

Approved: 3-30-94
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 17, 1994 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes
William Wolff, Legislative Research Department
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Patsy L. Johnson, M.N., Executive Administrator, Kansas State Board of Nursing
Terri Roberts, J.D., R.N., Executive Director, Kansas State Nurses Association
Kay Hale, Kansas Hospital Association
Elizabeth Taylor, Kansas Federation of Licensed Practical Nurses
Joan Sevy, Kansas Organization of Nurse Executives
Chip Wheelen, Kansas Medical Society
Dian Koerner, Nurse educator, Ft. Hays State University
Debra Hatesohl, Senior nursing student, Washburn University
Georgenia Bowling, Senior nursing student, Washburn U., Kansas Association of Nursing Students

Others attending: See attached list

Brief and Hearing on HB 2602 - Qualifications of licensed practical nurses to administer intravenous fluid therapy

HB 2602 as amended by the House Committee on Public Health and Welfare would enact new legislation establishing the qualifications for licensed practical nurses to administer intravenous fluid therapy. The bill would allow a licensed practical nurse to perform a limited scope of intravenous fluid therapy under the supervision of a registered professional nurse in a manner defined by rules and regulations adopted by the Board of Nursing.

Patsy Johnson, KSBN, expressed support for the bill, but recommended changes as outlined in her written testimony: on page 1, lines 27 and 30, strike "as defined by rules and regulations of the board", and on page 2, insert "by delegation" in line 36, and "or dentistry" in line 37 of subsection (h). She noted that standardized requirements for the LPN IV therapy course should provide consistency in educational content and that minimum competency would be validated by successful completion of an examination approved by the Board. (Attachment 1)

Terri Roberts, KSNA, expressed support for **HB 2602** and noted it was a compromise on the part of the nursing organizations involved. KSNA does have a concern with the amendment offered by KMS on page 2, new subsection (h), and recommends that language be stricken from the bill. Ms. Roberts stated that exempting physicians who delegate to LPNs is in direct conflict with purposes of the unprofessional conduct provision in the healing arts act KSA 65-2837 (26). (Attachment 2)

Ms. Roberts commented that if the Committee does not strike subsection (h), they would consider the Board of Nursing's recommendation to change the word "order" to "by delegation." In answer to a member's question of what would happen if the RN is absent and a physician requests an LPN to start an IV, Ms. Roberts stated that to start IVs would be allowed, but that the administration of some of the more sophisticated IV medication would be of concern to them.

Kay Hale, KHA, appeared before the Committee in support of **HB 2602** as amended, especially the grandfathering provision in Sec. 1 (c) as noted in her written testimony, (Attachment 3), and also supporting the bill was Elizabeth Taylor, representing the Licensed Practical Nurses, (Attachment 4) Ms. Taylor expressed support for the language recommended by the State Board of Nursing that would change "order" to "by

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on March 17, 1994.

delegation,” however, she called attention to the fact that if the physician delegates or an RN delegates, the LPN is equally vulnerable to those actions which he or she may perform.

Joan Sevy, Kansas Organization of Nurse Executives, expressed support for the bill and trusts that the Kansas State Board of Nursing will follow through with the proposed rules and regulations developed by the consensus building process facilitated by the Board. She noted that her organization fails to see the need for the amendment introduced by the Kansas Medical Society and does not see any effect it will have on the implementation of the legislation, providing language is changed from “order of a physician” to “under the delegation of a physician or dentist.” (Attachment 5)

Chip Wheelen, KMS, addressed the Committee and stated that he concurs with the Board of Nursing in regard to the term “delegation”, and that without the amendment offered by KMS, new subsection (h), the bill could possibly be construed to interfere with the ability of a physician to delegate the practice of medicine and surgery to an LPN. He noted the original amendment offered by KMS read: “Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy when such performance constitutes delegation of the practice of medicine and surgery by a person licensed to practice medicine and surgery.”

Brief and Hearing on HB 2603 - Kansas nurse practice act amendments

Three changes are made to the statutes relating to registered professional nurses and to licensed practical nurses. (1) The first amendment changes current language regarding graduation from a professional or practical nursing school. These changes include the addition of language permitting graduates of nursing schools in foreign countries to be considered qualified for licensure with examination to practice in the state. The bill would require that these schools be approved by the Board. It also deletes current language allowing nurses to be licensed if they have been convicted of a felony and satisfactorily rehabilitated. (2) The second amendment to current statutes for professional and practical nurses provides for the Board to require nurses who have not been licensed to practice nursing for five years prior to the application for licensure to complete a refresher course, and language allowing the Board to issue a license without examination to an applicant who was licensed in another state, territory or foreign country is deleted in the bill. (3) The third change to current statutes relates to temporary permits for nurses.

