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Joint Committee on Administrative Rules and Regulations
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Good Afternoon Chair Schmidt and members of the Joint Committee on Administrative Rules and Regulations. My name is Mary Blubaugh and I am the Executive Administrator of the Kansas State Board of Nursing. I am here on behalf of the members of the State Board of Nursing to provide information on the proposed changes to twenty APRN and three IV Therapy regulations listed below.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose purpose is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. NCSBN has 59 Member Boards which is comprised of boards of nursing in all fifty states and U.S. territories.

In 2003, the NCSBN Advance Practice Registered Nurse (APRN) committee began a draft APRN vision paper in an attempt to resolve APRN regulatory concerns such as the proliferation of APRN subspecialty areas. The purpose of the APRN Vision Paper was to provide direction to boards of nursing regarding APRN regulation for the next 8-10 years by identifying an ideal future APRN regulatory model. The draft vision paper was completed in 2006 and the paper was disseminated to boards of nursing and APRN stakeholders for feedback. The APRN committee reviewed the large response from boards of nursing and APRN stakeholders. During this time the Advanced Practice Nurse (APN) Consensus Group (which was composed of designees from 23 organizations with broad representation of APNs) was working to develop consensus on the issues surrounding APRN education, practice, accreditation, certification, and licensure, and to create a future consensus-based model for APRN regulation. In April, 2006, the NCSBN APRN committee met with the APRN Consensus Work Group to discuss the NCSBN draft vision paper. After this meeting in which information was provided and shared, both groups agreed to continue to dialogue. Both groups continued their work on their respective vision paper but concerns were raised that it was important that each groups work not conflict with the others work. Due to this concern a subcommittee (APRN Joint Dialogue Group) was established with 7 members of each group. This group first met in January 2007 and discussion of agreement and

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disagreement was held. It was determined that instead of two papers, that one joint paper would be developed which would reflect the work of both groups. The product of these two groups is the Consensus Model for APRN regulation. While these groups began work independent of each other, the outcome has been unanimous agreement on most of the recommendations. When a unanimous agreement was not met, a 66% of majority was used to determine the final recommendation.

The Consensus Model defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation. The APRN Model of Regulation described will be the model of the future. Advanced practice registered nurses are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body. Each APRN is accountable to patients, the nursing profession, and the licensing board to comply with the requirements of the state nurse practice act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate.

The Consensus Model was discussed at the Delegate Assemble of NCSBN in the summer of 2008. After discussion the model was adopted by the representatives of the state boards of nursing from across the country.

The Kansas State Board of Nursing was invited to work with representatives of several nursing organizations in Kansas. Three members of the Board of Nursing and staff attended the meetings during the discussion and development of possible legislative change. This group reviewed the consensus model and it was referred to during the process. Statutory changes were passed during the 2011 legislative session and became effective January 1, 2012. Below are the five major changes proposed to the APRN regulations due to the statute changes.

1. Title change from Advance Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). By changing the title, it will establish uniformity with other states in the nation and will be less confusing to APRN who come to Kansas for employment.
2. Change certificate of qualification to licensure. Certification is what is granted to an APRN by an accrediting agency when they have completed specialty education. KSBN licenses LPN, RN, and LMHT so this would provide consistence in our process. Also, licensure is one of the four essential elements of the Consensus Model.
3. Changes categories of APRN to roles. The roles will continue to be the same as currently in statute. Those four roles are: Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife, and Nurse Practitioner.

4. Continuing education in the APRN role. KSBN currently has continuing education requirements for RN, LPN, and LMHTs. Presently ARNP are only required to have 30 continuing nursing education hours every two years in the RN role. Although APRNs usually obtain the hours in the advanced role, this will now require them to receive advance practice continuing nursing education. The 30 continuing nursing education hours in the APRN role will also be accepted for the renewal of their RN license.

Regulation	Title Change	Certificate of qualification to licensure	Category to Roles	Continuing education in the APRN Role	Other
60-11-101	Yes		Yes		
60-11-102	Yes	Yes	Yes		
60-11-103	Yes	Yes	Yes		Three technical changes
60-11-104	Yes		Yes		Changes expanded role to advanced role and one technical change
60-11-104a	Yes	Yes			Two technical changes
60-11-105	Yes		Yes		Changes expanded role to advanced role
60-11-106	Yes				Changes expanded role to advanced role
60-11-107	Yes		Yes		Changes expanded role to advanced role
60-11-113	Yes	Yes		Yes	
60-11-116	Yes	Yes	Yes	Yes	
60-11-118	Yes	Yes			Two technical changes
60-11-119	Yes	Yes			
60-11-120		Yes			
60-11-121	Yes	Yes			One technical change
60-13-112		Yes		Yes	Three technical changes
60-17-101	Yes				Two technical changes
60-17-104	Yes	Yes	Yes		Two technical changes
60-17-105	Yes	Yes	Yes		Changes expanded role to advance role. Technical change as requested by Attorney General office. Five other technical changes.
60-17-110	Yes				
60-17-111	Yes	Yes	Yes		One technical change

K.A.R. 60-11-101. Definition of expanded role; limitations, restrictions. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and categories to roles.

