

Approved: 3-21-00
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on March 14, 2000 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes
Lisa Montgomery, Revisor of Statutes
Hank Avila, Legislative Research Department
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

State Representative Bob Bethell
John Peterson, representing Homes and Services for the Aging
Linda Lubensky, Kansas Home Care Association
Lisa Bray, KDHE
John Kiefhaber, Kansas Health Care Association
Karrie Kuhlman, Kansas Professional Nursing Home Administrators
Mary Blubaugh, Executive Administrator, Kansas State Board of Nursing
Terri Roberts, Executive Director, Kansas State Nurses Association

Others attending: See attached list

Hearing on HB 2700 - Criteria for employment in adult care homes and home health agencies

State Representative Bob Bethell, sponsor of **HB 2700**, expressed his support for the bill that would provide background checks and results of those KBI checks of individuals seeking employment in adult care homes and home health agencies.

John Peterson, representing Homes and Services for the Aging, testified before the Committee in support of **HB 2700**. Mr. Peterson noted that employers would be assisted in making prudent hiring decisions by being provided information relating to felony convictions beyond those that statutorily prohibit employment. The bill would also permit employers to get background checks through private KBI-approved entities as some private contractors have access to out-of-state information which is lacking in the KDHE system. (Attachment 1)

Linda Lubensky, Kansas Home Care Association, expressed her support for the bill and noted that by providing additional criminal conviction information, the employer is then able to make responsible decisions about who they choose to use in the home health care setting. (Attachment 2)

Speaking in opposition to the bill was Lisa Bray, Director of Health Occupations Credentialing, Bureau of Health Facilities, KDHE. Ms. Bray briefed the Committee on the history and procedure of providing background checks of individuals employed in adult care homes and the home health agency field by KDHE in partnership with the Kansas Bureau of Investigation, costs of providing such background checks under the current statutory requirement, and the fiscal impact of the proposed legislation as shown in her written testimony. (Attachment 3) During Committee discussion it was suggested by Ms. Bray that the current method of background checks be left as is. Because of the complexity of this proposed legislation, the Chair appointed Senator Hardenburger as Chair, and Senator Bleeker and Senator Lee as members of a subcommittee to study the issues related to **HB 2700** and report back to the Committee at a later date.

Other testimony submitted to the Committee in support of **HB 2700** was received from: John Kiefhaber, Kansas Health Care Association, (Attachment 4); Karrie Kuhlman, Kansas Professional Nursing Home Administrators, (Attachment 5); and John Federico, representing the Clarence M. Kelley Group of Companies, (Attachment 6).

Hearing on Sub HB 2169 - Nurse Practice Act

Mary Blubaugh, Executive Administrator, Kansas State Board of Nursing, testified before the Committee in support of **Sub HB 2169** that relates to changes in the Nurse Practice Act. Ms. Blubaugh offered

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S,
Statehouse, at 10:00 a.m. on March 14, 2000.

amendments that would change the term "accreditation" to "approval" throughout all sections addressing schools of nursing or advanced nursing education programs, and adding a statutory fee for ARNP program renewals capped at \$400 which would be established in rules and regulations at \$200 annually. (Attachment 7)

Terri Roberts, Executive Director, Kansas State Nurses Association, expressed her support for the bill and the amendments offered by Ms. Blubaugh of the Board of Nursing. (Attachment 8)

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for March 15, 2000.



KANSAS ASSOCIATION OF HOMES AND SERVICES FOR THE AGING

Testimony in Support of House Bill 2700

To: Senator Sandy Praeger, Chair, and Members, Senate Public Health and Welfare Committee
From: John Peterson
Date: March 14, 2000

Thank you Madam Chair, and Members of the Committee. The Kansas Association of Homes and Services for the Aging represents over 160 not-for-profit long-term care providers. Our goal is to assist our members to provide high quality, cost effective services for the elderly Kansans in their care.

We ask for your support of House Bill 2700. It is in keeping with the 1997 Legislature's original intent to protect vulnerable persons who reside in adult care homes or receive home health care, by providing employers with more complete and timely criminal history information.

