



CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 /a.m./p.m. on February 17, 1992

HEARINGS CONTINUED ON HB 2882.

Ms. Lubensky answered questions, i.e., liability concerns and hours of training were explained; required education in respect to pharmacology; training requirements for para-professionals; explanation of health care providers represented within their Association and the work done by these individuals. Ms. Lubensky noted again, the concern is the SRS is trying to save the state money, but it appears persons less skilled are being delegated duties.

Pat McKillip and Michelle Hinds both answered questions.

HEARINGS CLOSED ON HB 2882.

HEARINGS BEGAN ON HB 2883.

Chair indicated testimony had been presented on HB 2883 on February 13, 1992 by Steve Preston, Registered Nurse Anesthetist.

Pat Johnson, State Board of Nursing offered hand-out, (Attachment No. 3). She outlined rationale for fee increases and other recommended changes in HB 2883. She drew attention to a proposed amendment, i.e., the application for authorization for the registered nurse anesthetists on page 1, line 34 is not \$60, but should be \$75. She noted several new temporary permits have been proposed in order for nurses to begin work while completing application requirements. Since the agency expenditures exceed revenues slightly, eventually some of fees will have to be raised to fund the agency. This could be accomplished through regulation, if the caps are in place. She believes the increases proposed are reasonable, she urged support. Ms. Johnson answered questions. She explained the fees for the registered nurse anesthetist detailing rationale; detailed the Board of Nursing budget; rationale for charge on multiple handling of applications; stated the last caps were raised in 1988; in her view Mr. Preston wanted to leave in language for flexibility for the nurse anesthetists in respect to the words "initial" versus "the first". She explained rationale for tightening up this language.

Michelle Hinds, Instructor in Pediatric Nursing at Washburn University, spoke on behalf of the Kansas Nurses Association. She offered hand-out (Attachment No. 4), and noted support for parts of the recommendations presented by the State Board of Nursing, but did not support some of those recommendatins. She detailed concerns, i.e., the creation of the new fee for approval of Individual Courses (ICA's) page 2, line 12, requiring licensees to pay up to \$15 to have courses that are not provided by a current State Board of Nursing approved provider of continuing nursing education reviewed by the Board. A further concern was that the fee cap increase proposed for biennial renewal from \$40 to \$60 is unnecessary. Ms. Hinds asked Committee to consider these concerns indicated in the balloon of her attachment. She answered questions.

Elizabeth Taylor, Federation of Licensed Practical Nurses offered hand-out (Attachment No. 5). She stated the Federation of Licensed Practical Nurses she represents have always wanted to be sure it supported its fair share of the cost of licensure of licensed practical nurses. However, the current balance of the Board of Nursing currently is high, so we see no need for increased fees at this time. We do oppose any increase in the maximum cap for nursing licensure fees.

Chair noted written testimony was given to members on February 13, 1992 by both Ms. Kay Hale, Kansas Hospital Association, and Ms. Sue Denzer, Kansas Organization of Nurse Executives.

HEARINGS CLOSED ON HB 2883.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 a.m./p.m. on February 17, 1992

DISCUSSION BEGAN ON HB 2757.

Rep. Wiard moved to pass HB 2757 out favorably, seconded by Rep. Scott. Discussion began, with some with view current language makes sense, reasons are valid for temporary permits being granted for persons giving lectures or persons who are in the state for emergency disaster situations.

Vote taken. Motion carried. Rep. Amos abstained from voting.

DISCUSSION ON HB 2760.

Rep. Praeger moved to pass HB 2760 out favorably, seconded by Rep. Wagle. Discussion began, i.e., there was confusion in regard to language on page 1, lines 37-40.

Mack Smith, Executive Director of Board of Mortuary Arts answered questions in regard to "joint ownership"; "wholly owned"; restricted purchases; joint purchases of funeral homes or franchising. After a lengthy discussion, Chair appointed a small sub-committee, Rep. Love and Rep. Carmody, to work with staff in refining language in HB 2760. This clarification hopefully will be available by tomorrow, February 18th.

Chair drew attention to carry-over bills from last year.

HB 2140 it was noted by Chair had been requested by the Board of Healing Arts, which now wishes not to have any action taken on it. Rep. Bishop moved that HB 2140 be not passed, seconded by Rep. White. No discussion. Motion carried.

