

April 8, 2019

The Honorable Brenda Landwehr, Chairperson  
House Committee on Health and Human Services  
Statehouse, Room 352-S  
Topeka, Kansas 66612

Dear Representative Landwehr:

**SUBJECT:** Fiscal Note for HB 2412 by House Committee on Federal and State Affairs

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2412 is respectfully submitted to your committee.

HB 2412 would make the following changes to the Nurse Practice Act:

1. Any Advanced Practice Registered Nurse (APRN) who has less than 4,000 hours of licensed active practice under a collaborative relationship with a physician would be required to complete a transition program that consists of 4,000 hours within a three-year period while maintaining a collaborative relationship with a physician or a full practice APRN;
2. APRN practice, when not in the transition program, would be independent and no longer require a collaborative agreement with a physician and there would be no physician oversight;
3. Proof of national certification would be required for APRN licensure and renewal;
4. The Board of Nursing would have to recognize and approve the national certifying organizations with certification standards that are equal to or greater than the Board's standards;
5. The Board of Nursing would have to include in rules and regulations the federal drug enforcement administration registration and monitor APRN compliance with this requirement;
6. APRNs would be able to prescribe medications independently; and
7. APRN would have to maintain malpractice insurance coverage through the Health Care Stabilization Fund.

Estimated State Fiscal Effect				
	FY 2019 SGF	FY 2019 All Funds	FY 2020 SGF	FY 2020 All Funds
Revenue	--	--	--	Unable to estimate
Expenditure	--	--	--	\$219,607
FTE Pos.	--	--	--	2.00

The Board of Nursing states that enactment of HB 2412 would require the addition of a validation function to the agency licensure software. The Board estimates additional expenditures of \$25,000 to upgrade the software. The Board would also have to notify all licensed APRNs and their employers regarding the change in licensure requirements at an estimated cost of \$6,752. Both the upgrade and communication costs would be one-time expenditures. All other associated costs of enactment would be preformed within the agency's current resource budget. The Board state that enactment of the bill would not affect agency revenues.

The Healthcare Stabilization Fund states that enactment of HB 2412 would add up to 5,000 APRNs to the fund, which equates to an increase in providers of approximately 30.0 percent. The agency states that the increase in administrative duties associated with the additional providers would require the addition of 2.00 FTE Compliance Officer positions. The estimated salary and other operating expenditures for the new positions is \$160,855. Of that amount \$4,894 would be one-time expenditures for office equipment and furniture. The addition of these providers would also increase expenditures for attorneys and other related claims costs and would affect surcharge revenue, however, the agency is unable to estimate these costs. An additional actuary study costing \$27,000 would be required to estimate the full fiscal effect. Any fiscal effect associated with HB 2412 is not reflected in *The FY 2020 Governor's Budget Report*.

Sincerely,



Larry L. Campbell  
Director of the Budget

cc: Jill Simons, Board of Nursing  
Clark Shultz, Health Care Stabilization Fund