Patsy Johnson, KSBN, addressed the Committee in support of the original bill, but opposes two amendments that were added by the House Committee, (language on page 3, line 16 and on page 5, lines 4-9) and recommends new language regarding the foreign student that would require a course in role delineation be successfully completed as approved by the board. (Attachment 6)

Terri Roberts, KSNA, noted support for the bill as it relates to addressing the review and processing of foreign applicants for licensure, the accommodation made for nurses taking refresher courses as well as the amendment added in House Committee that would permit graduates of RN programs be eligible to apply for the LPN exam. Recommendation. Ms. Roberts noted that the Board of Nursing is suggesting that a course be required by the GN for role delineation as an LPN, and KSNA cannot support the concept of requiring attendance at a course because of the availability and location of such a course would be a major barrier to the intent of this amendment. Further recommendations suggest that the implementation date be changed to publication in the Kansas register. (Attachment 7)

Dianna Koerner, FHSU, appeared in support of the bill and in particular the amendment that was offered in the House Committee which would provide an incentive to sign up for the CAT exam, a 120 day time limit, but retain the ability of GN's and GPN's to practice pending the results of the first computer test they take. She noted that the reason KSNA selected 120 days as the time limit was because that is the time frame that exists now for a majority of the candidates who graduate, both RN candidates and LPN candidates. There have been four exams per year in the past. (Attachment 8)

Debra Hatesohl, Washburn University School of Nursing, appeared before the Committee and submitted written testimony for Shannon Bonesteel who noted in her written testimony that she is extremely concerned about the proposal in the bill that restricts graduate nurses from working. (Attachment 9)

Georgenia Bowling, KANS, expressed her support for **HB 2603** as amended by the House Committee. She noted that the bill now provides an incentive for new graduates to sign up for the Computerized Adaptive Testing (CAT) exam, but still retains the ability of graduate nurses (GN's) and graduate practical nurses (GPN's) to practice for a maximum of 120 days following graduation pending the results of the first computer test. (Attachment 10)

Kay Hale, KHA, commented that they support the thrust of Sections 1 and 2 which is to clarify the eligibility of foreign trained nurses to practice in Kansas, the amendment in Section 3 which continues to allow the practice of

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on March 17, 1994.

nursing by graduates pending the results of their licensure exam, and the amendment that would permit RN's who fail the licensure exam to take the LPN exam. (Attachment 11) Ms. Hale noted they do not support the amendment that was offered by the Kansas State Board of Nursing which would require a course of in role delineation as approved by the board as she believe this requirement would serve as a barrier to those candidates to becoming LPNs.

In answer to a member's question, Patsy Johnson noted in terms of RN candidates taking the LPN exam, the basic issue is whether they are going to work as LPNs or RNs, and will employers want them to work at a higher level than they are actually licensed. Ms. Johnson felt that it could be a role conflict, that they would practice beyond the scope of the LPN. Regarding the graduate issue, she noted that there is a much shorter time-line if they graduate in May, and within 30 to 45 days they can take the exam and be licensed by the first of July. Right now they have to wait until the first week of July to take the exam and then wait probably until the middle of August to know whether they are licensed or not. She would be supportive of 90 days rather than the 120 days following graduation to permit the practice of nursing by new graduates.

Joan Sevy, KONE, commented that they support an amendment to **HB 2603** that would modify the proposed language and permit the practice of nursing by new graduates for 120 days after graduation or until results of the first licensure exam are received, whichever comes first, as well as supportive of modifying this amendment to allow a 90 day time frame to be substituted for 120 day. She noted that the bulk of orientation occurs at the patient's bedside, because that is when the new graduate begins to integrate everything they have learned, and then begin to apply to patients they take care of, and if there is not an exemption or permit, employers are not going to allow student nurses to do that. (Attachment 5)

The meeting was adjourned at 11:10 a.m.

The next meeting is scheduled for March 18, 1994.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 8-17-94

NAME	ADDRESS	COMPANY / ORGANIZATION
Gerald Taylor	602 Ellinger Lawrence, KS	KS Bar of Nursing
Debra Price	600 Maple Shawnee KS	KSBN
Roberta Keelogg	Box 29 Grantville, KS	KSBN
Patsy Johnson ^{Ch Adm}	Topeka, K	KSBN
Patricia McKillip	"	"
Norathy Zuck	Hesston, KS	KSBN - KFLPN
Mark S. Braun	TOPEKA, KS	Asst. A.G. / KSBN
Diana Keener	1041 W 37th, Hays, KS	Assistant Prof of Nsg Fort Hays State University
Shellie Sprang	2122 E 15th, Tent. Olathe, KS	Senior Nursing Student MidAmerica Nazarene College
Georgia Bowling	1905 McFarland Junction City, KS	Senior Nursing Student Washburn Univ.
Debra Hotesohl	4935 NW Haven Rd Topeka, KS 66619	Senior Nursing Student Washburn University
Max Meyer	Topeka, KS.	KONE (Board member)
Mary Ellen Corlie	Wichita KS	St Francis Reg. Med. Center
Donna Taylor	Box 153 Emporia	KFLPN President
ELIZABETH E. TAYLOR	129 N. Broadway	TOPEKA KFLPN
LINDA MCGILL	TOPEKA	PETE MCGILL & ASSOC
Marilyn Bradt	Lawrence	KCOA
Carolyn Muddendorf	Topeka	KSNA
Wendi Allen	Topeka	KHCA
Rose	Topeka	Senate Hall
Tierri Roberts	Topeka	KSNA
Billis List	"	Atty. Gen.
Mary Jane Stattelmar	Topeka	AG
DON LINDSEY	OSAWATOMIE	UTM
Chip Wheelen	Topeka	KS Med Soc

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551
Topeka, Kansas 66612-1230
913-296-4929
FAX 913-296-3929



Patsy L. Johnson, R.N., M.N.
Executive Administrator
913-296-5752

TO: The Honorable Senator Sandy Praeger, Chairperson
and Members of the Public Health & Welfare Committee

FROM: Patsy L. Johnson, R.N., M.N.
Executive Administrator
Kansas State Board of Nursing

DATE: March 17, 1994

RE: HB 2602

Introduction

The Kansas State Board of Nursing asks support of a change in the Nurse Practice Act to govern the licensed practical nurse (L.P.N) in the practice of intravenous fluid therapy.