House Bill 2700 would require notification of employers when a background check comes up clear, just as if they had gone through a private entity or directly through KBI. According to summary reports from the Kansas Department of Health and Environment (KDHE), less than one percent of the 50,000+ background checks completed since July 1, 1998 revealed a prohibited crime. Under the existing system, employers received no notification on the remaining 99% of checks that came up clear. Employers experience uncertainty and frustration with this lack of closure.

House Bill 2700 would assist employers in making prudent hiring decisions by providing information about felony convictions beyond those that statutorily prohibit employment. KDHE tells us that 15-20% of background checks reveal non-prohibited convictions of a non-violent nature, such as theft or forgery. Employers are not notified of these convictions under the existing system. In some instances this is important information that has a direct bearing on the safety of vulnerable elderly and their possessions.

House Bill 2700 would permit employers to get background checks through private KBI-approved entities. Employers may get better and quicker information. For example, some private contractors have access to out-of-state information, which is lacking in the KDHE system, and others are moving toward quicker on-line request systems. In addition, permitting a private option could also decrease the burden on KDHE during this time of manpower and budget constraints.

We concur with the House amendment requiring private contractors to relay employer-requested criminal background information to KDHE, so that this information can be maintained on the CNA Registry.

Thank you. I would be pleased to answer any questions.



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To: Senate Public Health and Welfare Committee
From: Linda Lubensky, Kansas Home Care Association
Date: March 14, 2000
Re: H.B. 2700, revisions to the background check law

On behalf of the Kansas Home Care Association, I appreciate this opportunity to comment on H.B. 2700, a bill which would make important revisions to the existing background check law for adult care homes and home health agencies in our state.

We are supportive of the basic revisions to the background check law, included in H.B. 2700, and feel that they will assist our administrators in meeting their responsibility to protect the public. Not only does H.B. 2700 extend the list of prohibited offenses, but it also allows greater flexibility, to the employer, in choice of contractor. But, most importantly, KHCA supports the provisions that require timely receipt of check results, and the inclusion of felony conviction information on offenses other than those enumerated as prohibited.

Presently, our providers do not receive notification unless prohibited offenses are found. This has been somewhat confusing and leaves the employer to wonder how long they need to wait to feel assured that the check has been completed and that the results are clear. The new notification requirement will eliminate this problem. Moreover, home care has always been concerned about the limited "laundry" list of prohibited offenses. There are other crimes that are equally indicative of potential, and serious, problems. By providing additional criminal conviction information, we enable the employer to make responsible decisions about who they choose to use in the home care setting. Home care is a unique service delivery for a number of vulnerable populations. Our non-licensed, support staff work alone in their clients' homes, with only periodic on-site, direct supervision. Consequently, at the very least, an administrator needs to know all history of criminal convictions when selecting an employee.

We have reviewed the amendments offered by the House Committee and are in agreement. We ask that you support H.B. 2700 and pass it favorably out of your committee.

Senate Public Health & Welfare
Date: 3-14-00
Attachment No. 2



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony presented to

Committee on Public Health and Welfare

by

The Kansas Department of Health and Environment

Amended House Bill 2700

Madam Chairperson, members of the committee, I appreciate this opportunity to comment on Amended House Bill 2700. As you know, the Kansas Department of Health and Environment was tasked with implementing provisions of the adult care home and home health agency criminal background check laws upon the passage of House Bill 2278 following the 1997 legislative session. Since that time, the department has marshaled its forces to provide a sound, responsive service to these industries in partnership with the Kansas Bureau of Investigation. A progress report has been presented to this legislature that identifies the history of a program which faced the challenge of initiating a complex, and high-volume telecommunications data transfer between KDHE and KBI.

Although this program remains somewhat misunderstood, the mission of the KDHE program staff continues to be to assist the adult care homes and home health agencies in compliance with the law, being mindful of the industry's continual struggle to retain adequate staffing, and provide information in an unbiased and understandable manner. In 18 months of activity, more than 57,000 requests were processed, with about 18 percent or about 10,000 manual reviews of a criminal history record. Staff and KDHE legal counsel have reviewed and submitted 258 notices of prohibition to employers (representing 0.4 percent of all requests). Currently the turnaround from receipt of a request to the notice of prohibition being issued is less than 10 days in 97 percent of all requests. With few exceptions, the time from the receipt of a criminal record abstract from KBI to the issuing of a letter of prohibition when a prohibited crime is identified is within two working days. Research requirements on the record may delay record confirmation from KBI, but this is a necessary quality assurance step. Less than 1 percent are delayed for more than 30 days.

