 1974, ch. 348, § 49; L. 1975, ch. 316, § 12; L. 1978, ch. 308, § 54; L. 1980, ch. 235, § 1; July 1.]

**74-1108. Board of nursing fee fund.** The executive administrator of the board of nursing shall remit all moneys received by the board from fees, charges or penalties to the state treasurer at least monthly. Upon receipt of any such remittance the state treasurer shall deposit the entire amount thereof in the state treasury. Twenty percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the board of nursing fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon



warrants of the director of accountancy and reports issued pursuant to vouchers approved by the president of the board or by a person or persons designated by the president. [L. 1973, ch. 309, § 26; L. 1983, ch. 206, § 13; April 28.]

## Rules and Regulations for Professional and Practical Nursing

### Article 1.—APPROVAL OF SCHOOLS OF NURSING

**60-1-101. Purposes of approval.** The ultimate purpose of approving schools of nursing is to promote quality nursing care for the public. Through consultation services and the approval process the board provides: (a) Guidance to schools in developing a program which provides essential educational experiences in preparing nursing practitioners;

(b) Assistance to schools in efforts to improve their programs through self study, evaluation and consultation; and

(c) Assistance to counselors and prospective students in selecting appropriate nursing programs by publishing a list of approved schools annually. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended, E-74-29, July 1, 1974; amended May 1, 1975.)

**60-1-102. Approval procedure.** (A) An institution contemplating the establishment of a school of nursing: 1. Shall notify the board and obtain such information as the board may provide and supply such information to the board as the board may require.

2. Shall submit the name and qualifications of the nurse administrator to the board of nursing for approval.

3. Shall employ a qualified nurse administrator.

4. Shall employ a second faculty member.

5. Shall receive in writing the decision of the board.

6. Shall be approved prior to the admission of students. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; proposed amendment modified and approved by legislature (1975 HB 2597); amended May 1, 1975.)

**60-1-103. Discontinuing a school of nursing.** A school terminating its program shall submit for approval to the board the plan for students currently enrolled and the disposition of records. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended, E-74-29, July 1, 1974; amended May 1, 1975.)

### Article 2.—REQUIREMENTS FOR APPROVED SCHOOLS OF NURSING

**60-2-101. Requirements.** A. Accreditation and approval. 1. Educational institutions shall be approved by the appropriate state agency.

2. Hospitals and agencies providing facilities for clinical experience shall be licensed or approved by the appropriate groups.

B. Administration and organization. 1. The school of nursing or the institution of which it is a part shall be a

legally constituted body. The controlling body shall be responsible for general policy and shall provide for the financial support of the educational unit.

2. Authority and responsibility for administering the program shall be vested in the director of the educational unit.

C. Faculty for schools of professional nursing (qualifications and numbers). 1. All nurse faculty members shall be licensed to practice professional nursing in Kansas.

2. Faculty members shall have academic preparation and experience as set forth herein.

(a) There shall be a director, who is a licensed professional nurse, whose responsibility is the development and implementation of the educational program. The director shall have had successful experience in administration or teaching, and shall have a masters degree with appropriate academic preparation.

\* (b) By July 1, 1978, nurse faculty members who are assigned the responsibility of a course shall hold a masters degree, preferably in the clinical area being taught. Those not now meeting the specification shall show yearly academic progress toward meeting degree requirements.

(c) All faculty members shall have earned at least a baccalaureate degree.

(d) Nurse faculty with continuing appointments in nursing programs shall possess a masters degree, preferably in nursing. Those not now meeting this specification shall show yearly academic progress toward meeting this requirement.

D. Faculty for schools of practical nursing (qualifications and numbers). 1. All nurse faculty members shall be licensed to practice professional nursing in Kansas.

2. Faculty members shall have academic preparation, experience, and personal qualifications as set forth herein.

\* 3. There shall be a director, who is a licensed professional nurse, whose responsibility is the development and implementation of the educational program. The director shall have had successful experience in administration or teaching. By July 1, 1976, the director shall have a masters degree. Those not now meeting this specification shall show yearly academic progress toward meeting degree requirements.

\* 4. By July 1, 1978, all instructors shall have a baccalaureate degree. Those not now meeting this specification shall show yearly academic progress toward meeting degree requirements.

E. Curriculum. 1. Curriculum for schools of professional nursing shall provide for preparation in the following areas:

(a) General education: The faculty shall provide for appropriate content from the biological, physical, and social sciences.

(b) Nursing: The faculty shall determine the approach and content for learning experiences. Content shall include the concepts of wellness and illness in all stages of the life cycle. Clinical instruction shall be an integral part of the course and under the direction of the instructor. Learning opportunities in clinical nursing shall provide for experience in depth and scope to fulfill objectives of each course.

(c) The curriculum shall be structured in such a way so that the students are not required to spend more than 32

hours per week in scheduled theoretical and clinical instruction:

2. Curriculum for schools of practical nursing:

(a) The curriculum shall include instruction and clinical experience in the care of adults, and children, including family relationships and child growth and development. Community health concepts should be integrated throughout the curriculum.

(b) The minimal hours of theoretical instruction shall be 550 hours with a similar number of hours of clinical instruction.

(c) The curriculum shall be structured in such a way so that the students are not required to spend more than 32 hours per week in scheduled theoretical and clinical instruction.

F. Clinical resources. (a) All clinical facilities shall be approved by the board and appropriate contractual agreements shall be renewed annually with affiliating and co-operating agencies.

(b) Clinical areas used for student learning experiences shall be staffed by nursing service independent of student assignments.

G. Students. 1. Admission. Schools shall have clearly defined policies for admission.

2. Credit for previous study.

(a) There shall be clearly defined written policies for credit for previous study, transfer of credits, and readmission of students and such policies shall conform to the policies of the institution.

3. Promotion and graduation policies shall be in writing.

H. Evaluation. A written plan for continuing program evaluation shall be developed and implemented. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended Jan. 1, 1968; amended Jan. 1, 1972; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; proposed amendment modified and approved by legislature (1975 HB 2597); further modified and approved by 1975 SB 587; amended May 1, 1975.)

Ed. Note: \* These sections have been modified and will be amended in 1985.

### Article 3.—REQUIREMENTS FOR LICENSURE AND STANDARDS OF PRACTICE

**60-3-101. Licensure.** (a) *By examination.* The applicant shall file with the board one (1) month preceding the examination a completed application on an adopted form with payment of fee.

(b) *By endorsement.*

(1) The applicant shall file with the board a completed application on adopted forms with payment of fee.

(2) Verification of current Kansas license is provided by request to other state boards upon payment of fee.

(c) *Information regarding examinations.*

(1) The examination for licensure shall be given at least twice a year.

(2) Each candidate must present a validated admission card in order to be admitted to the examination center.

(3) Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.

(4) In the event that answer sheets are lost or destroyed through circumstances beyond the control of the board,

the candidate will be required to rewrite the test(s) lost or destroyed in order to meet requirements for licensure, except that there shall be no additional cost to the applicant.

(d) *Application for retest in professional nursing.*

\* (1) An applicant who fails to make a passing score shall be retested at a scheduled examination in those areas failed within one (1) year from the date of the initial examination and shall pay an additional fee of ten dollars (\$10.00) per area.

\* (2) An applicant who is unsuccessful on the second writing shall write the areas failed within one (1) year of the date of the second writing and pay a fee of ten dollars (\$10.00) per area.

\* (3) An applicant who is unsuccessful on the third writing shall pay a fifty dollar (\$50.00) fee before rewriting the entire examination.

(c) *Application for retest in practical nursing.*

\* (1) An applicant who fails to make a passing score in the initial examination shall be allowed to take a second examination within one (1) year from the date of the initial examination and shall pay an additional fee of thirty dollars (\$30.00).

\* (2) For each retest following the second failure the applicant shall be required to pay a thirty dollar (\$30.00) fee. (Authorized by K.S.A. 65-1113 *et seq.*, 74-1106 *et seq.*; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, ch. 302, May 1, 1975; amended May 1, 1980.)

Ed. Note: \* These sections have been modified and will be amended in 1985.

**60-3-102. Duplicate of annual license.** When an annual license has been lost or destroyed, a duplicate may be issued by the board upon payment of fee. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended Jan. 1, 1972; proposed amendment modified and approved by legislature (1975 HB 2597); amended May 1, 1975.)

**60-3-103. Change of name.** Once an application for licensure has been filed or a license has been issued the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended May 1, 1975.)

**60-3-104. Reinstatement of license after revocation.** A. A nurse whose license has been revoked by the board may make a written request for reinstatement after an interval of one year.

B. After a written request for reinstatement has been received, the board at its next meeting may make inquiry and require evidence as it deems necessary. A hearing shall be held and evidence submitted recorded. The decision of the board shall be presented to the nurse in writing. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended May 1, 1975.)

**60-3-105. Reinstatement of lapsed license.** A. After July 1, 1978, an applicant whose license has lapsed may reinstate the license within five (5) years of the expiration date of the license by submitting satisfactory proof that within

the preceding two (2) year period, the applicant has met the continuing education requirement.

B. After July 1, 1978, an applicant whose license has lapsed for more than five (5) years shall show evidence of satisfactory completion of a refresher course approved by the Board in addition to completing the continuing education requirement. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977.)

**60-3-106. License by endorsement.** A. Individuals applying for licensure in Kansas by endorsement will be granted a license, if in the opinion of the Board, their work record indicates current practice during the five (5) years preceding application provided that they meet all of the other requirements in effect at the time of application.

B. Individuals applying for licensure in Kansas by endorsement who have not been engaged in current practice during the five (5) years preceding application will be required to complete an approved refresher course in addition to meeting all of the other requirements in effect at the time of application. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977.)

**60-3-107. Expiration Dates of Licenses.** The expiration date of licenses for registered nurses and licensed practical nurses shall be on the last day of the month in which the licentiate's birthday occurs. The renewal date for licentiates whose year of birth is an odd numbered year will be in the odd numbered year, and for licentiates whose year of birth is an even numbered year will be in the even numbered year. (Authorized by K.S.A. 65-1113 *et seq.*, 74-1106 *et seq.*; effective, 3-77-8, March 19, 1976; effective Feb. 15, 1977.)

**60-3-108. Expiration date of initial or reinstated license.** Upon qualifying for a license by endorsement, examination, or reinstatement, the applicant will be issued a license which shall expire as described in K.A.R. 60-3-107; however, when a licensee would be required to renew the license within six (6) months from the date on which he or she qualified for the license, the expiration date shall be the last day of the month following his or her third birthday from the date of licensure or reinstatement. (Authorized by K.S.A. 65-1113 *et seq.*, 74-1106 *et seq.*; effective, E-77-8, March 19, 1976; effective Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979.)

**60-3-109.** (Authorized by K.S.A. 65-1113 *et seq.*, 74-1106 *et seq.*; modified by L. 1975, ch. 302, sec. 4, effective May 1, 1975; amended Feb. 15, 1977; revoked May 1, 1982.)

