

MINUTES OF THE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Vice Chair Donohoe at 1:30 p.m. on March 7, 2011 in Room 784 of the Docking State Office Building.

All members were present except:

Representative Brenda Landwehr – excused
Representative Jim Denning – excused
Representative Valdinia Winn - excused

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Katherine McBride, Office of the Revisor of Statutes
Dorothy Noblit, Kansas Legislative Research Department
Jay Hall, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

Phyllis Gilmore, Executive Director, Kansas Behavioral Sciences Regulatory Board
([Attachment 2](#))
Mary Blubaugh, MSN, R.N., Executive Director, Kansas State Board of Nursing ([Attachment 3](#))
Monica Scheibmeir, Dean of the School of Nursing, Washburn University ([Attachment 4](#))

Others attending:

See attached list.

SB 90 – Behavioral sciences regulatory board; licensure.

Vice Chair Donohoe opened the hearing on **SB 90**. Revisor Norm Furse reviewed the bill including the proposed amendment. ([Attachment 1](#)). The only change is on the bottom of page 3 and top of page 4.

Phyllis Gilmore, Executive Director, Kansas Behavioral Sciences Regulatory Board (BSRB), presented testimony in support of the bill. ([Attachment 2](#)) The BSRB is the licensing board for most of the state's mental health professionals; the licensed psychologists, the master level psychologists, the clinical psychotherapists, the bachelor, master and clinical level social workers, the master and clinical level professional counselors, the master and clinical level marriage and family therapists, and soon the addiction counselors and clinical addiction counselors.

This bill adds to the board's power by allowing the board to refuse to license, limit, suspend, or revoke a license if the licensee has been substantiated of abusing a child, adult, or resident of a facility, even if the action was not practice related.

There were questions and discussion concerning clarification of what is considered to be abuse and what did the term “substantiated” mean, who does the substantiation, what is the process, etc. It was determined the substantiation is done through the Social and Rehabilitation Services process. The abuse could be substantiated by the SRS but would not necessarily result in a criminal conviction. The abuse is an agency determination and not a court determination. The language would give the Kansas Behavioral Sciences Regulatory Board the legal grounds to take a licensure action if one of their licensees was found to have abused someone. Representative Otto stated he could not support this bill because it was not based on a civil or criminal conviction.

There were no other proponents and no testimony was submitted in opposition or neutral to the bill. The Vice Chair provided committee members the opportunity to ask questions and when all were answered, the hearing was closed on **SB 90**.

SB 134 – Creating the licensure role of advanced practice registered nurse.

Vice Chair Donohoe opened the hearing on **SB 134**. Revisor Katherine McBride reviewed the bill with

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committee members.

Mary Blubaugh, MSN, R.N., Executive Director, Kansas State Board of Nursing, presented testimony in support of the bill. ([Attachment 3](#)) 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 60 Member Boards which are 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 sub-specialty 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 group's 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 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 Assembly 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. There are five proposed changes requested in this bill which are consistent with the Consensus Model.

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.

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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 consistency 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. Require a Masters or higher degree in an APRN roll. This change in the statute will align Kansas with other states in the nation. All APRN programs in Kansas require Masters.
5. Continuing education in the APRN role. KSBN currently have 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 last requested change will grandfather any ARNP who is registered to practice prior to the effective date of this bill so they will be deemed to be licensed to practice as an APRN without being required to file an original application for licensure to remain in practice. The board respectfully requests favorable action on the bill.

Monica Scheibmeir, Dean of the School of Nursing, Washburn University, provided testimony in support of the bill. ([Attachment 4](#)) The APRN Task Force includes representatives from the four categories of advanced practice nursing recognized in Kansas (Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Certified Registered Nurse Anesthetist), from the graduate programs that educate nurses in advanced practice, several advanced nursing practice groups, the Kansas State Nurses' Association and the Kansas State Board of Nursing. The group formed two years ago to discuss opportunities for implementing the concepts in the National Consensus Model. The Kansas State Nurses Association (KSNA) is the professional organization for the more than 40,000 registered nurses in the State.

The changes in the Nurse Practice Act that this bill provides would move Kansas toward the consistency in licensure, accreditation, certification and education of advanced practice nurses that the model recommends in the following ways:

- The change in title would help clarify the definition of advanced practice in nursing and establish uniformity across the states. The change in terminology from "category" or ARNP to "roles" accomplishes the same goal.
- The change from "certificate of qualification" to the term "license" would provide clarification on what the Board of Nursing issues.
- Including the requirement of a master's degree or higher brings the law up to date with the current educational level for completion of an advanced practice nursing program.
- Requiring continuing nursing education in the advanced role would confirm the gaining of knowledge commensurate with advanced practice nursing.
- Finally, the grandfathering clause would ensure that nurses' currently practicing in the advanced practice role in Kansas are able to continue providing care to Kansas citizens.

The Kansas APRN Task Force and the Kansas State Nurses' Association fully support **SB 134** as currently

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amended.

There was no neutral or opposition testimony submitted on the bill. The Vice Chair provided committee members the opportunity to ask questions and when all were answered, the hearing on **SB 134** was closed.

The next meeting is scheduled for March 8, 2011.

The meeting was adjourned at 2:23 p.m.