History

Over the last several years due to changes in health care practices, there has been an increasing need to have L.P.N.'s perform IV therapy. With the increased use of the L.P.N. in IV therapy, it was recognized that there was a lack of standardization of IV therapy courses. Evaluation of competency was also inconsistent. There was a general feeling in the nursing community that certain IV therapy practices should be limited only to registered professional nurses.

Since January, 1990, the Board of Nursing has had 18 meetings with representatives from various nursing organizations to develop a consensus for the regulation of L.P.N. IV therapy practice. A survey was conducted and IV therapy course guidelines, an occupational profile, and proposed rules and regulations have been written to prepare for this legislation. (See Attachments A-D) For the third time, the Board submits a bill on L.P.N.'s and IV therapy and hopes it will be passed.

Senate PH&W
Attachment #1
3-17-94

Janette Pucci, R.N., M.S.N.
Education Specialist
296-3782

Patricia McKillip, R.N., Ph.D.
Education Specialist
296-3782

Diane Glynn, R.N., J.D.
Practice Specialist
296-4325

Mark S. Braun, J.D.
Assistant Attorney General
Disciplinary Counsel
296-4325

Review of HB 2602

Section 1 (a) provides the definitions used in the bill. Education and competency are the core concepts of this legislation. The Board is supportive of the amendment to add the definition of supervision. The definition is taken from the National Council of State Boards of Nursing's concept paper on delegation.

Section 1 (b) and (c) refers to the L.P.N.'s limited and expanded scope of I.V. therapy practice. Limited scope includes those procedures learned in the basic educational preparation and will require no further education. Before performing those practices under expanded scope of I.V. therapy, the L.P.N. will be required to take an advanced course. The first requirement before a L.P.N. is eligible for advanced IV therapy is that the L.P.N. have one year of clinical experience which the Board believes is essential.

The second topic of section 1 (c) addresses how L.P.N.'s become qualified to administer IV therapy. There are three routes a L.P.N. may follow to become certified. Currently the Board is recommending a 40 hour IV therapy course with 8 clinical hours. A competency examination is also prescribed in section 1 (c). This helps assure that a minimum competency is reached before the individual is allowed to perform in an expanded area.

There is one more slight revision that needs to be made. In section 1 (b) and (c), "as defined by rules and regulations of the board" may be eliminated since definition of limited and expanded scope of practice is addressed in (d) (1). (Attachment E)

In section 1 (d) the statute allows the Board to write rules and regulations in several areas. Limited, expanded, and restricted practices will be specifically defined. The statute also allows the Board to write rules and regulations to govern providers of education courses for the expanded IV practice.

Section 1 (e) established an advisory committee including non Board members which will meet at least annually to review current topics. The Board had already planned to pay for expenses to attend advisory meetings so is supportive of the amendment to (e).

New paragraph (h) has been added as an exception to the law which allows a physician to delegate I.V. therapy even when the L.P.N. is not certified. Delegation of medical acts is current practice under the Healing Arts Act, K.S.A. 65-2872 (g). If there is inappropriate delegation, the physician can be disciplined for incompetent practice, K.S.A. 65-2837 (a) (26). (Attachment F) The Board supports changing the word "order" to "delegation" in the amendment. (Attachment G) The word "order" is too general and could refer to written or verbal orders that the physician gives to any licensed nurse. Delegation is more specific. The physician has assessed the patient and then is delegating to a specific L.P.N. a procedure which will be carried out as a medical act under the physician's license. The L.P.N. still has a responsibility for competency in performing the procedure and when not competent should tell the physician. Even if the L.P.N. is not certified, the Board believes the physician and L.P.N. will be responsible for the procedure being carried out in a safe manner. The Board supports the revised amendment.

Fiscal Impact

The Board has not proposed any fees for approval of IV therapy courses. After review with the Board's two Education Specialists, it has been determined that some additional staffing is going to be needed to carry out this change. (See fiscal note)

Summary

In the interest of maintaining accountability for protecting the health care consumer, HB 2602 has been prepared by the Board of Nursing to govern the practice of L.P.N. IV therapy by establishing parameters for L.P.N. education and practice. Standardized requirements for the L.P.N. IV therapy course should provide consistency in educational content. Minimum competency will be validated by successful completion of an examination approved by the Board.

The Board asks passage of HB 2602 as amended.

Thank you. I will be glad to answer questions.