**60-3-110. Standards for revocation, suspension, or limitation of nursing licensure.** (a) Unprofessional conduct, as provided by K.S.A. 65-1120(a)(6) shall include the following:

- (1) Performing acts beyond the authorized scope of the level of nursing for which the individual is licensed;
- (2) Assuming duties and responsibilities within the practice of nursing without adequate preparation or when competency has not been maintained;
- (3) Failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;

- (4) Inaccurately recording, falsifying, or altering a patient's or agency's record;
  - (5) Committing any act of verbally or physically abusing patients;
  - (6) Assigning or delegating unqualified persons to perform functions of licensed nurses contrary to the Kansas Nurse Practice Act or to the detriment of patient safety;
  - (7) Violating the confidentiality of information or knowledge concerning the patient;
  - (8) Willfully or negligently failing to take appropriate action in safeguarding a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practical nurse. "Appropriate action" may include reporting to the Board; and
  - (9) Diverting drugs, supplies, or property of patients or agency.
- (b) A violation of any one or more of the above provisions shall be sufficient cause to suspend, revoke, or refuse to renew a license. (Authorized by K.S.A. 65-1129, 74-1106(c)(2); implementing K.S.A. 65-1120; effective May 1, 1982.)

#### Article 4.—FEES

**60-4-101. Payment of fees.** The board shall receive payment of fees as follows:

(a) *Fees for professional nurses.*

- |  |         |
|--|---------|
| (1) Application for license by endorsement to Kansas . . . . . | \$60.00 |
| (2) Verification of Kansas license . . . . .                   | 6.00    |
| (3) Application for license by examination . . . . .           | 60.00   |
| (4) Biennial renewal of license . . . . .                      | 25.00   |
| (5) Application for reinstatement of lapsed license . . . . .  | 35.00   |
| (6) Certified copy of Kansas license . . . . .                 | 6.00    |

(b) *Fees for practical nurses.*

- |  |       |
|--|-------|
| (1) Application for license by endorsement to Kansas . . . . . | 35.00 |
| (2) Verification of Kansas license . . . . .                   | 6.00  |
| (3) Application for license by examination . . . . .           | 35.00 |
| (4) Reapplication for license by examination . . . . .         | 35.00 |
| (5) Biennial renewal of license . . . . .                      | 25.00 |
| (6) Application for reinstatement of lapsed license . . . . .  | 35.00 |
| (7) Certified copy of Kansas license . . . . .                 | 6.00  |

This regulation shall take effect on and after July 1, 1983. (Authorized by K.S.A. 65-1113 *et seq.*, 74-1106 *et seq.*; implementing K.S.A. 65-1118; effective Jan. 1, 1966; amended Jan. 1, 1972; amended, E-74-29, July 1, 1974; modified, L. 1975, ch. 302, May 1, 1975; amended, E-77-8, March 19, 1976; amended Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979; amended May 1, 1980; amended May 1, 1983.)

#### Article 9.—CONTINUING EDUCATION FOR NURSES

**60-9-101. Definitions.** A. *Continuing education* in nursing is an organized, systematic and evaluative educational experience beyond the basic preparation. These experi-

ences are designed to promote the enrichment of knowledge, improvement of skills, and the development of attitudes for the enhancement of nursing practice, thus improving health care to the public. Continuing education includes inservice education, but excludes orientation and on-the-job training.

B. *Course of study* means a systematic learning experience designed for the acquisition of knowledge, skills, and information related to the practice of nursing. It may or may not carry college credit.

C. *Independent study* means continuing education offerings designed for an individual and monitored by an approved provider.

D. *Inservice education* means formal instruction designed by an approved provider and is usually offered in the employment setting.

E. *On-the-job training* means informal instruction given by an employer to improve the performance of an employee in a given task. (Not approved for continuing education.)

F. *Orientation* means formal or informal instruction designed to acquaint newly assigned employees with the philosophy of the institution and the duties and responsibilities of the position. (Not approved for continuing education.)

G. *Providers* are those persons, organizations, or institutions approved by the Board to supply continuing education offerings.

H. *Refresher course* is a course of study which provides a review of basic preparation for individuals who have not been actively engaged in practice for a period of time, and it introduces them to developments in nursing practice which have occurred during recent years.

I. *Short-term learning activities* include conferences, institutes, lectures, seminars, and workshops offered by approved providers.

J. *Hour* means at least fifty (50) minutes of participation in a learning experience organized by an approved provider. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977.)

**60-9-102. Requirements.** (a) On and after July 1, 1978, licensees renewing a license shall submit satisfactory proof that the licensee has met the minimum continuing education requirements as established by the board.

(b) Individuals whose licenses become effective between July 1, 1978, and June 30, 1980, shall present evidence of completion of five (5) hours of approved continuing education acquired during the year immediately preceding the renewal.

(c) Individuals whose licenses become effective between July 1, 1980, and June 30, 1982, shall present evidence of completion of fifteen (15) hours of approved continuing education acquired during the two (2) year period immediately preceding the renewal.

(d) Individuals whose licenses become effective on and after July 1, 1982, shall present evidence of completion of thirty (30) hours of approved continuing education acquired during the two (2) year period immediately preceding the renewal.

(e) Licensees shall submit proof to the board of successful completion of the required number of approved

continuing education hours by means of certificates, transcripts, or similar documents. This proof shall be submitted in the same envelope with the application for license renewal.

(f) Offerings shall be recorded in hourly segments.

(g) Continuing education requirements for individuals newly licensed by examination shall be waived for the first renewal of the license.

(h) Requirements for individuals residing in foreign countries shall be determined on an individual basis. (Authorized by K.S.A. 1978 Supp. 65-1117; effective Feb. 15, 1977; amended, E-79-8, March 16, 1978; amended May 1, 1979.)

**60-9-103. Continuing Education Offerings.** A. The Board shall consider continuing education offerings to include courses of study, inservice education, independent study, and short-term learning activities. These offerings may be in areas other than those directly related to the practice of nursing, if in the opinion of the Board, such offerings bear a reasonable relationship to developments in nursing.

B. The Board shall recognize offerings of approved providers. Programs not offered by an approved provider must be approved in advance on an individual basis.

C. No more than twenty (20) percent of the required continuing education hours shall be accumulated from independent study.

D. Approval will not be granted for identical offerings completed within a renewal period. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977.)

**60-9-104. Approval of Continuing Education Offerings.** A. Providers shall apply for approval to offer continuing education offerings on forms supplied by the Board.

B. The Board's approval shall be granted to agencies as providers for a two (2) year period, and to individuals as providers for specific programs. Agencies shall reapply for provider approval biennially.

C. Application for approval of a provider shall be made at least three months before the anticipated date of the first offering.

D. Offerings shall be no less than two (2) hours in length, and shall be taught by approved course instructors.

E. In order to be approved as a continuing education course instructor, the individual shall be a competent teacher and shall be knowledgeable, current, and skillful in the subject matter of the offering.

F. Program providers shall award certificates of achievement to participants.

G. Program providers shall submit to the Board a roster of individuals who have satisfactorily completed offerings.

H. Program providers shall maintain a record of all offerings and attendance for a two (2) year period.

I. If quality programs are not maintained to the Board's satisfaction, or if there is a material misrepresentation of any fact within the information required to be submitted to the Board by a provider, the Board shall withdraw approval from that provider. (Authorized by K.S.A. 1976 Supp. 65-1117; effective Feb. 15, 1977.)

## Article 11.—ADVANCED REGISTERED NURSE PRACTITIONERS

**60-11-101. Definition and limitations.** (a)(1) An advanced registered nurse practitioner, as defined by L. 1983, Ch. 206, Sec. 6, functions in an expanded role to provide primary health care to individuals, families or groups, or some combination of these groups of clients, in a variety of settings, including homes, institutions, offices, industries, schools, community agencies, and private practice. Advanced registered nurse practitioners function in a collegial relationship with physicians and other health professionals in the delivery of primary health care services. Advanced registered nurse practitioners make independent decisions about nursing needs of families and clients, and interdependent decisions with physicians in carrying out health regimens for families and clients. Advanced registered nurse practitioners are directly accountable and responsible to the consumer.

(2) "Primary health care" is the prevention of disease, promotion and maintenance of health, assessment of needs, long term nursing management of chronic illness and referral of clients to other resources. The contact between advanced registered nurse practitioner and client may be for an episode of illness or it may be for continuous health care monitoring.

(b) The physical presence of the physician is not necessarily implied when care is given by the advanced registered nurse practitioner. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

**60-11-102. Categories of advanced registered nurse practitioners.** The four categories of advanced registered nurse practitioners certified by the board of nursing are:

- (a) nurse clinician or nurse practitioner;
- (b) nurse anesthetist;
- (c) nurse-midwife; and
- (d) clinical specialist.

(Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

**60-11-103. Qualifications of advanced registered nurse practitioners.** To be eligible for certification as an advanced registered nurse practitioner in one of the following categories, the applicant shall hold a current Kansas license as a registered professional nurse. (a) To be certified as an advanced registered nurse practitioner in the category of nurse clinician or nurse practitioner, each applicant shall have successfully completed a formal, post-basic nursing education program which prepares the nurse to function in an expanded role or the applicant shall have current certification approved by the state board of nursing.

(b) To be certified as an advanced registered nurse practitioner in the category of certified registered nurse anesthetist, each applicant shall have a current certification or recertification that has been approved by the state board of nursing.

(c) To be certified as an advanced registered nurse practitioner in the category of nurse-midwife, each applicant shall have a current certification that has been approved by the state board of nursing.