Having provided you with a thumbnail sketch of the program, I would like to offer comments on

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Bureau of Health Facilities
Health Occupations Credentialing

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the provisions addressed in this amended bill. In order to have a full picture of the impact of these requirements, it is necessary to look at four different facets relating to this legislation: (1) current statutory requirements and processes, (2) added process of providing notices for each request, (3) added process of verifying the prohibitions reported to KDHE by private contractors, and, finally, (4) the associated costs and revenues.

Costs of providing service under the current statutory requirements are approximately equal to the revenue from fees. Projections are that KDHE will receive about 30,000 requests this fiscal year, at a fee and relative cost of \$7.50 per request. Currently notice is provided to those employers who have submitted an individual's name only when a prohibited crime is identified either from the KBI abstract, or upon contacting courts or seeking corrections data. Providing notices of results for each request would necessitate an additional clerical position and operating expenses. This has been estimated to be \$23,179.91 for one FTE and \$10,846 for other operating expenses. Sources for funding would have to be found to offset these costs. This proposed legislation allows private contractors to provide the "same or better" service. As private contractors assume portions of the service, the costs to the department do not diminish because the department must stand ready to provide three-day response at all times under the proposed statutory requirement. Thus, as the revenues are depleted by reduced fees, the base costs continue in order to assure three-day response to an unpredictable demand of service.

A third facet is the reporting of prohibited persons to the department by contractors. In order to verify this third-party information, the department would have to submit to KBI each name reported to be prohibited by an outside contractor. This will serve to further increase costs without offsetting revenues. The changes proposed by this legislation will likely produce a shift in revenues to private contractors, with a net deficit in resources which will have to be met either with supplemental state funds or an increase in the current \$10 fee limit. In either case, there is an additional negative impact to the state funds since portions of the higher fees paid by the industry, whether to KDHE or private contractors would be reimbursable under Medicaid, a portion of which is paid from state funds.

Included in my testimony is a graph and a table that help illustrate the impact of these proposed changes on the current services provided by the department. The current processes are estimated to cost about \$245,334 for SFY 2000 which is offset with revenues of fees at about \$225,000. Assuming the department continues to provide 100 percent of the services, the increase in work products under the legislation would result in annual costs of \$279,360. Without an increase in fees, this would result in additional state dollars needed (\$54,360), or, an increase in fees to \$9.31 per request. If private contractors respond to 25 percent of a projected 30,000 annual requests, the department's yearly cost

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Page three.

is estimated to be \$243,045.25 and revenues decreased to \$168,750. Under this scenario, the additional state funding needed would be \$74,295.25, or, the fees would have to be increased to \$10.80. This would require an increase to the \$10 fee limit set in law. Progressing to a scenario under which private contractors provide 75 percent of the service, the impact to the department would be a cost of \$170,415 and revenue of \$56,250. The net result would be additional funding in the amount of \$114,165, or, an increase of fees to \$22.72.

In addition, the handling of criminal history record information that is currently undisclosable information would drastically change according to these amendments. In the current agreement between KBI and KDHE, there are strict confidentiality provisions which prohibit some of the disclosures required under amended HB 2700. Moreover, juvenile offense records are currently unavailable to private contractors and it is unclear if private contractors would be able to search such records, as would be necessary to provide an equivalent service to that provided currently by KDHE. Experience has indicated juvenile criminal history records only constitute 7 percent of all records received from the KBI, but those records constitute 35 percent of the prohibitions that have been issued. This means that juvenile records are very important in identifying prohibited crimes.