L.P.N. and IV Therapy

Survey of Employers - 1990

Percentage of Affirmative Responses

	Level of Practice	Hospital N = 98	Nursing Homes N = 159	Home Health N = 79	Total N = 336
IV Procedures					
Monitor IV treatments	+	62	13	14	28
Adjust IV infusion rates without medications	+	10	17	25	25
Discontinue IV fluid treatments	+	65	14	19	30
Change IV tubing and dressings	**	40	6	9	16
Calculate the rate of IV infusions	*	41	5	11	17
Add parenteral solutions to existing IV lines	*	34	2	9	13
Perform venipuncture peripherally	*	7	8	5	7
Add designated premixed medications to existing IV	*	19	2	4	8
Administer medications by piggy-back methods	*	22	3	3	9
Adjust IV infusion rates with medications	*	27	6	5	11
Add TPN fluids to existing lines	*	6	3	1	4
Administer drugs IV push	*-	8	0	1	3
Initiate TPN fluids	-	3	1	0	2
Initiate or add antineoplastic age	-	0	0	0	0
Initiate or add blood and/or blood components	-	1	1	0	0
A mandatory IV infusion therapy certification program for LPNs	*	16	4	6	8
A voluntary IV infusion therapy certification program for LPNs	+	7	7	9	7

Limited scope +

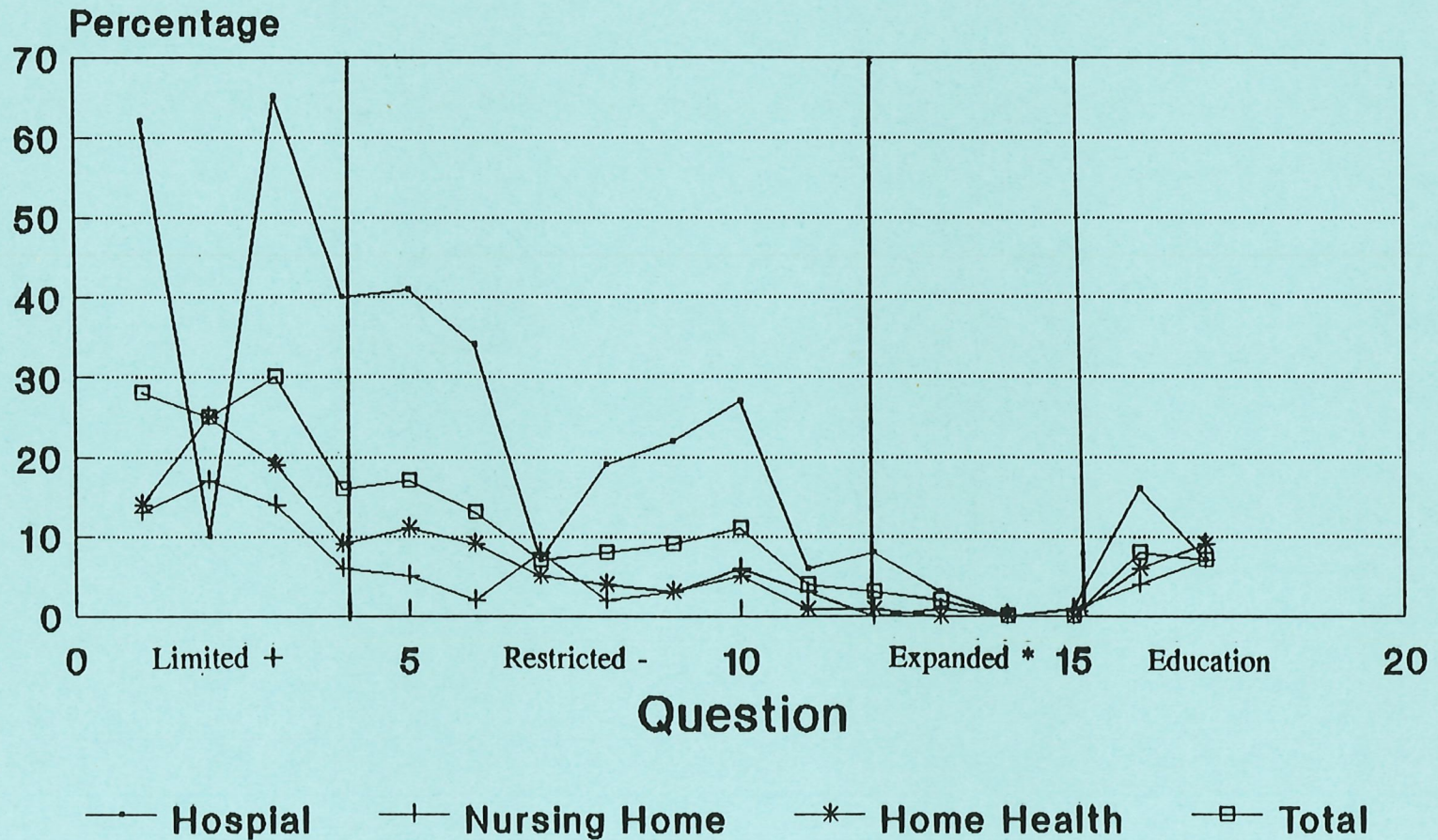
Expanded scope *

Restricted -

1-4

L.P.N. and IV Therapy

Survey of Employers - 1990



Allowing Practice

1-5

OCTOBER 22, 1991

IV THERAPY COURSE GUIDELINES

The following IV therapy course guidelines were prepared by a task force comprised of representatives from nursing associations, hospitals, long term care facilities, vocational technical schools, community colleges, the Kansas State Board of Education and the Kansas State Board of Nursing. The guidelines will be recommended to the State Board of Education to be used as review criteria for applications submitted by area vocational technical schools or community colleges to offer an IV therapy course.