HB 2142. Chair noted from the Board of Healing Arts who initially requested this legislation now wish for the bill not to advance. Rep. Samuelson moved that HB 2141 be not passed, seconded by Rep. Grant. No discussion. Motion carried.

HB 2530. Chair noted HB 2530 has been replaced by other legislation. Rep. Lynch moved HB 2530 be not passed, seconded by Rep. Scott. No discussion. Motion carried.

Chair adjourned meeting at 3:00 p.m.

STIMONY ON: House Bill No. 2882  
PRESENTED TO: House Health and Welfare Committee  
February 13, 1992

I am here today as a parent of a child with a disability. My husband and I are the parents of three young boys. Our five year old son, Cody, has spina bifida. Along with his spina bifida come other health concerns. He has a ventriculoperitoneal shunt, a tracheostomy tube, and requires catheterization and medication due to lack of bladder control. He has little motor function below the waist and uses a wheelchair for mobility. Aside from his physical differences, Cody is a normal active little boy. He attends a regular kindergarten class with the support of special education services. He has a paraprofessional at school to tend to his needs there. This para is a registered nurse, by the school systems choice. When not in school, Cody is cared for by us as his parents, his grandparents, and other relatives and friends all easily trained in caring for his needs. I am quite comfortable leaving him in their care as we have instructed them on performing all of the necessary tasks.

With the passing of recent laws including, The Americans with Disabilities Act and the Individuals with Disabilities Education Act, promoting inclusion within schools and communities, I think we should consider the implications of a law that requires all "nursing tasks" to be performed by nurses. I feel that restricting who may perform these tasks for persons with developmental disabilities, (in schools, in adult group homes, in repite care programs, after school programs, etc.) produces unnecessary extra costs for these programs and perhaps even a delay in providing much needed programs due to lack of specialized personnel or funds. I do not wish to have my sons future options for placement or activities limited to, or dictated by those which do or do not have the funding and/or personnel to attend to his nursing needs. Nor do I want him to feel that his medical needs are so great, or that he is too "sick" (the impression of children when reference of a nurse is made) to participate in the standard programs and activities without a nurse at his side. What a stigma to live with, especially for a young child. The tasks I speak of are not highly technical, such as cleaning his trach tube, dispensing medication or catheterization. Many people, such as myself, are taught to perform these skills at home and are quite successful. It is my feeling that paraprofessionals or aides could be trained by nurses and under their supervision successfully perform nursing tasks in various settings.

Thank You.

Karen R. Snell  
1429 SW. Burnett Rd.  
Topeka, KS 66604

*PRW*  
*2-17-92*  
*att#1*



Kansas Home Care Association - 1000 Monterey Way, E2 - Lawrence, Kansas 66049 - (913) 841-8611

To: House Committee on Public Health & Welfare  
From: Kansas Home Care Association  
Linda Lubensky, Executive Director  
Date: February 13, 1992  
Re: H.B. 2882, delegation of nursing tasks

On behalf of the Kansas Home Care Association, I appreciate this opportunity to make comments regarding H.B. 2882.

The enactment of H.B. 2882 would basically allow for the delegation of nursing tasks, in all health care situations, to non-licensed individuals. This concept is one that KHCA has supported for several years, specifically for home care situations. The mounting problems faced by our providers, caused in part by significant staffing shortages and the increases in demands for services, have impelled the home care industry to seek the flexibility provided by H.B. 2882. Although we have felt that nursing tasks could be delegated safely and appropriately, we have consistently maintained that certain limitations were necessary and desirable to insure quality services and the public's safety. Consequently, we are particularly pleased to note the references to "nursing judgement" and "supervision" that are included in H.B. 2882. We consider both components to be vital.

There is however, one fundamental element that does cause concern. The delegation of tasks is not restricted to the registered nurse, but refers specifically to "licensed nurse" and "licensed practical nurse". Particularly in unstructured settings such as home care, we do not feel that the licensed practical nurse has the skills to assess a patient's condition...that is a RN's job, not a LPN's. While the LPN's training is primarily task specific, the RN is educated to develop the strong assessment skills necessary to monitor a patient's condition and response to treatment. Certainly, the LPN could effectively teach the nursing task to the non-licensed individual, but the RN should make the judgement on the tasks to be delegated and the proficiency of the services delivered. The administration of medication is one delegated nursing task that could be particularly problematic with only an LPN's involvement.