(d) To be certified as an advanced registered nurse practitioner in the category of clinical nurse specialist, each applicant shall hold a master's degree in a nursing clinical area which prepares the nurse to function in the expanded role. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

**60-11-104. Functions of the advanced registered nurse practitioner, nurse clinician or nurse practitioner.** Advanced registered nurse practitioners function in the expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advanced knowledge and skills. Each nurse clinician or nurse practitioner shall: (a) Perform all functions defined for basic nursing practice;

(b) Evaluate the physical and psychosocial health status of the client through a comprehensive health history and physical examination, using skills of observation, inspection, palpation, percussion and auscultation, and using diagnostic instruments or laboratory procedures that are basic to the screening of physical signs and symptoms;

(c) Assess normal and abnormal findings from the history, physical examination and laboratory reports;

(d) Plan, implement and evaluate care;

(e) Consult with the client and members of the health care team to provide for acute and ongoing health care or referral of the client;

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

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

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

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

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

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

(l) Participate, when appropriate, in the joint review and revision of adopted protocols or guidelines when the advanced registered nurse practitioner is involved in the medical plan of care. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

**60-11-105. Functions of the advanced registered nurse practitioner; nurse-midwife.** An advanced registered nurse practitioner functioning in the expanded role of nurse-midwife shall perform in an interdependent role as a member of a physician-directed health care team, within the framework of mutually adopted protocols or guidelines. Each certified nurse-midwife shall: (a) Be responsible for the management and complete health care of the normal expanding family throughout pregnancy, labor, delivery and post-delivery care;

(b) Participate in individual and group counseling and teaching throughout the childbearing cycle;

(c) Participate in well-woman gynecological procedures;

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

(e) Participate in the joint review and revision of adopted protocols or guidelines. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

**60-11-106. Functions of the advanced registered nurse practitioner; nurse anesthetist.** An advanced registered nurse practitioner functioning in the expanded role of certified registered nurse anesthetist shall perform in an interdependent role as a member of a physician or dentist-directed health care team. Each certified registered nurse anesthetist shall: (a) Conduct a pre- and post-anesthesia visit and assessment with appropriate documentation;

(b) Develop an anesthesia care plan with the physician or dentist which includes medications and anesthetic agents;

(c) Induce and maintain anesthesia at the required levels;

(d) Support life functions during the perioperative period;

(e) Recognize and take appropriate action for untoward patient responses during anesthesia;

(f) Provide professional observation and management of the patient's emergence from anesthesia;

(g) Participate in the life support of the patient;

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

(i) Participate in the joint review and revision of adopted protocols or guidelines. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

**60-11-107. Functions of the advanced registered nurse practitioner; clinical nurse specialist.** The primary responsibility of the advanced registered nurse practitioner performing in the expanded role of clinical nurse specialist shall be patient care delivery to a select population in a specialty area. Each clinical nurse specialist shall: (a) Provide direct nursing care utilizing a broad base of advanced scientific knowledge, nursing theory and skills in assessing, planning, implementing and evaluating those aspects of health and nursing care of individuals who require this specialized competence;

(b) provide indirect nursing care. Each clinical nurse specialist shall plan, guide, evaluate and direct the nursing care given by other personnel associated with the nursing functions;

(c) conduct nursing research. Each clinical nurse specialist shall create and test methods of nursing intervention and health care in the area of specialization;

(d) teach and counsel individuals or groups. Each clinical nurse specialist shall utilize theories and skills of communication and teaching learning process to increase

the knowledge or functioning of individuals and groups, nursing personnel, students and other members of the health care team;

(e) serve as consultant, and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care; and

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

**60-11-108. Requirements for advanced registered nurse practitioner programs of study.** (a) Each program which prepares registered nurses for advanced nursing practice that is located or offered within Kansas shall be approved by the state board of nursing.

(b) The educational program shall be minimum of nine months or one academic year of full-time study or its equivalent, as defined by the sponsoring academic institution. The program shall contain both didactic and clinical components. The clinical component shall include a preceptorship meeting a minimum of eight hours a week for one academic year, or its substantial equivalent of practice.

(c) The philosophy, purpose and objectives of the program shall be clearly defined and available in written form.

(d) The objectives reflecting the philosophy shall be stated in behavioral terms and describe the competencies of the graduate.

(e) The faculty shall include a majority of advanced registered nurse practitioners who are currently certified by the board in Kansas.

(f) Each faculty member shall have earned a graduate degree.

(g) The content, methods of instruction and learning experience shall be consistent with the philosophy and objectives of the program.

(h) Course syllabi shall be available in writing.

(i) The program shall include, but not be limited to, content relating to role realignment, ethical and legal implications of advanced nursing practice, and the health care delivery system.

(j) The program shall provide clinical instruction in the performance of diagnostic procedures that are essential to practice in the area of specialization.

(k) Admission criteria shall be clearly stated, available in written form, and shall include the requirement of a current license to practice in Kansas as a registered professional nurse.

(l) Policies for withdrawal, dismissal and readmission shall be available in written form.

(m) The student shall receive official evidence that indicates successful completion of the program of study.

(n) A written plan for continuing program evaluation shall be developed, adopted and implemented by the faculty. (Authorized by and implementing K.S.A. 1983 Supp. 65-1119, 65-1133; effective May 1, 1984.)

**60-11-109. Initial certification.** (a) Each applicant shall submit an application on a form prescribed by the board, together with non-refundable fee of \$30.00.

(b) When the board determines that the applicant meets the qualifications herein, a certificate indicating the expanded role for which the applicant is certified shall be issued. (Authorized by and implementing K.S.A. 65-1128, K.S.A. 1983 Supp. 65-1131; effective May 1, 1984.)

**60-11-110. Renewal of certification.** (a) Advanced registered nurse practitioner certification shall be subject to the same biennial renewal period as the registered nurse license to practice in Kansas.

(b) The application for renewal shall be submitted on a form prescribed by the board, together with the biennial fee of \$15.00.

(c) Documentation of 30 hours of approved continuing education earned during the preceding two years and related to the area of advanced practice shall accompany the application. These hours of continuing education shall also be applicable to the renewal of the registered nurse license.

(d) Persons who on June 20, 1982 held a certificate of qualification as an advanced registered nurse practitioner may secure a certificate of qualification as an advanced registered nurse practitioner as defined by L. 1983, Ch. 206, Sec. 4(c).

(e) Failure to renew the certification as an advanced registered nurse practitioner within the current renewal period shall result in a lapsed certificate. (Authorized by and implementing K.S.A. 1983 Supp. 65-1117, 65-1128, 65-1131, 65-1132; effective May 1, 1984.)

**60-11-111. Reinstatement of a lapsed certificate.** (a) Any applicant whose certificate has lapsed may reinstate the certificate within five years of the expiration date of the certificate by submitting:

(1) the reinstatement application prescribed by the board;

(2) the reinstatement fee of \$35.00; and

(3) documentation of 30 hours of approved continuing education earned during the preceding two years and related to the area of advanced practice. These hours of continuing education shall also be applicable to the renewal of the applicant's registered nurse license.

(b) Any applicant whose certificate has lapsed for more than five years may reinstate the certificate by submitting:

(1) the reinstatement application prescribed by the board;

(2) the reinstatement fee of \$35.00;

(3) evidence of satisfactory completion of a refresher course approved by the board of nursing; and

(4) documentation of 30 hours of approved continuing education earned during the preceding two years and related to the area of advanced practice. These hours of continuing education shall also be applicable to the renewal of the registered nurse license. (Authorized by and implementing K.S.A. 1983 Supp. 65-1117, 65-1128, 65-1132; effective May 1, 1984.)

# **Mental Health Technicians Licensure Act**

**LAWS AND ADMINISTRATIVE  
REGULATIONS RELATING TO**

**REVISED 1984**



**KANSAS  
STATE BOARD OF NURSING  
Box 1098, 503 Kansas Avenue, Suite 330  
Topeka, Kansas 66601**



## Laws Relating to Examination, Licensure and Regulation of Mental Health Technicians

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### Article 42.—EXAMINATION, LICENSURE AND REGULATION OF MENTAL HEALTH TECHNICIANS

**65-4201. Citation of act.** This act may be cited as the mental health technician's licensure act. [L. 1973, ch. 308,  $\frac{1}{3}$  1; July 1, 1974.]

**65-4202. Definitions.** As used in this act: (a) "Board" means the Kansas state board of nursing.

(b) The "practice of mental health technology" means the performance, under the direction of a physician licensed to practice medicine and surgery or registered professional nurse, of services in caring for and treatment of the mentally ill, emotionally disturbed, or mentally retarded for compensation or personal profit, which services:

(1) Involve responsible nursing and therapeutic procedures for such mentally ill or mentally retarded patients requiring interpersonal and technical skills in the observations and recognition of symptoms and reactions of such patients, and the accurate recording of the same, and the carrying out of treatments and medications as prescribed by a licensed physician; and

(2) require an application of such techniques and procedures as involve understanding of cause and effect and the safeguarding of life and health of the patient and others; and

(3) require the performance of such other duties as are necessary to facilitate rehabilitation of the patient or are necessary in the physical, therapeutic and psychiatric care of the patient and to require close work with persons licensed to practice medicine and surgery, psychiatrists, psychologists, rehabilitation therapists, social workers, registered nurses, and other professional personnel.

(c) A "licensed mental health technician" means a person who lawfully practices mental health technology as defined in this act.

(d) An "approved course in mental health technology" means a program of training and study including a basic curriculum which shall be prescribed and approved by the board in accordance with the standards prescribed herein, the successful completion of which shall be required prior to licensure as a mental health technician, except as hereinafter provided. [L. 1973, ch. 308, § 2; July 1, 1974.]

**65-4203. Licensure of mental health technicians; application; qualifications; examination; licensure by another state, effect.** (a) Except as is hereinafter provided, an applicant for a license to practice as a mental health technician shall file with the board a written application for such license, on forms prescribed by the board, and shall submit satisfactory evidence that the applicant: (1)

Has been satisfactorily rehabilitated. The applicant has never been convicted of a felony or a misdemeanor involving moral turpitude;

(2) possesses a high school education or its recognized equivalent; and

(3) has satisfactorily completed an approved course of mental health technology.

(b) A license to perform as a mental health technician may only be issued by the board to an applicant:

(1) Meeting the qualifications set forth in (a) and who has successfully passed a written examination in mental health technology as prescribed and conducted by the board; or

(2) to an applicant who has been duly licensed by examination under the laws of another state, territory or foreign country if, in the opinion of the board, the requirements for licensure in such other jurisdiction equal or exceed the qualifications required to practice as a mental health technician in this state. [L. 1973, ch. 308, § 3; L. 1975, ch. 333, § 1; L. 1983, ch. 207, § 5; July 1.]

**65-4204. Title and abbreviations.** Any person so licensed as a mental health technician in this state shall have the right to use the title "licensed mental health technician" and the abbreviation "L.M.H.T.," and it shall be unlawful for any person not licensed as herein provided to assume or use such title or abbreviation. [L. 1973, ch. 308, § 4; July 1, 1974.]

**65-4205. Renewal of license; application; fees; continuing education; renewal of lapsed license.** (a) On or before September 1, 1983, the board shall mail an application for renewal of license to all licensed mental health technicians. Commencing with the 1984 calendar year, all licenses of mental health technicians, whether initial or renewal, shall expire on December 31 of the second calendar year after issuance. On or before September 1, 1984, and on or before such date every year thereafter, the board shall mail an application for renewal of license to all licensed mental health technicians whose license expires during such year. Every mental health technician who desires to renew a license shall file with the board, on or before December 31 of such year, a renewal application together with the prescribed renewal fee.

(b) Commencing with calendar year 1986, the board shall require every licensee in the active practice of mental health technology within the state to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education.

(c) Upon receipt of such application and fee during calendar year 1983, the board shall verify the accuracy of the application and grant a renewal license which shall be effective for the 1984 calendar year, and such renewal license shall render the holder thereof a practitioner of mental health technology for the period stated. Upon receipt of such application and fee during calendar year

1984 and each year thereafter and, commencing with renewal applications received during calendar year 1986 and each year thereafter, upon receipt of the evidence of satisfactory completion of the required program of continuing education, the board shall verify the accuracy of the application and grant a renewal license which shall be effective for the next two calendar years, and such renewal license shall render the holder thereof a practitioner of mental health technology for the period stated.

