

Health and Human Services Committee
February 8, 2018
Testimony in Support of House Bill 2496
Carol Moreland, MSN, R.N.
Executive Administrator

Good Afternoon Chairman Hawkins and members of the Health and Human Services Committee. My name is Carol Moreland, Executive Administrator of the Kansas State Board of Nursing (KSBN). I am here to provide feedback from the Board of Nursing as requested regarding HB 2496.

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians through licensure and regulations of Registered Nurses, Licensed Practical Nurses, four roles of Advance Practice Registered Nurses, and Licensed Mental Health Technicians. Kansas is not currently in the NLC. Nurses seeking licensure in any state that is part of the NLC must meet eleven uniform licensure requirements. HB 2496 would allow Kansas to join the NLC.

The Board of Nursing held a special Board meeting on 2/1/18 to review HB 2496 and recommend several amendments to the bill. The feedback and recommendations from the Board include:

1. Revenue loss: The Board of Nursing is a fee funded agency. If the Board of Nursing joins the NLC the estimated revenue loss will be \$367,170.00 with the 29 states that are now part of the NLC. The revenue loss will increase as more states join the NLC. It is estimated the recurring revenue loss of licensees' fees will be \$534,120.00 annually. Recommendations from the Board of Nursing include:
 - a. Licensure types: The amendments allow the RNs and LPNs residing in Kansas to have the option of holding either a single state or multi-state license. There are certain situations when a RN or LPN will not be able to obtain a multi-state license as outlined in HB 2496. This would require a change in K.S.A. 65-1117.
 - b. Statutory licensure fee caps: The Board of Nursing recommends changes to the statutory licensure fee caps as detailed in K.S.A. 65-1118. In the amendment the single state licensure statutory caps have been raised and caps added for the multi-state licenses for RNs and LPNs. The board through rules and regulations will keep the licensure fees as low as possible while maintaining the financial stability of the agency.
2. Continuing nursing education (CNE): The NLC does not require CNE. 25 other states, including Missouri, do not require continuing education for nurses as facilities are required to keep health care staff current on competencies. By joining the NLC it will allow nurses from other states to practice in Kansas without the requirement of CNE. The Board of Nursing believes it is unfair to require CNE for RNS and LPNs who reside in Kansas when it is not required for nurses from other states with a multi-state license who practice in Kansas. The Board of Nursing recommends a change to K.S.A. 65-1117 that indicates CNE is no longer required for RNS and LPNs licensed in Kansas when the NLC is implemented. The Board will

continue to maintain the ability to use CNE for nurses who have been found in violation of the nurse practice act and need education to improve their practice.

3. Concern not knowing which nurses are practicing in Kansas: For public safety, the Board recommends they know when nurses with multi-state licenses from other states are in Kansas practicing. The Board of Nursing is requesting a change to K.S.A. 65-1117 that requires any nurse holding a multistate license that is practicing in Kansas to register with the Board within 30 days from the initial date of practice
4. Misdemeanor offense related to the practice of nursing: HB 2496 does not include as a ground for disciplinary action terminology that includes a nurse who has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis. The Board of Nursing recommends K.S.A. 65-1120 be changed to include this ground.
5. Reporting of violations: The Board recommends a change to K.S.A. 65-1127 that includes licensees shall report to the board other licensees including multi state privileges who have violated the nurse practice act. This will ensure reporting and immunity from liability in civil actions for reporting.
6. Implementation costs: The Board has received verbal confirmation National Council State Boards of Nursing will fund a grant to cover the following implementation costs: communication costs, information technology and data integrity preparation costs (\$250,500.00). There will need to be appropriations approved for FY 2019 for the other implementation costs not covered by the grant (\$82,000.00 plus the cost of remodeling for additional staff)
7. Implementation timeline: The Board of Nursing requests the implementation date of joining the compact be changed to 11/6/2019. This allows the Board of Nursing time to make the necessary operational and IT changes, communicate fully to licensees, employers and the public regarding how the NLC affects them and do any remodeling necessary to accommodate additional staff. Training for all staff must also take place before the implementation date.
8. Agency operational and IT staff: The experienced operational and IT staff at the Board of Nursing must stay within our agency to ensure implementation toward joining the NLC proceeds smoothly. The Board recommends a change to K.S.A. 74-1106 that states IT and operational staff remain employees of the Board.

The Board of Nursing remains committed to joining the NLC and looks forward to working with the Legislature to ensure the correct implementation. The Board of Nursing supports HB 2496 with the amendments as discussed. Thank you for your time and consideration and I will stand for any questions.