A. Limitations: The core IV therapy course will not teach students to perform the following functions:

1. Initiating anti-neoplastic agents.
2. Initiating blood and blood products.
3. Initiating TPN.
4. Administration of IV push medications
(administration of selected medications could be taught in additional course of study).
5. Central venous catheter management.

B. Pre-requisites for admission

1. Must be a licensed nurse.
2. Schools and/or community colleges may establish other pre-requisites according to institutional policy.

C. Length of course

1. The course shall be a minimum of 48 contact hours and must include clinical instruction.

D. Course components: The course shall include the following components:

1. Review of the Kansas Nurse Practice Act and the policies and procedures of the clinical agency where practical experience is received including scope of practice.
2. Anatomy and physiology applied to IV therapy.
3. Relationship between intravenous fluid treatment administration and the body's hemostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance and cellular physiology.

4. Principles of infection control in intravenous fluid treatment administration.
5. Identification of various types of equipment used in intravenous fluid treatment administration with content related to criteria for use of each and means of trouble-shooting for malfunctions.
6. Principles of compatibility and incompatibility of drugs and solutions.
7. Nursing management of special intravenous fluid treatment administration procedures that are commonly used in the clinical setting, such as heparin lock.
8. Procedures for venipuncture, including psychological preparation, site selections, skin preparation, puncture, anchor, collection of equipment and documentation.
9. Maintenance of intravenous fluid treatment administration system: discontinuing intravenous fluid treatment administration, monitoring infusion, changing containers and tubing, care of site, etc.
10. Nursing management of the patient receiving drug therapy, including actions, interactions, adverse reactions, methods of administration and assessment.
11. Signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for those complications.
12. Calculations of fluid and drug administration rates.
13. Psychosocial aspects of IV therapy throughout the life-span.

E. Clinical supervision of students

1. By the instructor of record employed by an area vocational technical school or community college as an adult education teacher.
2. By a preceptor who has been oriented to course content and course expectations and who functions under an agreement between the teaching institution and the clinical facility.

3. No more than five (5) students per instructor will be allowed in the clinical setting.

F. Class enrollment

1. Maximum enrollment shall not exceed ten (10) per class.

G. Instructor qualifications

1. Current licensure as a registered nurse.
2. Occupational experience of no less than 4000 hours within the last three years.

H. Testing and Evaluation:

1. The student shall achieve a passing grade of 80% or better on a final exam consisting of written and clinical components.
2. The clinical exam shall include evaluation of the achievement of the clinical objectives of the course.
3. The instructor shall complete the final records and the record sheet shall include competencies and scores.

I. Competency Check List:

1. The Competency Profile developed by the Kansas State Board of Education - Competency Based Center will be available for determining competencies of students enrolled in the IV therapy course.
2. It is suggested that a copy of the completed profile be given to each student at the completion of the course.

J. Certificate of Completion:

Shall be provided to the student according to the education institutional policy and procedure.

Addendum: Specific guidelines for Advanced IV Therapy Training Courses have not been adopted. Health care providers requiring advanced IV therapy courses should contact the nearest area vocational technical school or community college for appropriate procedures to facilitate the training program needed.

1-8

KANSAS OCCUPATIONAL PROFILE

IV THERAPIST - LPN

91/

Name _____ SS# _____ / _____ / _____

School _____ Instructor _____

- RATING SCALE:**
- 3 Skilled-Works independently
 - 2 Limited Skill-Requires assistance to perform task
 - 1 Skill Undeveloped-Received instruction but has not developed skill
 - 0 No Exposure-No instruction or training in this area

DIRECTIONS: Evaluate the student by checking the appropriate number to indicate the degree of competency reached. Rate each task to reflect employability readiness.

ENROLLMENT DATE _____ / _____ / _____ COMPLETION DATE _____ / _____ / _____ HOURS COMPLETED _____

I certify that the student received training in the areas indicated.