K.A.R. 60-11-102. Roles of advance practice registered nurses. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) categories to roles, and certificate of qualification to license.

K.A.R. 60-11-103. Educational requirements for advanced practice registered nurse. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), categories to roles certificate of qualification to license, and three technical changes.

K.A.R. 60-11-104. Functions of the advanced practice registered nurse in the role of nurse practitioner. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), categories to roles, changes expanded role at a specialized level to advanced role at a specialized level, and one technical change.

K.A.R. 60-11-104a. Protocol requirements; prescription orders. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), certificate of qualification to license, and two technical changes.

K.A.R. 60-11-105. Functions of the advanced practice registered nurse in the role of nurse midwife. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), expanded role with a specialized level to advanced role with a specialized level, categories to roles, and one technical change.

K.A.R. 60-11-106. Functions of the advanced practice registered nurse; nurse anesthetist.

The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and changes expanded role of registered nurse anesthetist to advanced role of registered nurse anesthetist.

K.A.R. 60-11-107. Functions of the advanced practice registered nurse in the role of clinical nurse specialist. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), changes category to role, and changes expanded role to provide evidence-based nursing practice to advanced role to provided evidence-based nursing practice.

K.A.R. 60-11-113. License renewal. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), certificate of authorization to license, and the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role.

K.A.R. 60-11-116. Reinstatement of license. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), categories to roles, certificate of qualification to license, and the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role.

K.A.R. 60-11-118. Temporary permit to practice. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), certificate of qualification to license, and two technical changes.

K.A.R. 60-11-119. Payment of fees. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and certificate of qualification to license.

K.A.R. 60-11-120. Expiration dates on licenses; applications. The proposed language changes the certificate of qualification to license.

K.A.R. 60-11-121. Exempt license. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), certificate of qualification to license, and one technical change.

K.A.R. 60-13-112. License renewal. The proposed language changes certificate of qualification to license, the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role, and three technical changes.

K.A.R. 60-17-101. Definitions. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and two technical changes.

K.A.R. 60-17-104. Faculty and preceptor qualifications. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), categories to roles, certificate of qualification to license, and two technical changes.

K.A.R. 60-17-105. Curriculum requirements. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), categories to roles, and certificate of qualification to license. During the review by the Attorney General's office it was determined that the language in (c) (1) currently states that an advanced nursing education program "shall consist of nine months of study or one academic year of full-time study or its equivalent, as defined by the sponsoring academic institution." The concluding phrase "as defined by the sponsoring academic institution" is deleted as requested to avoid an unlawful delegation issue due to the deletion of that phrase, the definition for "academic equivalent". There were also five other technical changes.

K.A.R. 60-17-110. Discontinuing an advance practice registered nurse program. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN).

K.A.R. 60-17-111. Requirements for advanced practice registered nurse refresher course. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), categories to roles, certificate of qualification to license, and one technical change.

The fiscal impact for the State Board of Nursing for the above regulations will be approximately \$2085 for the printing and mailing of new licensing cards to all active licensed APRNs and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy. The proposed language clarifies that basic fluid can be monitored and that the initial dosage of medications or solutions is excluded from the LPN scope of practice. Other proposed changes are the LPN may maintain patency of IV access devices as allowed by policy of facility, and clarifies what medications that can be administered by IV push.

K.A.R. 60-16-103. Course approval procedures. The proposed language adds that the curricula shall meet the requirements in K.A.R. 60-16-104(g) and two technical changes.

K.A.R. 60-16-104. Standards for course; competency examination; recordkeeping. The proposed language changes the board approved intravenous fluid therapy curriculum from the 2003 version of instructional material from the University of Missouri to portions of the "infusion nursing standards of practice: volume 34, number 1S dated January/February 2011. The proposed portions are listed in the regulation and it also requires each provider to submit documentation of the use of the curriculum by February 1, 2013. Proposed language also changes the length of time from 60 days to 15 days the provider has to submit a typed roster listing the names and license numbers of each individual who has successfully completed the course and numerous technical changes.

The proposed changes in the IV Therapy are the results of many of the IV Therapy providers working with the board of nursing to review the regulations and develop changes as needed.

There is no economic impact for the State Board of Nursing or individuals and there may be fees for IV therapy providers to purchase the new standards and to change to the new curriculum. . The cost of the standards is \$25.00 for members of the Infusion Nurses Society and \$65.00 for non members. The cost can not be determined for agencies to change their curriculum.