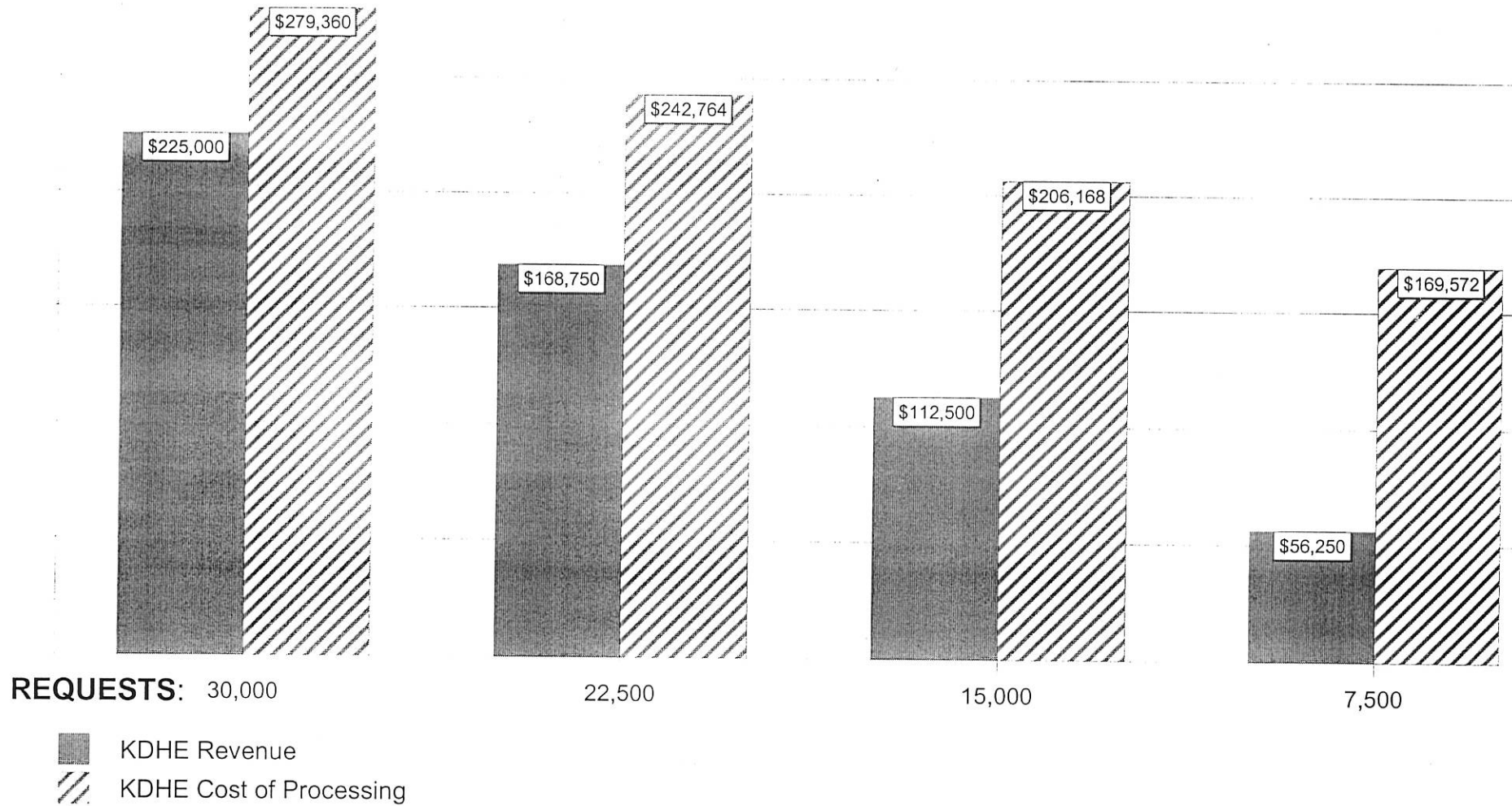
There are not clear provisions as to whether private contractors are held to the same performance standards prescribed for the department regarding: (1) the fee limit, and, (2) providing the unredacted record within three business days, regardless of the content of the record. In addition, amended HB 2700 does not define "the same or better information," nor assign responsibility for making that determination. The department background check process is not limited solely to KBI data, but can also include communication with courts of jurisdiction and other agencies. Will the same or better requirement include these elements? Are juvenile records public information?

The department has sought resolution on the issue of "conspiracy" offenses through the Attorney General's office. If the amendment is made to the law, this would likely resolve the question which has arisen. However, the addition of "conspiracy to commit . . ." may be misplaced since it would impose permanent prohibition status on some relatively minor crimes with no prohibition for conspiracy to commit more serious crimes.