(d) Any licensee who fails to secure a renewal license within the time specified herein may secure a renewal of such lapsed license by making verified application therefor on a form prescribed by the board together with the prescribed reinstatement fee and, for licenses which lapsed during calendar year 1986 and thereafter, evidence of satisfactory completion of the required program of continuing education. Such application shall furnish satisfactory evidence as required by the board that the applicant is presently competent and qualified to perform the responsibilities of a mental health technician, with the board to be the sole judge of the adequacy of the evidence so presented. [L. 1973, ch. 308, § 5; L. 1983, ch. 207, § 6; July 1.]

**65-4206. Approved courses of mental health technology; standards; qualifications.** (a) An approved course of mental health technology shall be one which has been approved as such by the board as meeting the standards of this act, together with the rules and regulations of the board. Said course, at a minimum, shall be of six (6) months duration during which period the institution shall provide for eighteen (18) weeks of schooling, one-half devoted to classroom instruction and one-half to clinical experience and shall include the study of:

(1) Basic nursing concepts;

(2) psychiatric therapeutic treatment; and

(3) human growth, development and behavioral sciences.

(b) An institution desiring to conduct a course on mental health technology shall apply to the board for approval and submit evidence that it is prepared to and will maintain the standards and curriculum as prescribed by this act and the rules and regulations of the board, which application shall be made in writing upon a form prescribed by the board.

(c) To qualify a course of mental health technology the applicant shall satisfy the board that it is prepared to carry out the curriculum as prescribed by this act and the rules of the board and that it is prepared to and will establish standards therefor as prescribed by the board. [L. 1973, ch. 308, § 6; July 1, 1974.]

**65-4207. List of approved courses; survey of proposed course and institution; resurvey; notice to deficient institution; removal from list; records.** (a) The board shall prepare and maintain a master list of approved courses on mental health technology (1) which qualify graduates thereof, if they have the other necessary qualifications provided for in this act, to be eligible to apply for a license

as a mental health technician; and (2) which meet the requirements of the board for qualification under a continuing education program for licensed mental health technicians.

(b) A survey of the proposed course and of the institution applying for accreditation of the course on mental health technology shall be made by an authorized employee of the board or members of the board who shall submit a written report concerning such study. If, in the opinion of the board, the requirements as prescribed in its rules and regulations for approved courses of mental health technology are met, it shall approve the application and course and post evidence of such approval upon the master list. From time to time, as deemed necessary, the board shall cause to be made a resurvey of approved courses and shall have written reports of such resurvey submitted. If the board determines that any previously approved course is not maintaining the content required by this act and by the rules and regulations prescribed, a notice thereof shall be given immediately to the institution specifying the nature and extent of the deficiency. A failure to correct such condition or conditions to the satisfaction of the board within one year following the notice shall cause the course to be removed from the master list of approved courses on mental health technology. Personnel conducting approved courses shall maintain accurate and current records showing in full the theoretical and practical instruction given to all students. [L. 1973, ch. 308, § 7; L. 1983, ch. 207, § 9; July 1.]

**65-4208. Fees.** (a) The board shall collect in advance the fees provided for in this act, the amount of which shall be fixed by the board by rules and regulations, but not to exceed:

Application for license .....	\$50
Application for renewal of license .....	30
Application for reinstatement .....	36
Certified copy of license .....	12

(b) The fees established under this section on June 30, 1983, shall continue in effect until different fees are fixed by rules and regulations in accordance with subsection (a) of this section. [L. 1973, ch. 308, § 8; L. 1980, ch. 188, § 3; L. 1983, ch. 207, § 7; July 1.]

**65-4209. Denial, revocation or suspension of license.** [See Revisor's Note] The board shall have the power to withhold, deny, revoke or suspend any license to practice as a mental health technician issued or applied for in accordance with the provisions of this act or otherwise to discipline a licensee upon proof that the licensee:

- (a) Is guilty of fraud or deceit in procuring or attempting to procure such license;
- (b) is habitually intemperate or is addicted to the use of habit forming drugs;
- (c) is mentally incompetent;
- (d) is incompetent or grossly negligent in carrying out the functions of a mental health technician; or
- (e) has been convicted of a felony or of any misdemeanor involving moral turpitude, in which event the record of the conviction shall be conclusive evidence of

such conviction. The board may inquire into the circumstances surrounding the commission of any criminal conviction to determine if such conviction is of a felony or misdemeanor involving moral turpitude. [L. 1973, ch. 308, § 9; L. 1983, ch. 207, § 8; July 1.]

**65-4210. Disciplinary proceedings; complaint; notice and hearing; personal service and service by publication; subpoenas; rights of accused.** [See Revisor's Note] (a) If a sworn complaint is filed with the board by any person charging a mental health technician with having been guilty of any of the actions specified as a ground for disciplinary action, the board shall fix a time and place for hearing and shall cause a copy of the charges, together with a notice of the time and place fixed for the hearing, to be personally served on the accused mental health technician, in the manner provided by the rules of civil procedure for personal service, at least 10 days prior to such hearing. When, upon the oath of any person duly authorized to make legal service, such personal service cannot be had in the state of Kansas, the board shall cause to be published once a week for two successive weeks a notice of the hearing in a newspaper of general circulation published in the county in which the accused mental health technician last practiced according to the records of the board, and prior to the last publication thereof, shall mail a copy of the charges and of such notice to the accused mental health technician at the last address thereof appearing in the board's record. In case of such publication and mailing, the date of hearing shall be not less than 20 days after the last publication.

(b) The attendance of witnesses and the production of books, papers, and documents at the hearing may be summoned by subpoenas issued by the board, which shall be served in the manner provided by the code of civil procedure for service of subpoenas. At the hearing the board shall administer oaths as may be necessary for the proper conduct of the hearing. The board shall not be bound by strict rules of procedure or by the laws of evidence in the conduct of its proceedings, but its final determination shall be based upon substantial legal evidence. At the hearing the accused mental health technician shall have the right to appear personally, or by counsel, or both, to produce witnesses and evidence in behalf thereof, to cross-examine witnesses, and to have subpoenas issued by the board. If the accused mental health technician is found guilty of the charges, or any of them, the board may withhold, revoke, or suspend an existing license, or otherwise discipline a licensee as provided in this act. A revoked or suspended license may be reissued thereafter by the board in its discretion.

(c) Any hearing or meeting of the board may be adjourned or continued by an affirmative vote of a majority of the board members present at the hearing or meeting. [L. 1973, ch. 308, § 10; L. 1983, ch. 216, § 2; July 1.]

**65-4211. Judicial review.** (a) Any person aggrieved by a decision of the board, and affected thereby, shall be entitled to judicial review by filing in the district court of

the county of his residence or of the county in which he last practiced, within ninety (90) days after the final decision of the board, an appropriate action requesting such review. The review shall be conducted by the court without a jury and shall be confined to the record, if a complete record is presented, except that in cases of alleged irregularities in the record or in the procedure before the board, testimony may be taken by the court. The court may affirm the decision, or may reverse, or modify it, if the substantial rights of the appellant have been prejudiced as a result of the findings and decision of the board being:

- (1) Contrary to constitutional rights or privileges;
  - (2) in excess of the statutory authority or jurisdiction of the board;
  - (3) by any error of law made or promulgated upon unlawful procedures;
  - (4) unsupported by substantial evidence in view of the entire record as submitted; or
  - (5) arbitrary or capricious acts by the board.
- (b) Any party may have review of the final judgment or decision of the district court by appeal to the supreme court pursuant to the code of civil procedure. [L. 1973, ch. 308, § 11; July 1, 1974.]

**65-4212. Exclusions.** The provisions of this act shall not be construed as prohibiting: (a) Gratuitous care of the mentally ill, emotionally disturbed or mentally retarded by friends or members of the family;

(b) The practice of mental health technology by students enrolled in approved courses of mental health technology;

(c) The practice of mental health technology by graduates of an approved course in mental health technology who are practicing as mental health technicians pending the results of the first licensing examination scheduled by the board following graduation;

(d) Practice by short-term trainees exploring the practice of mental health technology as a prospective vocation;

(e) Service conducted in accordance with the practice of the tenets of any religious denomination in which persons of good faith rely solely upon spiritual means or prayer in the exercise of their religion to prevent or cure disease;

(f) The practice of any legally qualified mental health technician of this state or another who is employed by the United States government of any bureau, division or agency thereof, while in the discharge of official duties;

(g) Temporary assistance in the therapeutic care of patients where adequate medical, nursing, and/or other supervision is provided;

(h) Subsidiary workers in hospitals or related institutions from assisting in the nursing care of patients where adequate medical and nursing supervision is provided; and

(i) The employment of psychiatric aides who have received at least three months instruction in an approved basic aide training program and who work under the supervision of licensed personnel. [L. 1973, ch. 308, § 12; L. 1976, ch. 281, § 1; July 1.]

**65-4213. Injunctions.** When it appears to the board that any person is violating any of the provisions of this act or that any person, firm, corporation, institution or association is employing one not licensed under this act, the board may bring an action in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted. [L. 1973, ch. 308, § 13; July 1, 1974.]

**65-4214. Violations; penalties.** (a) It shall be a class A misdemeanor for any person, including any corporation, association, partnership to:

(1) Fraudulently obtain, sell, transfer, or furnish any mental health technician diploma, license, renewal of license, or record, or aid or abet another therein;

(2) advertise, represent, or hold himself out in any manner as a mental health technician or to practice as a mental health technician without having a license to so practice issued under this act, except as provided in K.S.A. 65-4212;

(3) use in connection with his name any designation intending to imply that he is a licensed mental health technician without having such license issued as herein provided;

(4) practice as a mental health technician during the time his license shall be suspended or revoked; or

(5) otherwise violate any of the provisions of this act.

(b) In any prosecution under this act it shall be necessary to prove only a single violation of the provisions of this act or a single holding out, without proving a general course of conduct, in order to constitute a violation. [L. 1973, ch. 308, § 14; July 1, 1974.]

**65-4215. Practice of medicine not authorized.** Nothing in this act shall be construed as authorizing a licensed mental health technician to practice medicine or surgery or to undertake the prevention, treatment or cure of disease, pain, injury, deformity or mental or physical condition. [L. 1973, ch. 308, § 15; July 1, 1974.]

**65-4216. Report of certain actions of mental health technician; persons required to report; contents of report.** (a) Every person employing a mental health technician and the chief administrative officer of any firm, corporation, institution or association employing a mental health technician, any of whom has reasonable cause to believe that a mental health technician is guilty of any of the actions specified in K.S.A. 65-4209, and amendments thereto, as a ground for disciplinary action or any of whom has taken disciplinary action therefor or has accepted the resignation of a mental health technician in lieu of taking disciplinary action therefor, shall immediately report the same, under oath, to the board of nursing.

(b) Every person licensed to practice any branch of the healing arts, every licensed social worker, every licensed professional or practical nurse and every licensed mental health technician, any of whom has reasonable cause to believe that a mental health technician is guilty of any of

the actions specified in K.S.A. 65- , and amendments thereto, as a ground for disciplinary action, shall report the same, under oath, to the board of nursing.