KHCA asks that you consider amending the language to support the need for the more highly developed skills of the registered nurse. H.B. 2882 is an important bill that we feel will assist the health care delivery system. We strongly support the concept and encourage the refining of its parameters.

*DHW*  
*2-17-92*  
*Attn # 2*

# Kansas State Board of Nursing

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900 S.W. Jackson, Rm. 551  
Topeka, Kansas 66612-1256  
913-296-4929



Patsy L. Johnson, R.N., M.N.  
Executive Administrator  
913-296-3068

TO: The Honorable Representative Carol Sader, Chairperson and  
Members of the Public Health & Welfare Committee

FROM: Patsy L. Johnson, R.N., M.N.

DATE: February 13, 1992

RE: HB 2883

745.00<sup>c</sup>

HB 2883 has been prepared to establish some new temporary permit categories and to set maximum fees that may be charged by the Board of Nursing. Establishment of the temporary permits has been undertaken to allow greater flexibility for a nurse, or advanced registered nurse practitioner, or licensed mental health technician to begin work while completing licensure requirements.

In Section 1, the fee structures for the advanced registered nurse practitioner (ARNP) and registered nurse anesthetist (RNA) have been reorganized so that these fees are included with the fees for registered professional and licensed practical nurses in K.S.A. 65-1118(a). This would place all the nurse fees in one statute and hopefully make it easier for everyone when reviewing fees. The fee sections in the ARNP and RNA statutes presently are written in narrative and difficult to understand. These narrative fee sections in the ARNP and RNA statutes have also been revoked as part of this statute change. (Page 2, lines 31-34 and page 3, lines 33-38).

The maximum amounts which can be charged have been raised \$20 for renewals and \$25 for reinstatements for each category of licensee. There have been no changes in caps for initial applications, but the costs are not at the maximum as yet. The new categories of fees being proposed are temporary permits for applicants while completing continuing nursing education or other application requirements. With more temporary permits, the workload in the Board office may increase. When issuing temporary permits, there is more work due to multiple handling of the applications. Although not expected initially, there might be enough increase in workload to require minimum staffing increases or other restructuring, such as an update of the computer system to improve processing capabilities. There will also be some increased mailing costs.

Janette Pucci, R.N., M.S.N.  
Education Specialist  
296-3782

Diane Glynn, R.N., J.D.  
Practice Specialist  
296-3783

Patricia McKil'  
Education.  
296-376.

*P.H.W.*  
*2-17-92*  
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*PH+*  
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*Q*  
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In Section 2 (page 2, lines 10 and 12), there are two changes. The Board requests the cap on single continuing education offerings to be raised. Presently we are requiring a \$25 fee and feel the amount of professional time taken to review the applications warrants a slightly larger charge. Many times these offerings are being planned by non-educators so more consultation by our staff is required. The applications often have to be sent back more than once so there are additional mailing costs. Telephone calls are also made to answer questions. The cap needs to be adjusted to accommodate these costs.

The new category "individual courses" is another area where staff time is involved. When continuing education offerings have not been approved through a nursing providership, then the individual nurse has to apply directly to the Board office to get approval of the offering. Since we changed regulations to allow approval up until the licensee's renewal date, there has been over a 300% increase in requests. One of our clerical staff positions has been upgraded so this individual can be assigned to review these applications. An education specialist has to review problem applications. Again, there is often multiple handling before an application can be accepted. We will probably be asking a small handling fee of \$1 or \$2 per application which should cause no great financial burden to the licensee.

In Section 3 (page 2, line 39), a new permit is being proposed for advanced registered nurse practitioners (ARNP). This 180-day permit would be issued while the application is being processed. In some instances, it takes two to three months to get educational program information before the ARNP Committee can review an application. There is also some lag time if the Board is not scheduled to meet for awhile. Although the ARNP certificate is not mandatory, some employers require ARNP status before hiring is completed. Also, a nurse cannot transmit prescription orders without being certified as an ARNP. Because of these reasons, the Board has proposed this new temporary permit.

Section 4 (page 3, lines 9-19) contains two changes for the registered nurse anesthetist. Again, these changes are the establishment of a 180-day permit while an individual takes a refresher course. There are two schools offering refresher courses with only one or two RNA's in the program at any one time. The second temporary permit would be available to RNA's completing reinstatement requirements.

Licensed mental health technician fees are revised to be similar to RN/LPN's in Section 6.