Thank you for your attention and consideration of these concerns. I would be glad to answer any questions.

Presented by: Lesa Bray, Director
Health Occupations Credentialing
Bureau of Health Facilities

H.B. 2700 IMPACT ON KDHE REVENUE/COSTS



NOTE: KDHE revenue based on current fee of \$7.50 per request.

Scenario	Additional Program Costs	Fee level necessary to meet total program costs
A. Current process @ 100 percent, notice only when prohibited	\$20,334.00	$\$245,334.00 \div 30,000 = \mathbf{\$8.18}$
B. HB2700: @ 100 percent, send all results, within 3-days (no contractors)	\$54,360.00	$\$279,360.00 \div 30,000 = \mathbf{\$9.31}$
C. HB2700: @ 75 percent, send all results, within 3-days, and verify contractor prohibitions reported to KDHE	\$74,295.25	$\$243,045.25 \div 22,500 = \mathbf{\$10.80}$
D. HB2700: @ 50 percent, send all results, within 3-days, and verify contractor prohibitions reported to KDHE	\$94,230.50	$\$20,6730.50 \div 15,000 = \mathbf{\$13.78}$
E. HB2700: @ 25 percent, send all results, within 3-days, and verify contractor prohibitions reported to KDHE	\$114,165.75	$\$170,415.75 \div 7,500 = \mathbf{\$22.72}$



KHCA

Member of
ahca

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TESTIMONY

Before the

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

By

John L. Kiefhaber, Executive Vice President

KANSAS HEALTH CARE ASSOCIATION

CHAIRPERSON PRAEGER and members of the Committee:

The Kansas Health Care Association, representing over 200 professional nursing facilities, assisted living facilities and long-term care units of hospitals, appreciates the opportunity to speak in support of House Bill 2700 concerning background checks of employees in adult care homes in Kansas.

Background checks have been required in Kansas nursing facilities, assisted living facilities and home health agencies for over 18 months now, and have been largely successful in assisting facility management to make the right decision on the critical issue of who works with our elderly and infirm citizens. Before background checks were required, with industry support, many of our operators already had private background check contractors employed to help them in the hiring process. With employee turnover at a high rate in the long-term care industry, all precautions which can be taken to protect our facility residents should be taken. KHCA supports the process and we believe it has helped us throughout the state.

In supporting the passage of H. B. 2700 we would point out that the use of a private, approved contractor to do background checks should save effort for the state agency and result in faster information reporting in the cases where it is used. We also believe that conspiracy to commit certain crimes is just as important to residents and families as the actual commission of certain crimes. We also applaud the requirement of negative reporting of criminal background within 3 days – right now facilities often wait months without knowing whether a new employee has been cleared on her or his background check.

Our only hesitation with amendments to H. B. 2700 is with the requirement that the full criminal history be reported to the facility. This means that information that does not prohibit employment will be included in the background report – information which could cause confusion or unfair employment decisions to be made by some facility managers or personnel officers. We believe that a report of felony convictions for prohibited offenses would be adequate to handle the intent of the legislation. However, we do not offer an amendment at this time.

Again, we urge that the Committee pass H. B. 2700 out favorably for action.

KANSAS PROFESSIONAL NURSING HOME ADMINISTRATORS ASSOCIATION

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Thank you Madame Chairman, Members of the Committee. I am Kerrie Ruhlman, Executive Director of the Kansas Professional Nursing Home Administrators Association (KPNHAA). I am very pleased to appear before you today in support of HB 2700.