(c) Any person, other than those persons specified in subsections (a) and (b), who has reasonable cause to believe that a mental health technician is guilty of any of the actions specified in K.S.A. 65-4209, and amendments thereto, as a ground for disciplinary action, may report the same, under oath, to the board of nursing.

(d) Any report made pursuant to this section shall contain the name and address of the person making the report and of the accused mental health technician, information regarding the actions reported, and any other information which the person making the report believes might be helpful in an investigation of the case. [L. 1983, ch. 216, § 1; July 1.]

**65-4217. Immunity from liability in civil actions for reporting, communicating and investigating information relating to certain actions specified in 65-4209 and other information; conditions.** (a) No person reporting to the board of nursing under oath and in good faith any information such person may have relating to alleged guilt for any of the actions specified in K.S.A. 65-4209, and amendments thereto, as a ground for disciplinary action to be taken against a person licensed to practice mental health technology shall be subject to a civil action for damages as a result of reporting such information.

(b) Any state, regional or local association of licensed mental health technicians and the individual members of any committee thereof, which in good faith investigates or communicates information pertaining to the alleged guilt for any of the actions specified in K.S.A. 65-4209, and amendments thereto, as a ground for disciplinary action to be taken against a person licensed to practice mental health technology, to the board of nursing or to any committee or agent thereof, shall be immune from liability in any civil action that is based upon such information or transmittal of information if the investigation and communication were made in good faith and did not represent as true any matter not reasonably believed to be true. [L. 1983, ch. 216, § 3; July 1.]

## Article 11.—BOARD OF NURSING

**74-1106. Board of nursing; appointment; terms; qualifications; duties and powers; rules and regulations; compensation and expenses; board subject to sunset law.** (a) *Appointment, term of office.* (1) The governor shall appoint a board consisting of eleven (11) members of which five (5) shall be registered professional nurses, two (2) shall be licensed practical nurses, two (2) shall be licensed mental health technicians and two (2) shall be members of the general public, which shall constitute a board of nursing, with the duties, power and authority set forth in this act. The members of the board of nursing holding office on the effective date of this amendment shall continue as members until the expiration of their respective terms.

(2) Upon the expiration of the term of any registered

professional nurse, the Kansas state nurses association shall submit to the governor a list of registered professional nurses containing names of not less than three (3) times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four (4) years and until a successor is appointed and qualified.

(3) On the effective date of this act, the Kansas federation of licensed practical nurses shall submit to the governor a list of licensed practical nurses containing names of not less than three (3) times the number of persons to be appointed, and appointments shall be made after consideration of such list, with the first appointment being for a term of four (4) years and the second appointment being for a term of two (2) years. Upon the expiration of the term of any licensed practical nurse, a successor of like qualifications shall be appointed in the same manner as the original appointment for a term of four (4) years and until a successor is appointed and qualified.

(4) Upon the expiration of the term of any mental health technician, the Kansas association of human services technologies shall submit to the governor a list of persons licensed as mental health technicians containing names of not less than three (3) times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four (4) years and until a successor is appointed and qualified.

(5) Each member of the general public shall be appointed for a term of four (4) years and successors shall be appointed for a like term.

(6) Whenever a vacancy occurs on the board of nursing, it shall be filled by appointment for the remainder of the unexpired term in the same manner as the preceding appointment. No person shall serve more than two (2) consecutive terms as a member of the board of nursing and appointment for the remainder of an unexpired term shall constitute a full term of service on such board.

(b) *Qualifications of members.* Each member of the board shall be a citizen of the United States and a resident of the state of Kansas. Registered professional nurse members shall possess a license to practice as a professional nurse in this state with at least five (5) years' experience in nursing as such and shall be actively engaged in nursing at the time of appointment. The licensed practical nurse members shall be graduated from an accredited practical nurse program, hold a diploma from an accredited high school or have otherwise obtained the equivalent of a high school education and be licensed to practice practical nursing in the state with at least five (5) years' experience in practical nursing and shall be actively engaged in practical nursing at the time of appointment. Upon the expiration of the terms of the registered professional nurse members holding office on the effective date of this act, the governor shall appoint successors so that the registered professional nurse membership of the board shall consist of three members who are engaged in nursing service and two members who are engaged in nursing education. The registered professional nurse members of

the board holding office on the 15th date of this act shall continue as members until the expiration of their respective terms. The licensed mental health technician members shall be high school graduates or shall have obtained the equivalent of a high school education and shall be licensed to practice as licensed mental health technicians in the state at the time of appointment. The consumer members shall represent the interests of the general public. Each member of the board shall take and subscribe the oath prescribed by law for state officers, which oath shall be filed with the secretary of state.

(c) *Duties and powers.* (1) The board shall meet annually at Topeka during the month of July and shall elect from its members a president, vice-president and secretary-treasurer, each of whom shall hold their respective offices for one (1) year, and also shall employ, in the classified service of the Kansas civil service act, an executive administrator, who shall be a registered professional nurse and who shall not be a member of the board, and such other employees as necessary to carry on the work of the board. As necessary, the board shall be represented by an attorney appointed by the attorney general as provided by law, whose compensation shall be determined and paid by the board with the approval of the governor. The board may hold such other meetings during the year as may be deemed necessary to transact its business.

(2) The board may adopt rules and regulations not inconsistent with this act necessary to carry into effect the provisions thereof, and such rules and regulations may be published and copies thereof furnished to any person upon application.

(3) The board shall prescribe curricula and standards for professional and practical nursing programs and mental health technician programs, and provide for surveys of such schools and courses at such times as it may deem necessary. It shall accredit such schools and courses as meet the requirements of the appropriate act and rules and regulations of the board.

(4) The board shall examine, license and renew licenses of duly qualified applicants and conduct hearings upon charges for suspension or revocation of a license or accreditation of professional and practical nursing and mental health technician programs and may deny, suspend or revoke for proper legal cause, licenses or accreditation of professional and practical nursing and mental health technician programs, as hereinafter provided. Examination for applicants for registration shall be given at least twice each year and as many other times as deemed necessary by the board. The board shall promote improved means of nursing education and standards of nursing care through institutes, conferences and other means.

(5) The board shall have a seal of which the secretary shall be the custodian. The president and the secretary-treasurer shall have the power and authority to administer oaths in transacting business of the board, and the secretary-treasurer shall keep a record of all proceedings of the board and a register of professional and practical nurses and mental health technicians licensed and showing the

certificates of registration or license granted or revoked, which such register shall be open at all times to public inspection.

(6) A majority of the board of nursing including two (2) professional nurse members shall constitute a quorum for the transaction of business.

(d) *Subpoenas.* In all matters pending before it, the board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all relevant and necessary papers, books, records, documentary evidence and materials. Any person failing or refusing to appear or testify regarding any matter about which such person may be lawfully questioned or to produce any books, papers, records, documentary evidence or relevant materials in the matter to be heard, after having been required by order of the board or by a subpoena of the board to do so, may, upon application by the board to any district judge in the state, be ordered by such judge to comply therewith. Upon failure to comply with the order of said district judge, the court may compel obedience by attachment for contempt as in the case of disobedience of a similar order or subpoena issued by said court. A subpoena may be served upon any person named therein anywhere within the state with the same fees and mileage by an officer authorized to serve subpoenas in civil actions in the same procedure as is prescribed by the code of civil procedure for subpoenas issued out of the district courts of this state.

(e) *Compensation and expenses.* Members of the board of nursing attending meetings of such board, or attending a subcommittee meeting thereof authorized by such board, shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223 and amendments thereto.

(f) The provisions of the Kansas sunset law apply to the board of nursing appointed pursuant to this section and said board is subject to abolition thereunder. [L. 1949, ch. 331, § 2; L. 1956, ch. 52, § 15; L. 1957, ch. 431, § 11; L. 1963, ch. 314, § 10; L. 1965, ch. 506, § 38; L. 1967, ch. 434, § 26; L. 1973, ch. 309, § 25; L. 1973, ch. 310, § 1; L. 1974, ch. 348, § 49; L. 1975, ch. 316, § 12; L. 1978, ch. 308, § 54; L. 1980, ch. 235, § 1; July 1.]

**74-1108. Board of nursing fee fund.** The executive administrator of the board of nursing shall remit all moneys received by the board from fees, charges or penalties to the state treasurer at least monthly. Upon receipt of any such remittance the state treasurer shall deposit the entire amount thereof in the state treasury. Twenty percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the board of nursing fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or by a person or persons designated by the president. [L. 1973, ch. 309, § 26; L. 1983, ch. 206, § 13; April 28.]

5.

## RULES AND REGULATIONS FOR MENTAL HEALTH TECHNICIANS

### Article 5. APPROVAL OF EDUCATIONAL PROGRAMS FOR MENTAL HEALTH TECHNICIANS

#### 60-5-102. Approval procedure.

- A. An institution contemplating the establishment of a program for mental health technicians:
1. Shall write a letter of intent to the Kansas state board of nursing.
  2. Shall submit the name and qualifications of the nurse administrator to the board of nursing for approval.
  3. Shall employ a qualified nurse administrator.
  4. Shall employ a second faculty member.
  5. Shall file with the board an application for an approved program two months prior to the anticipated opening date with the payment of any required fees.
  6. Shall receive in writing the decision of the board.
  7. Shall be approved prior to the admission of students.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; proposed regulation modified and approved by legislature (1975 HB 2597); effective May 1, 1975.)

**60-5-103. Discontinuing a program for mental health technicians.** A program terminating its course shall submit for approval to the board the plan for students currently enrolled and the disposition of records.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

### Article 6. REQUIREMENTS FOR APPROVED PROGRAMS FOR MENTAL HEALTH TECHNICIANS

\* Editors Note: Indicate sections which have been changed and will be amended in 1985.

#### 60-6-101. Requirements.

- A. Accreditation and approval.
1. Educational institutions shall be approved by the appropriate state agency.
  2. Hospitals and agencies providing facilities for clinical experience shall be licensed or approved by the appropriate groups.
- B. Administration and organization.
1. The educational program or the institution of which it is a part shall be a legally constituted body. The controlling body shall be responsible for general policy and shall provide for the financial support of the educational unit.
  2. Authority and responsibility for administering the program shall be vested in the director of the educational unit.