Student Signature _____ Date _____ / _____ / _____

Instructor Signature _____ Date _____ / _____ / _____

Administrator Signature _____ Date _____ / _____ / _____

- | | | |
|---|--|--|
| <p>A. ROLES & RESPONSIBILITIES RELATED TO IV THERAPY</p> <p>IX. PLAN PROMOTION</p> <p>3210 1. Review Kansas Nursing Practice Act</p> <p>3210 2. Demonstrate understanding of practices & procedures of clinical agency</p> <p>3210 3. Demonstrate knowledge of scope of practice</p> <p>3210 4. Identify examples of negligence/malpractice in performance of IV Therapy</p> <p>3210 5. Identify principles in avoiding malpractice lawsuits</p> <p>B. ANATOMY AND PHYSIOLOGY AS APPLIED TO IV THERAPY</p> <p>3210 6. Identify functions of the skin</p> <p>3210 7. Identify layers of the skin</p> <p>3210 8. Differentiate between arteries, arterioles, veins, venules, and capillaries</p> <p>3210 9. Locate four structures of a vein</p> <p>3210 10. Identify veins of upper extremity and torso</p> <p>3210 11. List predisposing factors to vasovagal reaction</p> <p>3210 12. Match cardiopulmonary anatomy and physiology terms to correct definitions</p> <p>3210 13. Trace the circulation of blood through the cardiopulmonary system</p> <p>3210 14. Identify anatomical structures of the heart</p> <p>3210 15. State the function of the heart</p> <p>3210 16. Recognize factors that can cause alterations to cardiopulmonary system</p> <p>3210 17. Match hematology terms to correct definitions</p> <p>3210 18. State the number of liters of blood in adult</p> <p>3210 19. List three functions of blood</p> | <p>3210 20. Match formed elements in blood to correct functions</p> <p>3210 21. List steps of the blood clotting process</p> <p>3210 22. Name factors which can alter the normal blood clotting process</p> <p>C. FUNDAMENTAL ASPECTS OF FLUID AND ELECTROLYTE BALANCE</p> <p>3210 23. Name percentage of body weight composed of water for prematures, infants, adults, elderly</p> <p>3210 24. Name functions of water</p> <p>3210 25. Name normal sources of water</p> <p>3210 26. Identify major organs regulating fluid output</p> <p>3210 27. List nursing responsibilities when monitoring fluid balance</p> <p>3210 28. List fluid compartments</p> <p>3210 29. Name functions of electrolytes</p> <p>3210 30. List major electrolytes</p> <p>3210 31. Define acid-base balance</p> <p>3210 32. List buffer systems</p> <p>3210 33. Identify nursing objective in fluid and electrolyte imbalances</p> <p>3210 34. Define types of fluid and electrolyte imbalances</p> <p>3210 35. Match types of fluid and electrolyte imbalances</p> <p>3210 36. Identify types of acid-base imbalances</p> <p>3210 37. List possible related causes for acid-base imbalances</p> <p>3210 38. Match terms related to parenteral fluids to correct definitions</p> <p>3210 39. List official requirements of intravenous fluids</p> <p>3210 40. Identify specific IV fluids and indications for use</p> | <p>3210 41. List systemic dangers in administration of specific intravenous fluids</p> <p>D. RECOGNITION AND PREVENTING IV THERAPY RELATED COMPLICATIONS</p> <p>3210 42. Adhere to local practices/procedures and applicable national guidelines</p> <p>3210 43. Employ infection control guidelines relevant to prevention of communicable diseases</p> <p>E. PSYCHOSOCIAL NEEDS OF PATIENT RECEIVING IV THERAPY</p> <p>3210 44. State rationale for patient preparation for IV therapy</p> <p>3210 45. Communicate steps of procedure to patient</p> <p>3210 46. Gain an awareness of patient's personal psychosocial needs</p> <p>3210 47. Identify effects of stress on patient's nervous system, cardiovascular system, emotional status</p> <p>3210 48. Provide emotional support of IV therapy patient</p> <p>3210 49. Identify factors causing patient non-cooperation</p> <p>3210 50. Demonstrate nursing approaches for dealing with an uncooperative patient</p> <p>3210 51. Identify psychological needs throughout the life span associated with IV therapy administration</p> <p>F. ADMINISTRATION OF IV FLUID THERAPY</p> <p>3210 52. Select appropriate venous access devices</p> |
|---|--|--|

- 3210 53. Identify advantages and disadvantages of various venous access devices
- 3210 54. Collect and assemble IV therapy equipment
- 3210 55. Conduct physical preparation of patient for procedure
- 3210 56. Insert venous access devices
- over-the-needle cannula
 - winged-tip needle
 - heparin lock
- 3210 57. Convert IV access device to heparin lock
- 3210 58. Adapt equipment and procedures for pediatric patient
- Pediatric fluid and electrolyte balance
 - Equipment and site selection
 - Documentation
 - Administration of preservative free heparin flush to neonates
 - Other age-related differences
 - adolescent
 - geriatric
 - IV therapy related conditions for which the geriatric patient is at greater risk

G. INTRAVENOUS FLUID THERAPY MAINTENANCE

- 3210 59. Monitor and maintain flow rate
- 3210 60. Replace fluid containers
- 3210 61. Replace and/or change tubing administration set
- 3210 62. Replace peripheral venous access devices
- 3210 63. Perform heparin flush
- 3210 64. Assess need for armboard/restraint use
- 3210 65. Apply armboard/restraint
- 3210 66. Manage IV site care
- Site observation
 - Aseptic application of dressing
- 3210 67. Discontinue IV infusion

H. IV MEDICATIONS

- 3210 68. Identify and state major implications of medication therapy
- 3210 69. List advantages and disadvantages of the IV route
- 3210 70. Identify types of incompatibilities
- 3210 71. Prevent incompatibilities
- drug-admixture stability
- 3210 72. Demonstrate knowledge of drug interactions

- 3210 73. State the five rights of accurate drug administration
- 3210 74. List modes of intravenous administration
- 3210 75. Recognize signs and symptoms of drug reactions
- 3210 76. Recognize and respond to emergency drug reactions
- 3210 77. Identify terms and abbreviations used in IV medication dosage calculation
- 3210 78. Convert equivalencies
- 3210 79. Calculate volume needed to give a prescribed dose
- 3210 80. Calculate dosage needed to give a prescribed dose
- 3210 81. Calculate mcgm/kg/minute
- 3210 82. Administer IV piggy back medications via:
- continuous-flow tubing
 - heparin lock
 - secondary line with established primary line
- 3210 83. Administer IV meds via volumetric control device
- 3210 84. Administer med via direct injection
- 3210 85. Roles and responsibilities of LPN in chemotherapy
- Identify safety precautions when caring for patients receiving cytotoxic drug
 - Identify signs and symptoms of toxicity/side effects