This bill addresses many concerns we adult care home administrators have with present procedures in determining whether an individual is legally prohibited from being employed by an adult care home:

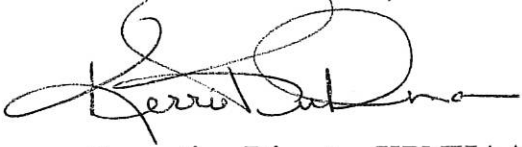
1. Time. Currently, providers may wait up to two weeks before being notified that a prospective employee is ineligible. Within a tight job market, it is unfeasible for providers to wait up to two weeks before making hiring decisions. A three-day reporting time gives them the information they need to pursue other applicants.
2. Uncertainty. Under the current statute, the Kansas Department of Health and Environment is not required to notify providers if the prospective employee is eligible for hire. This creates uncertainty for providers, because they do not know if the delay is due to prohibited findings or a clear criminal report. Obviously, having providers receive information indicating eligibility or ineligibility would eliminate this uncertainty.
3. Other Crimes. We believe strongly that certain individuals should not be allowed to work in adult care homes. We definitely believe that any one guilty of attempting to commit, conspiring to commit, or criminal solicitation of any of the presently enumerated crimes should be prohibited from employment.
4. Ease of Information. Private contractors have, in the past, often provided adult care homes criminal history record information in an efficient manner. Many providers have used such private contractors prior to the passage of K.S.A. 1999 Supp. 39-970.

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It is our opinion that this bill solves the weaknesses inherent in K.S.A. 1999
Supp. 39-970. We urge your support of this legislation.

I would be pleased to answer any questions. Thank you.

Kerrie Ruhlman MS, LNHA

A handwritten signature in black ink, appearing to read "Kerrie Ruhlman", written in a cursive style.

Executive Director KPNHAA



Written Testimony In Support of HB 2700

**Submitted By John Federico; Federico Consulting
On Behalf of the Clarence M. Kelley Group of Companies**

**Senate Public Health & Welfare Committee
March 14, 2000**

I am writing on behalf of my client, the Clarence M. Kelley Group of Companies (CMK), in an effort to urge you to support HB 2700. Of particular interest to my client is the language in the bill that would allow adult care homes to contract with an **approved private contractor** to conduct the required background checks of potential employees. We have always maintained that the provider should be allowed to utilize the services of a private contractor if they choose.

As is the case with CMK, credible, private investigatory entities can do background checks in a more thorough manner and in a much shorter time period. Currently the law requires that all background checks be conducted by the KDHE. So if a provider chooses to enlist the services of a private company because they need the information in a more timely manner, they will have to pay a fee to both the KDHE and the private contractor. Passage of HB 2700 will allow them to choose, while preserving the State's interest in gathering the information/results of the background checks from all approved private providers.

In summary, the Clarence M. Kelley Group of Companies advocate thorough, timely background checks for prospective employees of adult care homes and applaud the Legislature for easing the restrictions on who can conduct those background checks. We urge your support of HB 2700 and thank you for your consideration.



John J. Federico

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TO: Senator Praeger Chairperson
And members of the Public Health and Welfare Committee.

From: Mary Blubaugh, MSN, RN
Executive Administrator
Kansas State Board of Nursing

Re: HB 2169

Good Morning Chairwoman Praeger and members of the Public Health & Welfare committee. Thank you for the opportunity to appear before you today to testify in support of HB 2169.

My name is Mary Blubaugh and I am the Executive Administrator of the Kansas State Board of Nursing. While I am very new to the agency and the position, discussion with KSBN staff and board members have enlightened my understanding of HB 2169. Although the bill has under gone a dramatic revision since it was introduced last year, KSBN is committed to the importance of passage of this bill.

Page 1 line 23 to 29 deletes the 90-day limit that a graduate nurse may practice after graduation and while they are waiting on the results of the first licensure examination. Page 2 lines 26 to 29 allows the new graduate to practice nursing until the results of their first licensure exam up to the maximum of 120 days. The language change extends the graduate status from 90 to 120 days. Last year several new graduates had difficulty getting licensure examination dates set within 90 days. KSBN has also been asked by several facilities for the extension since all other temporary permits for nurses are 120 days.

Also on page 2, line 30 to 33 pertains to nurses licensed in other states to teach nursing in Kansas. This addition to statute will allow nurses licensed in other states to teach nursing in Kansas if in consultation with a Kansas licensed nurse. This provides an avenue for nursing lecturers to come into Kansas for a short period of time without the need to get a Kansas license.

Page 3, line 10 to 24 deletes the requirement of one-year clinic experience for a LPN to perform IV therapy. A licensed practical nurse may perform an expanded scope of

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intravenous fluid therapy under the supervision of a registered professional nurse if they have successfully completed an approved IV therapy course and passed an IV therapy examination. Facilities and members in the nursing community requested the change. With the shortage of professional nurses some facilities are experiencing, deleting this statute will help the employment situation.