There is one amendment that needs to be made. The application for authorization for the RNA (page 1, line 34) is not \$60 but should be \$75. This is the present cap. I overlooked this error in the revision.

PH + W  
attn # 3  
2-17-92

There has been some opposition already about raising the caps, especially on renewals and reinstatements. There is absolutely no plan to raise the renewal and reinstatement fees at this time. The fee fund balance is presently at \$360,000. As long as the fee fund balance remains at a satisfactory level as determined by the legislature, there is no reason to raise fees. The rationale for raising some of the caps at this time is so the statutes do not have to be opened at a later date. This will save both the legislature as well as the agency some additional work. We feel the concern over raising the caps is totally unfounded and there should be some trust that the Board is behaving responsibly.

By implementing fees for temporary permits and individual course approvals, an estimated \$3,200 per year would be gained. These fees would pay for some increases in workload. In the next couple of years, we hope to upgrade the computer system and add optical scanners to increase work efficiency. This would help to take care of the workload without adding staff. The new fee money would help to pay for this upgrade.

In summary, several new temporary permits have been proposed in order for nurses to begin work while completing application requirements. Since the agency expenditures exceed revenues slightly, eventually some of the fees will have to be raised to fund the agency. This could then be accomplished through regulation if the caps are in place. I believe what has been proposed is very reasonable. Licensees will be helped by the changes. The agency's future monetary needs are being anticipated.

The Board hopes that you will pass HB 2883.

Thank you. I will be glad to answer questions.



FOR MORE INFORMATION CONTACT:

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February 13, 1992

## H.B. 2883 BOARD OF NURSING FEES AND TEMPORARY PERMITS AND AUTHORIZATIONS

Chairperson Sader, and members of the House Public Health and Welfare Committee my name is Michele Hinds M.N., R.N. and I am currently serving as the President of the Kansas State Nurses' Association and am here today representing KSNA.

The bill before you today has many elements that will affect the more than 24,000 Registered Nurses in Kansas. The KSNA Board of Directors and more than twenty District Association legislative chairpersons have reviewed the proposed policy changes contained within this bill. We are supportive of a number of these new policy issues, but there are a couple that we cannot support. I will begin my presentation with those provisions that we support and finish my presentation going over the balloon that is attached to my testimony which indicates the changes KSNA recommends to this legislation.

We support the establishment of the **inactive license** for those nurses who choose to not be active clinically but have a desire to maintain the identity of being a nurse. These inactive licensees will not be exempt from the continuing nursing education requirements that registered nurses are required to obtain should they choose to return to licensure status. The proposed fee for the inactive license is \$20 and is minimal.

The Board of Nursing is also proposing the establishment of a new fee category entitled **Application for reinstatement of licenses with temporary permit for \$100**. This would enable the Board of Nursing to permit nurses to work under a temporary permit while the potential licensee completes the necessary continuing education requirements or other documentation needed to reinstate their license that has lapsed. There have been situations in which licensees have both intentionally and unintentionally failed to obtain the necessary 30 hours of continuing education

Kansas State Nurses' Association Constituent of The American Nurses Association

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attm #4  
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to renew their licenses. Their licenses lapse and until they get the necessary hours to submit for continuing education they have been unlicensed and cannot legally practice. This has been problematic, especially in the rural areas where access to continuing nursing education is not as readily available as the urban areas. Licensed nurses become unlicensed and cannot practice until their continuing education is complete. Some licensees have continued to practice without valid licensure status and this too has created problems for the Board of Nursing in their disciplinary role. This new category will be a positive step in facilitating the reinstatement process.

Advanced Registered Nurse Practitioners coming to Kansas from other states have experienced time delays in the processing of their ARNP applications. The proposed change to create a fee and process for a certificate of qualification with temporary permit for ARNP's would allow potential ARNP's to practice during the period in which their credentials and documentation are being formally reviewed. In light of the **voluntary** nature of ARNP status for registered nurses practicing in advanced practice roles, the creation of this process will facilitate the recruitment, employment and placement of ARNP's. The Kansas Essential Access Community Hospital (EACH Concept) and Regional Primary Care Hospital state initiative will increase the demand for ARNP-Nurse Practitioners.