- C. Faculty for mental health technician programs.
1. Faculty members shall have the necessary preparation, experience and personal qualifications to meet the specifications of the position.
    - (a) There shall be a director, who is licensed to practice as a registered professional nurse in Kansas, whose responsibility is the development and implementation of the educational program. The director shall have a baccalaureate degree, successful experience in administration or teaching, and at least two years of experience in psychiatric or mental retardation nursing.
    - (b) Instructors in mental health technician programs shall be:
      - (1) Licensed to practice as registered professional nurses in Kansas with two years of experience in psychiatric or mental retardation nursing, or
      - (2) Licensed to practice as licensed mental health technicians and with five years of experience in the field. Two years of work experience will be waived for those licensed mental health technicians possessing an associate degree.
    - (c) Instructors in the behavioral sciences shall have earned an academic degree with appropriate preparation relative to the area of instruction.
- D. Curriculum.
1. (a) Prior to implementation, the program shall submit curriculum changes in writing to the board for approval.
    - (b) The curriculum shall be organized so as to cover both theoretical instruction and clinical instruction.
  2. Curriculum for mental health technician courses:
    - \* (a) Shall be a minimum of six months in length. By July 1, 1978, the curriculum shall be a minimum of nine months in length.
    - \* (b) Shall consist of a minimum of 300 hours of theoretical instruction and 300 hours of clinical instruction. By July 1, 1978, the curriculum shall consist of a minimum of 450 hours of theoretical instruction and 450 hours of clinical instruction.

In academic institutions the equivalent for one semester hour of credit shall be 15 hours of theoretical instruction or 45 hours of clinical instruction.
    - (c) The following two courses shall be of a theoretical nature. Each course shall consist of 45 hours of instruction.
      - (1) Human growth and development—This course shall include aspects of growth and development from the pre-natal period through senescence.

- (2) Behavioral science—This course shall include human needs, group processes, family dynamics, and social, economic, and cultural factors.
- (d) The following two courses shall embody theoretical and clinical factors.
  - (1) Basic nursing concepts—This course shall include bed making, personal hygiene, administration and effect of medications, feeding, asepsis, elimination, recognition of illness, vital signs, basic nutrition, special care of patients, first aid and emergency nursing, assisting with physical examinations, admission and discharge of patients.
  - (2) Psychiatric therapeutic treatment—This course shall include interpersonal relationships, psychopathology and classifications, coping mechanisms, communication skills, therapeutic modalities, and special reporting and recording techniques.

E. Facilities and resources.

1. Clinical resources.

- (a) All clinical facilities shall be approved by the board and appropriate contractual agreements shall be renewed annually with all cooperating agencies.
- (b) Clinical areas used for student learning experiences shall be staffed by nursing service independent of student assignments.
- (c) Each clinical unit used for educational purposes shall be under the direct supervision of a registered nurse.

F. Students.

- 1. Admission. Programs shall have clearly defined policies for admission.
- 2. Credit for previous study.
  - (a) There shall be clearly defined written policies for credit for previous study, transfer of credits, and readmission of students. Such policies shall conform to the policies of the institution.
- 3. Promotion and graduation policies shall be in writing.

G. Evaluation. A written plan for continuing program evaluation shall be developed and implemented.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; proposed regulation modified and approved by legislature (1975 HB 2597); effective May 1, 1975.)

**Article 7. REQUIREMENTS FOR LICENSURE AND STANDARDS OF PRACTICE**

**60-7-101. Licensure.**

- A. By examination. The applicant shall file with the board one month preceding the examination a completed application on an adopted form with payment of fee.

B. By endorsement.

- 1. The applicant shall file with the board a completed application on adopted forms with payment of fee.
- 2. Verification of current Kansas license is provided by request to other state boards upon payment of fee.

C. Information regarding examinations.

- 1. The examination for licensure shall be given at least twice a year.
- 2. Each candidate must present a validated admission card in order to be admitted to the examination center.
- 3. A license shall be granted to all applicants meeting the requirements of the board and who make a passing score in all tests covered by the examination.
- 4. Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.
- 5. In the event that answer sheets are lost or destroyed through circumstances beyond the control of the board, the candidate will be required to rewrite the test(s) lost or destroyed in order to meet requirements for licensure, except that no additional charge shall be made.

D. Application for retest.

- \* 1. An applicant who fails to make a passing score in the initial examination shall be allowed to take a second examination within one year from the date of the initial examination and shall pay an additional fee of \$15.00.

- \* 2. For each retest following the second failure the applicant shall be required to pay a \$15.00 fee.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; proposed regulation modified and approved by legislature (1975 HB 2597); effective May 1, 1975.)

**60-7-102. Duplicate of annual license.** When an annual license has been lost or destroyed, a duplicate may be issued by the board upon payment of fee.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; proposed regulation modified and approved by legislature (1975 HB 2597); effective May 1, 1975.)

**60-7-103. Change of name.** Once an application for licensure has been filed, or a license has been issued, the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

**60-7-104. Reinstatement of license after revocation.**

- A. A licensee whose license has been revoked by the board may make a written request for reinstatement after an interval of one year.
- B. After a written request for reinstatement has been received, the board at its next meeting may make



inquiry and require evidence if deemed necessary. A hearing shall be held and evidence submitted recorded. The decision of the board shall be presented to the licensee in writing.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

**60-7-105. Standards of practice.**

A. The licensed mental health technician shall:

1. Be familiar with the mental health technician's licensure act.
2. Function primarily in a psychiatric-mental retardation setting, and shall not substitute for registered nurses or licensed practical nurses in adult care facilities.

(Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; proposed regulation modified and approved by the legislature (1975 HB 2597); effective May 1, 1975.)

**Article 8. FEES**

**60-8-101. Schedule of fees.**

(a) Mental Health technician programs	
(1) Annual renewal of program approval . . . . .	\$100.00
(2) Survey of a new program . . . . .	200.00
(b) Mental health technicians.	
(1) Licensure by endorsement . . . . .	35.00
(2) Verification of current Kansas license to other states . . . . .	10.00
(3) Examination . . . . .	35.00
(4) Repeat of the examination . . . . .	35.00
(5) Biennial renewal of license . . . . .	25.00
(6) Reinstatement of lapsed license . . . . .	25.00
(7) Certified copy of Kansas license . . . . .	10.00

(Authorized by K.S.A. 74-1106; implementing K.S.A. 65-4208; effective May 1, 1980; amended May 1, 1983; amended, December 19, 1984; amended May 1, 1985.)

**60-8-102.** (Authorized by K.S.A. 65-4201 *et seq.*, 74-1106 *et seq.*; effective May 1, 1979; revoked May 1, 1980.)

**Article 12. CONTINUING EDUCATION FOR MENTAL HEALTH TECHNICIANS**

**60-12-101. Definitions.** (a) "Continuing education in mental health technology" means an organized, systematic and evaluative educational experience beyond the basic preparation. These experiences shall be designed to promote the enrichment of knowledge, improvement of skills, and the development of attitudes for the enhancement of the practice of mental health technology, with the goal of improving health care to the public. Continuing education may include inservice education, but shall not include orientation and on-the-job training.

(b) "Course of study" means a systematic learning experience designed for the acquisition of knowledge, skills, and information related to the practice of mental health

technology. A course of study may or may not carry college credit.

(c) "Independent study" means continuing education offerings designed for an individual and monitored by an approved provider.

(d) "Inservice education" means formal instruction designed by an approved provider and which is usually offered in the employment setting.

(e) "On-the-job training" means informal instruction given by an employer to improve the performance of an employee in a given task.

(f) "Orientation" means formal or informal instruction designed to acquaint newly-assigned employees with the philosophy of the institution and the duties and responsibilities of the position.

(g) "Provider" means a person, organization or institution approved by the board to supply continuing education offerings.

(h) "Refresher course" means a course of study which provides a review of basic preparation for individuals who have not been actively engaged in practice for a period of time, and which introduces them to developments in the practice of mental health technology that have occurred during recent years.

(i) "Short-term learning activity" means a conference, institute, lecture, seminar, or workshop or other program offered by an approved provider.

(j) "Hour" means at least 50 minutes of participation in a learning experience organized by an approved provider. (Authorized by K.S.A. 74-1106, implementing K.S.A. 65-4207; effective, December 19, 1984; effective May 1, 1985.)

**60-12-102. Requirements.** (a) Each licensee shall submit a renewal application, the renewal fee required under K.A.R. 60-8-101, and documentation of continuing education credit required in this regulation no later than December 1, 1986 and each even-numbered year thereafter.

(b) On and after December 1, 1986, each licensee renewing a license shall submit satisfactory proof that the licensee has completed a minimum of 20 hours of approved continuing education in the two year period immediately preceding the renewal.

(c) Individuals who are licensed by examination in odd-numbered years shall not be required to complete the continuing education requirements prior to the first renewal of their license. However, such licensees shall be required to meet the continuing education requirements for each succeeding renewal period.

(d) Each licensee shall submit documentation to the board of successful completion of the required number of approved continuing education hours. Such documentation may include certificates, transcripts, or similar documents. This proof shall be submitted in the envelope with the application for license renewal.

(e) Continuing education credits shall be recorded in hourly segments.

(f) Continuing education requirements for individuals

residing in foreign countries shall be determined on an individual basis. (Authorized by K.S.A. 74-1106, implementing K.S.A. 65-4205; effective, December 19, 1984; effective May 1, 1985.)

**60-12-103. Continuing education offerings.** (a) "Continuing education offerings" shall include courses of study, inservice education, independent study, and short-term learning activities. These offerings may be in areas other than those directly related to the practice of mental health technology, if in the opinion of the board, such offerings bear a reasonable relationship to developments in mental health technology.

(b) The board shall recognize offerings of approved providers. Programs not offered by an approved provider shall be approved in advance on an individual basis.

(c) No more than 20 percent of the required continuing education hours shall be accumulated from independent study.

(d) Approval shall not be granted for identical offerings completed within a renewal period. (Authorized by K.S.A. 74-1106, implementing K.S.A. 65-4207; effective, December 19, 1984; effective May 1, 1985.)

**60-12-104. Approval of continuing education offerings.** (a) Each applicant for approved provider status shall apply on forms supplied by the board.

(b) The board's approval of each provider shall be effective for a two-year period. Each provider shall reapply for provider approval biennially.

(c) Application for provider approval shall be made at least three months before the anticipated date of the first offering.

(d) Each offering shall be no less than two hours in length and shall be taught by approved course instructors.

(e) Each continuing education course instructor shall be knowledgeable, current, and skillful in the subject matter of the offering and in educational methods.