Page 4, line 17 to 23 addresses the amount of time KSBN can grant a temporary license permitting a RNA to complete the clinical portion of a refresher course. The clinical portions of refresher courses for registered nurse anesthetists vary in the amount of time. This change in statute would allow the board to determine the length of time for a temporary permit dependent on how long the refresher course will take.

The last amendment to bill 2169 is on page 5 line 17 to 21 and pertains to the appointment of the board members by the Governor. Every four years there is the potential for five new board members to be appointed by the Governor. This creates a difficult time with almost half of the board becoming oriented to their new duties at the same time. By allowing a one time, one year appointment of one public member and one professional nurse who is in nursing education in July 2003, then only two or three board members will be appointed each year.

For those of you who do not know the history of HB 2169, it was introduced in 1999, and was not heard in committee until this year. After being heard in Health and Human Services, a subcommittee was appointed to consider proposed amendments to the bill. The subcommittee recommended the above changes and they were approved by the full committee and the House of Representatives. KSBN had their regular February board meeting after the committee accepted the above changes. KSBN is committed to the importance of passage of this bill, but they requested that I discuss with this committee the possibility of amending two more areas of the original bill.

✚ Through out the original bill, the term accreditation is used when referring to the review of schools or programs. Based on the National Council of State Boards of Nursing position paper, the Board elected in 1999 to change all accreditations to approvals. Accreditation means the "official authorization or status granted by an agency other than a state board of nursing". Accreditation is voluntary, conducted by peers and focuses on program excellence. Approval is carried out by governmental agencies and is mandatory for operation of the program. Compliance with essential educational standards to protect both the public and student are required for approval. I have attached a copy of "Position Paper Related to Use of Terms Approval and Accreditation".

✚ The other amendment that the board would like to request is in Sec. 8. K.S.A. 65-1133 (which was in the original bill). This statute pertains to Advance Registered Nurse Practitioner programs. KSBN has had no statute allowing them to collect an annual fee from the programs. All other nursing programs except Advance Registered Nurse Practitioner have been paying an annual fee. Cost to send out information and to do resurvey visits are the same for all schools. Currently the annual fee for a program is \$200.00.

Representative Bethell was the chairman for the house subcommittee. I have worked closely with him and he supports the above amendments. KSBN does not want to attach these amendments if it means the bill would not pass both chambers this year.

Thank you Senator Praeger and members of the committee. I will happily try to answer any questions that you may have. I have Diana Glynn, Practice Specialist with KSBN to assist in any questions that I may not be able to answer.

Mary Blubaugh MSN, RN
Executive Administrator

Position Paper Related to Use of Terms *Approval* and *Accreditation*

The right to practice a profession or discipline is protected by the U.S. Constitution. The Constitution also states that a state may regulate a profession or occupation that affects general welfare. Nursing is a profession that makes an impact on general welfare and is, therefore, subject to regulation by the state. Language in state nurse practice acts and rules and regulations, however, has not been consistent in differentiating between mandated, legal processes and voluntary, quality-assurance processes, as related to the regulation of nursing education programs. A review of the nurse practice acts and rules and regulations of the 61 Member Boards of the National Council of State Boards of Nursing (NCSBN) indicates that most state boards of nursing use the term *approval* to describe oversight of nursing education programs. Some boards use the term *accreditation*, and a few boards use both terms interchangeably. The purpose of this position paper is to differentiate between the terms *approval* and *accreditation* as they describe a state regulatory body's role and responsibility in nursing education programs.

The term *approval* is defined as "official or formal consent, confirmation or sanction" (*American Heritage Dictionary*, 1993, p. 122). In the National Council's *Model Nursing Administrative Rules*, *approval* is defined as "official recognition of nursing education programs which meet standards established by the board of nursing" (NCSBN, 1994, p. 2). Implied in approval is permission to carry out an act, in this case, the operation of a nursing education program. In the regulatory arena, approval refers to mandatory and legal recognition of a nursing program to begin and/or continue to operate. Graduation from an approved program is necessary for a student to be eligible to take the NCLEX® examination for registered nurses or licensed practical/vocational nurses.