I. BLOOD TRANSFUSION THERAPY

- 3210 86. Role and responsibilities of LPN in blood transfusion administration
- Identify principles of blood transfusion therapy
 - Choose which parenteral solution is appropriate for initiation/facilitation of delivery of blood/blood components
 - Recognize adverse reactions to blood transfusion
- 3210 87. Initiate nursing intervention responding to adverse reactions
- 3210 88. Identify disorders associated with blood transfusion therapy
- Hepatitis
 - AIDS

J. PARENTERAL NUTRITION

- 3210 89. Define TPN
- 3210 90. Recognize terms describing TPN
- 3210 91. Recognize indications for TPN
- 3210 92. Recognize TPN solution components

- 3210 93. Identify potential complications of TPN
- 3210 94. Recognize symptoms of sepsis
- 3210 95. Adhere to institution protocol for TPN therapy
- 3210 96. Recognize nursing considerations in fat emulsion therapy

K. DOCUMENTATION

- 3210 97. Document according to legal and institutional policies and procedures

DRAFT #8

9/15/93

INTRAVENOUS FLUID THERAPY

60-16-101. Definitions. (a) "Administration of Intravenous Fluid Therapy" means the therapeutic infusion or injection of substances through the venous system, consisting of activity which includes, but is not limited to: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, assessing, intervening and evaluating.

(b) "Supervision" means the provision of guidance by a qualified registered professional nurse for the accomplishment of a nursing activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(c) "Direct Supervision" means the registered professional nurse has to be physically present.

(d) "Indirect supervision" means the registered professional nurse does not in all instances have to be on the premises in order for the licensed practical nurse to perform the delegated functions.

(e) "Competency examination" means a written examination and demonstration of mastery of clinical components of intravenous fluid therapy.

1-11

DRAFT #8

9/15/93

60-16-102. Scope of practice for licensed practical nurse and intravenous fluid therapy. (a)

Upon completion of a generic practical nursing program approved by the board, an L.P.N. under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment to include:

- (1) Observing and monitoring intravenous infusions;
- (2) maintaining the calculated flow rate of intravenous infusions;
- (3) discontinuing intravenous infusions and removal of peripheral lines;
- (4) changing intravenous dressings;
- (5) observing and reporting subjective and objective signs of adverse reactions to IV administration; and
- (6) documenting observations and procedures performed;

(b) Licensed practical nurses who have satisfactorily completed an approved course of instruction approved by the board may perform in addition to functions in section (a) the following procedures relating to the expanded administration of intravenous fluid therapy under the indirect supervision of a registered professional nurse:

- (1) Calculating the rate of intravenous fluid infusions;
- (2) adding parenteral solutions to existing patent intravenous lines;
- (3) changing intravenous tubing;
- (4) initiating intravenous fluid treatment only peripherally and only with ~~devices~~ cannulas which do not exceed three (3) inches in length;

(5) adding, to existing patent intravenous lines, designated premixed medications, via intravenous piggy-back, either by continuous or intermittent methods;

(6) adding the same fluid and electrolyte parenteral solutions as is currently infusing to an existing patent intravenous line;

(7) maintaining the patency of I.V. lines with heparin or normal saline;

(8) administering continuous I.V. drip analgesics and antibiotics; and

(9) in acute care settings:

(A) Mixing I.V. medications after passing a course approved by the specific institution's pharmacy and nurse administrator; and

(B) administering by direct IV push analgesics, antibiotics, antiemetics, and diuretics.

(c) Aspects of intravenous fluid treatment which are outside the scope of practice of the licensed practical nurse and shall not be administered by the licensed practical nurse include:

(1) Blood and blood products;

(2) investigational medications;

(3) anesthetics, antianxiety agents, biological therapy, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics, anticonvulsants, cardiovascular preparations and antineoplastics agents;

(4) initiating total parenteral nutrition;

(5) intravenous therapy in the home health setting with the exception of the approved scope of practice authorized in section (a);

(6) intravenous therapy to any patient under the age of 12 or less than 80 pounds with the exception of the approved scope of practice authorized in section (a); and

(7) titration of medications.

(d) Although this rule limits the scope of licensed practical nurse practice, it is appropriate for licensed practical nurses to care for patients receiving such therapy.

DRAFT #8

9/15/93

60-16-103. Approval procedure. (a) A provider desiring to obtain approval for an Intravenous Fluid Therapy Program shall submit a proposal to the board and pay a fee.

(b) The proposal shall contain:

- (1) Objectives of the program;
- (2) qualifications of the faculty of the program;
- (3) curriculum;
- (4) maximum faculty-student ratio in clinical component;
- (5) number of classroom hours and clinical practice under the supervision of a registered professional nurse designated by the sponsoring agency;
- (6) description of the educational facilities which will be used by the program;
- (7) mechanism through which the institution will determine that L.P.N.'s seeking admission to the program meet the admission requirements; and
- (8) methods of student evaluation which will be used including the examination.