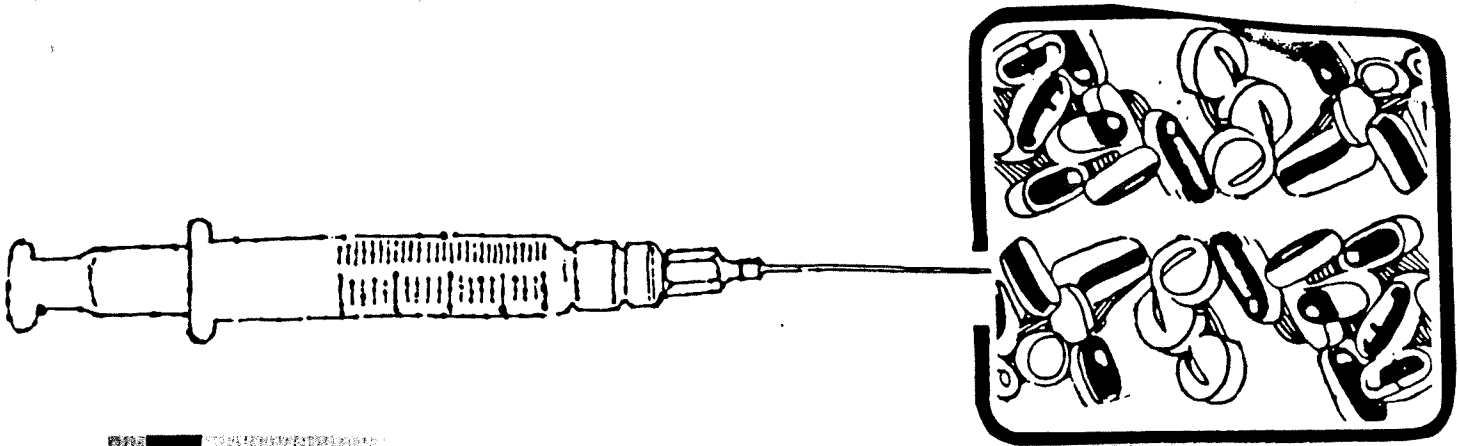
(f) Each program provider shall award certificates of achievement to each participant in an offering.

(g) Each program provider shall submit to the board a roster of individuals who have satisfactorily completed each offering, within 30 days after completion.

(h) Each program provider shall maintain a record of all offerings and attendance for a two-year period.

(i) If quality programs are not maintained to the board's satisfaction, or if there is a material misrepresentation of any fact within the information required to be submitted to the board by a provider, the board shall withdraw approval from that provider. (Authorized by K.S.A. 74-1106, implementing K.S.A. 65-4207; effective, December 19, 1984; effective May 1, 1985.)





## Peer Assistance Program

Chemical dependency is not new to society or to health care professionals, but only in recent years have health professions organizations mustered the courage to face the complex problem of chemical dependency among their constituencies. The "facing up" began in KSNA with a 1979 convention vote for a committee to study the problem of the "impaired nurse" and possible approaches KSNA might take to assist such individuals. After years of study, planning, writing guidelines and gaining approval from significant organizations (State Board of Nursing, Hospital Association Nurse Executives and key legislators, as well as KSNA Board of Directors) the program began in September, 1983. Support of the House Governmental Organization Committee has been a key factor in the program's success.

### Beliefs

KSNA Peer Assistance program is built on the belief that chemical dependency is a chronic, progressively fatal disease if effective intervention is not implemented. KSNA believes that chemically dependent nurses are worthy of assistance and capable of giving excellent nursing care when in recovery.

### Those Covered by Our Program

Chemically-dependent nurses (dependent upon alcohol or other drugs), both RNs and LPNs, are eligible for KSNA's Peer Assistance Program. Earlier plans to include nurses with psychological dysfunction were deferred.

1/31/85  
ATTACHMENT B

Outcomes (as of December, 1984)

- 66% - 75% of nurses in KSNA's program are in compliance with KSNA's guidelines.
- Some nurses have had more than a year's sobriety. We have witnessed quite a few striking turn-arounds, including some of the nurses who were sickest upon entering the program.
- We have investigated 45 nurses.
- We have found insufficient evidence on 3 of the above 45.
- 5 nurses are still under investigation.
- 6 nurses had to be referred to the State Board of Nursing due to refusal to enter the program or failure to comply once in the program.
- Thus as of December, 1984, there were 31 nurses currently in KSNA's peer assistance program.

Beans  
full cost of  
program  
9-83 to  
12-84  
State

Costs of Program to Nurse, to KSNA

The Peer Assistance Committee members currently do all the investigation and follow-up on volunteer time. Only travel and telephone expenses are reimbursed to KSNA Committee members. Additionally KSNA pays for legal and administrative services needed in designing and carrying out the program.

However, the impaired nurse is responsible to pay for any drug screens as well as the large costs of diagnosis and treatment, which currently are done at an in-patient facility. The average cost of in-patient diagnosis and treatment to date is approximately \$5,000 (however, one nurse received a bill for \$12,000). Fortunately, two-thirds of the nurses have insurance which covers virtually all this cost. The others must pay their own out-of-pocket, at a time when they generally are not working. Most have handled this by paying the institution \$50 per month until the bill is paid - generally it will take about 10 years.

It would be cost-effective to both employer and employee if these individuals could receive outpatient treatment sooner which would prevent the progression of their illness to the severity requiring inpatient treatment which triples the cost of treatment. Also it would permit these individuals to remain productive employees while in outpatient treatment. However, insurance - at least in our state - will pay for in-patient diagnosis and treatment only.

cont

Benefits to the empl r

Since the chemically dependent are among the "best and the brightest" of nurses, it is beneficial to employers and patients to salvage these valuable professionals, who before treatment have a high incidence of absence from work or poor work performance. It is far less expensive for the employing agency to cooperate with the Peer Assistance Program, allowing the impaired nurse to have a leave of absence, rather than firing the individual and hiring and orienting a new employee. When rehabilitated, the nurses are among the most outstanding nurses and employees.

Nursing executives and other administrators have said that they feel it is much simpler and more humane for them to report possibly chemically dependent nurses to KSNA's program than to handle the situation in-house as they did in the past, which usually was very time-consuming and often led to the forced resignation of the individual and prosecution by the Board of Nursing.

Employer's role

Many of the nurses in our program were reported to us by nursing service administrators. After the individual enters the KSNA program the employer has no responsibility for the evaluation or treatment, which is carried out at another center (never where the nurse is employed). When the nurse is discharged from the inpatient center the Peer Assistance representative does follow-up, including making certain the nurse attends counseling and other activities as recommended. KSNA does unannounced drug screens.

When the recovering nurse returns to work we recommend that the employer observe them in the same way one would any employee. We place no additional requirements on the employer. We recommend that if supervisors or colleagues notice any "funny" behaviour on the part of the nurse that they call a Peer Assistance Committee member who will do an unannounced drug screen. Generally we have found that such drug screens are negative, showing that employers became super-sensitive to aberrant behavior of recovering nurses. This is not negative; no doubt it is to be expected and we believe it is better to be over-cautious than insufficiently cautious.

Cont.

Kansas State Board of Nursing - Kansas State Nurses' Assn. Cooperation.

KSNA very much appreciates the cooperation of the State Board of Nursing and their interest in the KSNA Peer Assistance Program. Some of the ways the Board of Nursing currently interacts with KSNA on the Peer Assistance Program:

- . Each time there are changes in the guidelines or procedures for the Peer Asst. Program the Board of Nursing studies them, hears KSNA at a formal meeting, consults with their legal counsel and then has approved the guidelines.
- . Staff and members of the State Board of Nursing have referred nurses to the KSNA Peer Assistance Program.
- . Requests testimony of our committee members when an impaired nurse, who has been in the program, goes before the SBN due to violating the terms of her agreement (due to taking drugs or alcohol again or refusing to accept treatment when she has been found to be chemically dependent), (KSNA requires that the SBN subpoena our committee members for such appearance, on advice of our attorneys.)
- . KSNA has recently formed the "Impaired Nurse Policy Committee" and the State Board of Nursing was allowed to name a member to this committee (which they did.) This committee will propose and draft (for approval of KSNA and SBN) new or revised policies needed for use with the Peer Assistance Committee.

(cont)


Summary

The KSNA Peer Assistance Program offers help to a nurse suffering a treatable illness and promotes safe nursing care for the public.

"The Peer Assistance Program is something every member should be proud of . . . I think it is one of the most positive actions taken by the association to implement the concept of nurses helping nurses," declared KSNA President Mike Goodwin.

The initial guidelines for the program appeared in the September/October, 1983 *Kansas Nurse*. As the program progressed, need for amendment or addition to guidelines has become apparent—as one would expect. Following are the complete current Guidelines. The changes were approved by the KSNA Board of Directors, after which they were agreed to by the Kansas State Board of Nursing. Changes or additions are in bold letters

(yellow attached)

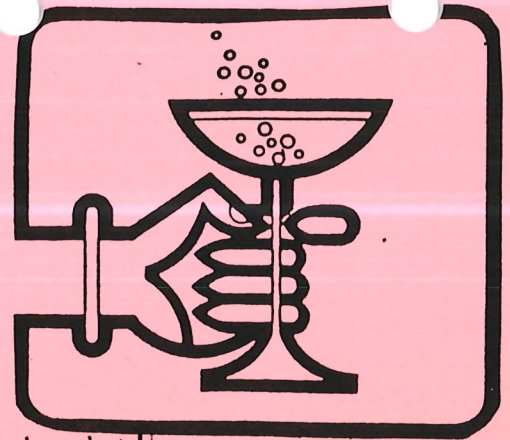


**KANSAS  
STATE  
NURSES  
ASSOCIATION**

**820 QUINCY  
TOPEKA, KANSAS 66612  
913-233-8638**

**LYNELLE KING, R.N., M.S.N.**  
EXECUTIVE DIRECTOR

# KSNA Peer Assistance Program



The system in brief:

- nurses, employers, family members - anyone - who suspects a nurse of being dependent upon alcohol or drugs calls one of KSNA's Peer Assistance Committee Members. **All calls are held in confidence.**
- KSNA's Peer Assistance Committee Member(s) conduct a discreet investigation
- if it is determined that chemical dependence is probable, the impaired nurse is contacted in person by two KSNA program members
- if the impaired nurse agrees: diagnosis, treatment and follow-up with KSNA's program is carried out.
- if the impaired nurse denies impairment or refuses treatment, her/his name is reported to the State Board of Nursing for them to determine the facts and any action needed.

To seek help for a chemically-dependent nurse, place your **confidential** call to one of the following:

**PEER ASSISTANCE COMMITTEE 1985**

- Chairperson—Rozella Sherman, Wichita  
 H-(316) 683-1367      W-(316) 268-0825
- Karen Smith, Concordia  
 H-(913) 243-2703      W-(913) 243-1435
- Carolyn Steward, Colby  
 H-(913) 462-3054      W-(316) 549-3255
- Tona Leiker, Wichita  
 H-(316) 529-0050
- Pat Green, Lawrence  
 H-(913) 842-3893      W-(913) 254-3652

### STATEMENT OF UNDERSTANDING BY THE UNDERSIGNED WITH KSNA PEER ASSISTANCE COMMITTEE

The KSNA Peer Assistance Committee recognizes that chemical dependency is a chronic, relapsing illness that is characterized by denial. To verify that recovery is begun and progressing, the Committee requests agreement to the following, in accordance with the Methods of Implementation (Guidelines) as identified in the September-October, 1983 issue of *Kansas Nurse*.