Approval also requires compliance with essential educational standards to protect both the students who are enrolled in the program and the public who will receive nursing care from the graduates of the program. Participation by regulatory bodies in the approval process is congruent with their legal responsibility.

The term *accreditation* is defined as "recognition of an institution of learning as maintaining prescribed standards requisite for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice" (*American Heritage Dictionary*, 1993, p. 122). In the National Council's *Model Nursing Administrative Rules*, *accreditation* is defined as "the official authorization or status granted by an agency other than a state board of nursing" (NCSBN, 1994, p. 2). Inherent in the accreditation process is evaluation by peers (Bogue & Saunders, 1992).

Whereas approval is a mandatory process related to permission for an education program to begin and continue operating by meeting essential educational standards, accreditation is generally considered a voluntary process that focuses on program excellence. In addition, approval processes (initial and continuing) are generally carried out by governmental agencies while accreditation is conducted by peers.

Both approval and accreditation are important components in the successful operation of nursing education programs designed to protect the public and provide appropriate educational experiences for future nurses. Thus, it is important that boards of nursing review their state Nurse Practice Acts and Rules and Regulations to ensure that terminology is consistent with the inherent differences between the terms *approval* and *accreditation*.

References

1. American Heritage Dictionary. (1993). Houghton Mifflin Co.: Boston.
2. Bogue, E.G. & Saunders, R.L. (1992). The evidence for quality: Strengthening the tests for academic and administrative effectiveness. San Francisco: Jossey-Bass Publications.
3. National Council of State Boards of Nursing. (1994). Model Administrative Rules. Chicago: NCSBN.



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the Voice of Nursing in Kansas

Emma Doherty, M.A.,
President

Terri Roberts, J.D., R.N.
Executive Director

FOR MORE INFORMATION CONTACT

Terri Roberts, JD, RN

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March 14, 2000

House Substitute for H.B. 2169 Kansas Nurse Practice Act Revisions

Chairman Praeger and members of the Senate Public Health and Welfare Committee, my name is Terri Roberts and I am representing the KANSAS STATE NURSES ASSOCIATION. We are asking for your consideration and support of House Substitute for H.B. 2169 which calls for both substantive and technical changes in the Kansas Nurse Practice Act.

KSNA supports the Board of Nursing proposed revisions to House Substitute for 2169 which would:

- Provide greater clarification for permitting RN's enrolled in schools for advanced practice nursing outside Kansas to engage in advanced practice nursing in the state during the clinical component of their respective program (such as the nurse midwives), and for graduate nurses to practice nursing **for 120 days, versus the current 90 days**, pending the results of their first licensure exam. This is particularly important for GN's because the current time frame of 90 days is insufficient and the additional 30 days will relieve the congestion for seeking computer exam dates and provide employers with assurances that they will have these nurses available for staffing while they await their exam results.
- Eliminate the one year experience requirement for LPN's entering the LPN/IV courses offered in Kansas and the one year requirement in general for seeking authorization to administer IV's.
- Stagger the terms for one RN practice position and one public member on the Board of Nursing, for appointments due in 2003. This will reduce the number of appointments for the four year time-frame from 5 to 3 for future appointments and will provide an opportunity for enhanced continuity on the Board.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of

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- Provide flexibility to RN's completing Registered Nurse Anesthetists (RNA) refresher courses, so that they are not limited to 120 days for completing the course for return to practice.

The two amendments that the Board of Nursing has proposed today KSNA has reviewed and we are supportive of. The two changes are:

- Changing the term "accreditation" to "approval" throughout all sections addressing schools of nursing or advanced nursing education programs. This change is really technical in nature, it will only change the verbage in the statutes. The process and meaning of the process of program approval will not change as we have known it for many years. .
- Adding a statutory fee for ARNP program renewals capped at \$400. The fee that will be established in rules and regulations will be \$200 annually, identical to the fee established for the RN and LPN programs annual renewal fee.

We are most appreciative of this opportunity for a hearing today and respectfully request that this bill be amended as proposed by the Board of Nursing and passed out favorably for consideration by the Senate.

Thank you for your time and consideration.