There are three specific changes proposed in HB 2883 that we do not support and we ask that this committee amend the bill in the following areas:

The creation of the new fee for Approval of Individual Courses {ICA's} (Page 2, line 12) would require licensees to pay up to \$15.00 to have courses that are not provided by a current Kansas State Board of Nursing approved provider of continuing nursing education reviewed by the Board of Nursing. This process, which has been in place for sixteen years, since the inception of mandatory continuing education amounts to approximately twenty-five programs submitted per week for the Boards review. Some of these programs are repetitive, and other licensees have already submitted a Individual Course Approval Form for the program and therefore the complete review process is unnecessary. **The licensees currently pay \$40.00 for biennial renewal and for this fee they should be entitled to review of their ICA's submitted.**

We believe that this fee, would deter nurses from selecting CE programs that meet their learning needs in lieu of those that happen to have been provided by one of the "approved providers" of the Kansas State Board of Nursing.

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Attm. # 4  
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The nurses in psychiatric/mental health nursing are the group of RN's that most frequently utilize this service due to the multi-disciplinary nature of the continuing education programs they choose to attend. The other category of licensees that use the ICA process are LMHT's. 10 % of the ICA's are by LMHT's, whereas only 3% of the licensees of the Board are LMHT's.

The fee cap increases proposed for RN/LPN biennial renewal (from the current \$40.00 to \$60.00) and for reinstatement (from the current \$50.00 to \$75.00) is unnecessary at this time. While we believe that the fee agency needs to be adequately funded through fee revenue, the current Fee Fund Balance is the largest it has ever been, approximately \$360,000. The annual expenses of the agency are approximately \$720,000. In January of 1989 the Board of Nursing raised the renewal fee from \$25.00 to \$40.00, which at that time was a 65% increase. The reason for the current fee fund balance being so high is the overall gain in revenues is that the two year cycle of licensee renewals has been completed.

YEAR	KSBN FEE FUND BALANCE	PERCENT OF INCREASE
1988	\$151,042	
1989	\$258,707	(41%) increase
1990	\$326,121	(20%) increase
1991	\$351,366	( 7%) increase

NOTE: The 65% fee increase went into effect January 1, 1989.

Thank you for the opportunity to speak.

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hb2883

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*att. #4*  
*2-17-92*  
*pg 3-5*

# HOUSE BILL No. 2883

By Committee on Public Health and Welfare

2-6

KSNA PROPOSED CHANGES  
1992 NURSE PRACTICE ACT

attm. #4  
P.H. & W.  
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8 AN ACT concerning the board of nursing; relating to fees; providing  
9 for temporary permits and authorizations; amending K.S.A. 65-  
10 1131 and K.S.A. 1991 Supp. 65-1118, 65-1118a, 65-1153, 65-1154  
11 and 65-4208 and repealing the existing sections.  
12

13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 1991 Supp. 65-1118 is hereby amended to read  
15 as follows: 65-1118. (a) The board shall collect in advance fees pro-  
16 vided for in this act as fixed by the board, but not exceeding:

17	Application for license — professional nurse.....	\$75	
18	Application for license — practical nurse .....	50	
19	Application for biennial renewal of license — professional nurse and		
20	practical nurse .....	40	<del>60</del> 40
21	Application for reinstatement of license .....	50	<del>75</del> 50
22	Application for reinstatement of licenses with temporary permit.....	100	
23	Certified copy of license .....	25	
24	Duplicate of license .....	25	
25	Inactive license .....	20	
26	Application for certificate of qualification — advanced registered nurse		
27	practitioner.....	50	
28	Application for certificate of qualification with temporary permit —		
29	advanced registered nurse practitioner.....	100	
30	Application for renewal of certificate of qualification — advanced reg-		
31	istered nurse practitioner .....	40	<del>60</del> 20
32	Application for reinstatement of certificate of qualification — advanced		
33	registered nurse practitioner.....	50	
34	Application for authorization — registered nurse anesthetist.....	60	
35	Application for authorization with temporary authorization — registered		
36	nurse anesthetist.....	110	
37	Application for biennial renewal of authorization — registered nurse		
38	anesthetist.....	60	
39	Application for reinstatement of authorization — registered nurse		
40	anesthetist.....	75	
41	Application for reinstatement of authorization with temporary author-		
42	ization — registered nurse anesthetist.....	100	
43	(b) The board may require that fees paid for any examination		

These three fees as proposed by  
KSNA are the current fees in place.

CHM #4  
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1 under the Kansas nurse practice act be paid directly to the exam-  
2 ination service by the person taking the examination.