Statement of Understanding

1. I, the undersigned, have voluntarily sought assistance for chemical dependency and will enter the KSNA Peer Assistance Program by \_\_\_\_\_ (place)  
 \_\_\_\_\_ (date)
2. As a part of voluntarily seeking assistance, I agree to assessment, diagnostic evaluation and treatment and to pay the attendant expenses. Treatment includes following the recommendations derived from assessment, diagnostic evaluation, and/or the KSNA Peer Assistance Committee.
3. I agree to release all relevant information with regard to assessment, diagnostic evaluation, treatment recommendations, and progress reports. This will include signing releases or authorizations.
4. As a part of treatment, I agree not to use any alcohol and/or controlled substances as defined in 21 U.S.C.A. §802, and any amendments thereto.
5. The intervenor may request random drug screen(s) (blood or urine) at any time or place, and the undersigned agrees to pay the attendant expenses.
6. I agree to keep the intervenor informed of where I live and work and will notify the intervenor of a change in either no later than 24 hours after any such change.
7. If the results of the assessment and diagnostic evaluation reveal that I am dependent on controlled substances, I understand that I will need to work in an environment where I will not have access to controlled substances, for a length of time as determined by the intervenor. Controlled substances are those drugs or other substances defined in 21 U.S.C.A. §802 and any amendments thereto.
8. If I fail to comply with any of the above, I authorize the Chairperson of the KSNA Peer Assistance Program to communicate my name to the Kansas State Board of Nursing.
9. If the results of the assessment and diagnostic evaluation as referred to in paragraph 2 above show that I am not chemically dependent, this statement of understanding shall have no further effect.

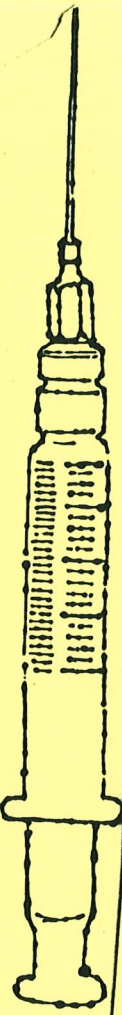
**KANSAS STATE NURSES ASSOCIATION**

820 QUINCY  
 TOPEKA, KANSAS 66612  
 913-233-8638

WITNESSES:	Nurse	Date
	Intervenor	Date
	Witness	Date



# A Plan for Action in Kansas



## KSNA Peer Assistance Program

### Philosophy

We, as nurses, do sincerely care about and realize our responsibilities to our peers, our patients, our profession, and to the public. The Kansas State Nurses Association believes it is the responsibility of the profession to assist colleagues to recognize personal impairment from chemical dependency. We believe impaired nurses may need assistance from their colleagues in order to free themselves of chemical dependency to regain their accountabilities. The Kansas State Nurses Association believes it has a responsibility to facilitate a confidential intervention program to assist impaired nurses.

### Definitions

The impaired nurse is identified as one who is chemically dependent.

### Purpose of Peer Assistance Program

1. Establish a statewide program for locating, contacting, and offering rehabilitative help to nurses who have become professionally disabled to varying degrees because of alcoholism and/or other drug dependency.

Work in liaison with the State Board of Nursing who is the formal and regulatory agency with the authority to deal with the nurse licensee.

Establish programs of education and prevention concerned with alcoholism and other drug dependency.

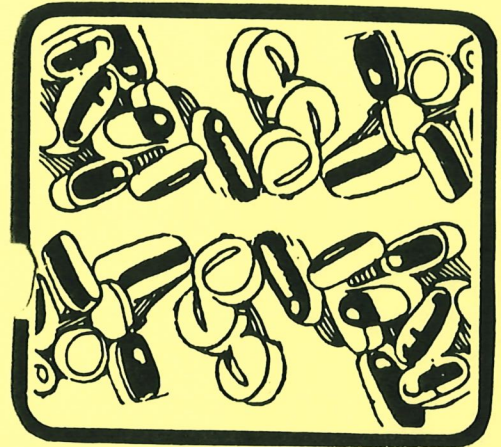
### Objectives

1. To promote safe nursing care by preventing the practice of those not capable of delivering safe nursing care.
2. Facilitate rehabilitation of those individuals licensed by the Kansas State Board of Nursing who have been identified as impaired.
3. Provide educational programs to the health care community related to the identification and intervention of chemical dependency problems and subsequent treatment alternatives.
4. Collaborate with Kansas State Board of Nursing in appropriate follow-up of those impaired individuals identified and not rehabilitated.

### Principles

1. The peer assistance program is based upon concern for both the public and the impaired nurse.
2. Chemical dependency among nurses is often ignored or untreated.
3. Chemical dependency is a treatable illness and treatment by skilled personnel offers a good chance for recovery.
4. Confidentiality will be an essential component of the program.
5. Periodic contact will be determined on an individual basis.

Guidelines or "Protocols"



### Overview

The impaired nurses' program has been established by the Kansas State Nurses' Association to assist in the rehabilitation of nurses who are impaired due to the abuse of drugs and/or alcohol. The program is a voluntary endeavor which relies on the efforts of the Regional Liaison Teams (intervenors). The RLT (intervenors) are volunteer nurses who make contact with the impaired individual urging him or her to acknowledge the problem and seek treatment. Failure of the impaired nurse to seek treatment after adequate contacts will necessitate a report of the individual to the Kansas State Board of Nursing. Determination of facts and disciplinary action will be totally the responsibility of the Board of Nursing.

(cont)

**Definitions**

**Chairperson** — The individual appointed by the KSNA Board of Directors who heads the KSNA Peer Assistance Committee.

**Peer Assistance Committee** — Individuals appointed by the KSNA Board of Directors to develop, coordinate, implement and evaluate an assistance program for impaired nurses.

Regional Liaison Team (RLT) - composed of nurses who have been screened by the Peer Assistance Committee Members. The RLT members will function under the direction of the Peer Assistance Committee Members.

Records - Strict confidentiality will be maintained with the intervenor maintaining a log of the following information:

1. Identification of impaired nurse
2. Date of disclosure
3. Date confronted.
4. Date entered treatment.
5. Date re-entered job.
6. Person responsible for support follow up.
7. Date reported to KSBN.

**Methods of Implementation**

**Alternative I:** To encourage all impaired nurses to voluntarily seek help and engage in treatment at the earliest possible time in order to retain or regain competence to practice. When the impaired nurse seeks guidance and referral through KSNA, the following sequence of events occurs:

1. The impaired nurse calls the Kansas State Nurse's Association; gives name, address and telephone number; and indicates desire for help. If the nurse will not give name and address to KSNA staff, the telephone number only is accepted and given to Chairperson.
2. The KSNA staff notifies the Chairperson (or committee member if Chairperson is not available) who then contacts the Regional Liaison Team.
3. The RLT contacts the impaired nurse, inquires about the nature of the impairment, and discusses appropriate evaluation and treatment alternatives.
4. The RLT assists the impaired nurse in the initiation of appropriate treatment contacts.
5. The impaired nurse enters treatment as arranged.
6. The RLT maintains periodic contact with the nurse until the treatment is completed and is available for follow up support.
7. The RLT keeps the Chairperson informed of progress and closure of case.

(Step 1 may be bypassed if the impaired nurse wishes to call a committee direct: the committee phone numbers will be available to nurses.)

(cont.)

**Alternative III.** To employ constructive intervention if a nurse refuses all offers of assistance at a time when impairment poses a threat to the delivery of competent nursing care. This alternative provides for any concerned individual to contact KSNA or a committee member when the possibility exists that a nurse might be impaired and in need of assistance. When Alternative II is used, the following sequence of events occurs:

1. The concerned person calls KSNA (or a committee member), gives own name, address and telephone number; the name and address of the nurse who may be impaired and the specific reasons for concern. Callers will be guaranteed subsequent anonymity but will be required to identify themselves in order to minimize the risk of frivolous or vindictive calls.
2. The KSNA staff notifies the Chairperson (or committee member if Chairperson is not available) who then contacts the Regional Liaison Team.
3. The RLT checks with reliable sources to determine if there is sufficient documentation that the nurse in question is impaired.
4. The RLT reports to the Chairperson or available committee members that sufficient documentation exists to justify contacting the nurse thought to be impaired. (If sufficient documentation cannot be determined, the case is closed and the original discloser is notified.)
5. The RLT contacts the referred nurse, explains the nature of the peer assistance program, the general circumstances leading to the visit (preserving anonymity for all individuals involved) and stresses the desirability of the nurse seeking appropriate evaluation and treatment.
6. If the nurse in question acknowledges the need for treatment, the RLT discusses appropriate evaluation and treatment alternatives.
7. The RLT assists the impaired nurse in the initiation of appropriate treatment contacts.
8. The impaired nurse enters treatment which includes time away from practice as agreed between the nurse and the RLT.
9. The RLT maintains periodic contact with the nurse until the treatment is completed and is available for follow up support.
10. The RLT keeps the Chairperson informed of progress and the closure of the case.

(cont)

Alternative III. Where all efforts have failed and it is believed the nurse is impaired, the following steps are initiated. This approach follows Alt. II through step 5 where it differs as follows:

6. . If the nurse in question denies any impairment or refuses assistance, the RLT reports this to the Chairperson. Similarly, if the nurse in question agrees to seek professional help but does not do so within one week, a report of this inaction is made to the Chairperson.

7. If any of the situations occur, enumerated in paragraph 6 above, the Chairperson shall direct a letter to the nurse in question advising that if the nurse does not begin professional help and rehabilitation within 10 days of the date of the letter, the Chairperson shall report the name of the nurse to the Board of Nursing together with a statement of belief that the nurse may be suffering from chemical dependency.

8. If notification is made to the Board of Nursing as provided in paragraph 7, above, the Chairperson shall preserve the anonymity of the original concerned person and of specific individuals contacted by the RLT. Determination of facts and any disciplinary action shall be totally the responsibility of the Board of Nursing.

(cont)

Alternative IV. To be initiated if the impaired nurse has admitted impairment and receives treatment but becomes involved a second time with drugs or alcohol.

1. The RLT contacts the nurse again emphasizing the desirability of the nurse seeking appropriate evaluation and treatment.
2. Additional emphasis is placed on the impaired nurse to seek a "Drug free environment" for employment after the completion of treatment.
3. When the impaired nurse violates any component of the agreement with the KSNA Peer Assistance Committee but has resumed compliance with treatment recommendations, the KSNA Peer Assistance Committee may continue to monitor recovery.
4. If the nurse does not resume compliance with treatment recommendations, the Chairperson communicates the name of the nurse to the Board of Nursing preserving the anonymity of the specific individuals previously contacted or involved with the nurse and his or her prior treatment. Giving due consideration to the extent, frequency and circumstances of reinvolvement with drugs or alcohol (particularly as related to professional performance by the nurse), the Chairperson may report the name of the nurse to the Board of Nursing, retaining the same anonymity, if the Chairperson or the Committee feel it necessary to do so for the protection of the public, or for the well-being of the nurse, even though efforts are continuing as to treatment and rehabilitation.

These guidelines will be applicable to all nurses within the KSNA Peer Assistance Program. The Peer Assistance Committee will use other available qualified individuals as support members as needed.

The committee will facilitate the use of the Employer Assistance Program whenever possible to help the impaired nurse in their intervention.

(end)