3 Sec. 2. K.S.A. 1991 Supp. 65-1118a is hereby amended to read  
4 as follows: 65-1118a. (a) The board shall collect fees provided for in  
5 this act as fixed by the board, but not exceeding:

6	Application for accreditation — schools of nursing .....	\$1,000
7	Biennial renewal of accreditation — schools of nursing .....	500
8	Application for approval of continuing education providers .....	200
9	Annual fee for continuing education providers .....	75
10	Approval of single continuing education offerings .....	25 100
11	Consultation by request, not to exceed per day on site .....	400

12 ~~Approval of individual courses .....~~ is ----- delete line 12

13 (b) In addition to the above prescribed fees, consultants' travel  
14 expenses shall be charged to the person, firm, corporation or insti-  
15 tution requesting consultation services to be provided by the board.

16 Sec. 3. K.S.A. 65-1131 is hereby amended to read as follows:  
17 65-1131. (a) Upon application to the board by any professional nurse  
18 in this state and upon satisfaction of the standards and requirements  
19 established by the board under K.S.A. 65-1130 *and amendments*  
20 *thereto*, the board may issue a certificate of qualification to such  
21 applicant authorizing the applicant to perform the duties of an ad-  
22 vanced registered nurse practitioner as defined by the board under  
23 K.S.A. 65-1130 *and amendments thereto*. ~~The An~~ application to the  
24 board *for a certificate of qualification, for a certificate of qualifi-*  
25 *cation with temporary permit, for renewal of a certificate of qualifi-*  
26 *cation and for reinstatement of a certificate of qualification* shall  
27 be upon such form and contain such information as the board may  
28 require and shall be accompanied by a fee, to be established by  
29 rules and regulations adopted by the board, to assist in defraying  
30 the expenses in connection with the issuance of certificates of qual-  
31 ification as advanced registered nurse practitioners, ~~but the fee shall~~  
32 ~~not be less than \$30 nor more than \$50 for an original appli-~~  
33 ~~cation; not more than \$20 for the renewal of a certificate of~~  
34 ~~qualification as an advanced registered nurse practitioner in an~~  
35 ~~amount fixed by the board under K.S.A. 65-1118 and amendments~~  
36 ~~thereto~~. The executive administrator of the board shall remit all  
37 moneys received pursuant to this section to the state treasurer as  
38 provided by K.S.A. 74-1108 and amendments thereto.

39 (b) *The board may grant a one-time temporary permit to practice*  
40 *as an advanced registered nurse practitioner for a period of not*  
41 *more than 180 days pending completion of the application for a*  
42 *certificate of qualification.*

43 Sec. 4. K.S.A. 1991 Supp. 65-1153 is hereby amended to read



# KANSAS FEDERATION OF LICENSED PRACTICAL NURSES, INC.

Affiliated with NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES, INC.

933 Kansas Avenue Topeka, KS 66612 913-354-1605

## TESTIMONY PRESENTED ON HOUSE BILL 2882 AND HB 2883

presented by Elizabeth E. Taylor  
Legislative Consultant for KFLPN

February 13, 1992

House Public Health & Welfare Committee  
Honorable Representative Carol Sader, Chair

**HB 2882 - DELEGATION** The policy decisions expressed in HB 2882 are ones which have been negotiated by the Kansas State Board of Nursing on which sit three LPN members. The KSBN has reviewed this topic during the past several months with all interested parties and all have agreed to the position you have presented before you in HB 2882. KFLPN has been a part of that negotiation and **we do support the language of HB 2882.**

**CAUTION ON EXPANSION OF DELEGATION LANGUAGE** Because the language of HB 2882 has been agreed upon after considerable review by the interested nursing parties. The general position of the KFLPN on delegating further nursing procedures to non-nursing personnel strictly prohibits such delegation. Our concern is that not all Kansans will be provided with the same level of nursing care when further delineation of services exists without direct supervision by a licensed professional or practical nurse.

**HB 2883 - FEE INCREASE POTENTIAL** KFLPN has always wanted to be sure it supported its fair share of the cost of licensure of LPNs. However, the Kansas State Board of Nursing has indicated that its current balance of funds is high and that no increase is needed at this time. With existing high balances we are not sure of the need for HB 2883. Until such time as a fee increase is needed, **we oppose any increase in the maximum cap for nursing licensure fees.**

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att # 5*