(c) After initial approval, any change in the program shall be provided to the board for approval.

(d) When a program has been approved, then continuing nursing education will be awarded for 42 contact hours under a single program providership at no further cost. The single providership will be good for two years and then may be renewed as desired by the provider.

DRAFT #8

9/15/93

60-16-104. Standards for Course; Competency examination. (a) The purpose of the Intravenous Fluid Therapy Program shall be to prepare licensed practical nurses to perform expanded intravenous fluid therapy. The program shall be designed to teach knowledge, skills, and competencies in administration of intravenous therapy which shall qualify licensed practical nurses to perform this procedure safely.

(b) The course shall consist of at least forty (40) classroom hours of instruction and a minimum of eight (8) hours of clinical practice. It shall take place in a laboratory and clinical setting with patients under the supervision of faculty.

(c) To be eligible to enroll in an I.V. therapy course, a nurse must be currently licensed and, if a licensed practical nurse, have one year of clinical experience.

(d) Faculty qualifications:

(1) Each faculty member shall be currently licensed to practice as a registered professional nurse in Kansas;

(2) each faculty member shall have a minimum of three (3) years clinical experience which includes I.V. therapy prior to his or her appointment and demonstrate I.V. therapy competency; and

(3) non-nurse lecturers shall have professional preparation and qualifications for the specific subject area in which they are involved.

(e) Clinical Facility:

(1) All classrooms shall contain sufficient space, equipment and teaching aids to meet the course objectives;

(2) the facility in which clinical practice and the final competency examination is conducted shall allow students and instructors access to the intravenous fluid therapy equipment and access to intravenous fluid therapy recipients and to the pertinent records for purpose of documentation; and

(3) there shall be signed written agreement between the sponsoring agency and a cooperating health care facility which specifies the roles, responsibilities and liabilities of each party. This written agreement will not be required if the only health care facility to be used is also the sponsoring agency.

(f) An intravenous fluid therapy curriculum shall have the following components:

(1) Review of the Kansas nurse practice act, including current rules and the regulations and the policies and procedures of the clinical agency where **clinical instruction is given;**

(2) structure of the circulatory system including site and function of the veins used for venipuncture;

(3) relationship between intravenous fluid treatment administration and the body's hemostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance and cellular physiology;

(4) principles of infection control in intravenous fluid therapy administration;

(5) identification of various types of equipment used in intravenous fluid therapy administration with content related to criteria for use of each and means of trouble-shooting for malfunctions;

- (6) principles of compatibility and incompatibility of drugs and solutions;
- (7) nursing management of special intravenous fluid therapy administration procedures that are commonly used in the clinical setting, such as heparin lock;
- (8) procedures for venipuncture, including psychological preparation, site selections, skin preparation, puncture, anchor, collection of equipment and documentation;
- (9) maintenance of intravenous fluid therapy administration system: discontinuing intravenous fluid therapy administration, monitoring infusion, changing containers and tubing, care of site, etc;
- (10) nursing management of the patient receiving the drug therapy, including actions, interactions, adverse reactions, methods of administration and assessment;
- (11) signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for those complications;
- (12) calculations of fluid and drug administration rates; and
- (g) Competency examination standards:
 - (1) The student shall achieve a passing grade at the 85% level on a final competency examination. The final examination shall be constructed based on a test plan which will contain the components as listed in section (f). The test plan shall be reviewed by the advisory committee and approved by the board; and
 - (2) the instructor shall complete the final records and the record sheet shall include competencies and scores; and
 - (3) testing shall not be included as part of the clinical time.

1-18

(g) Records:

(1) The agency conducting the intravenous fluid therapy course shall:

(A) submit to the board within sixty (60) days the names and license numbers of the individuals who have successfully completed the course and the dates of completion;

(B) maintain the records of the individuals who have successfully completed the program for a period of at least five (5) years; and

(C) award a certificate documenting successful completion of the approved program by the board to the licensed nurse.

(D) submit to the board an annual report which includes the total number of applicants taking the IVFT course or competency examination and the number passing and failing the course or examination.

(2) a copy of the final record shall be provided to the licensed nurse.

DRAFT #8

9/15/93

60-16-105. Advisory Council or Review Committee. (a) There shall be a committee established to assist in the development and review of rules and regulations governing L.P.N.'s and intravenous therapy.

(b) The committee shall include, but is not limited to the following members:

(1) Two board members, one who shall chair the committee; and

(2) at least five non board members who shall be a:

(A) L.P.N. who practices I.V. therapy;

(B) R.N. nurse executive;

(C) provider of an I.V. therapy educational program **who is a R.N.;**

(D) nurse certified in I.V. therapy by the Intravenous Nurse Association; and

(E) academic educator **who is a R.N..**

As Amended by House Committee

Session of 1994

HOUSE BILL No. 2602

By Committee on Public Health and Welfare

1-12

9 AN ACT concerning qualifications of licensed practical nurses to
10 administer intravenous fluid therapy; establishing an advisory
11 committee.

12
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. (a) As used in this section:

15 (1) "Provider" means a person who is approved by the board to
16 administer an examination and to offer an intravenous fluid therapy
17 course which has been approved by the board.

18 (2) "Person" means an individual, organization, agency, institu-
19 tion or other legal entity.

20 (3) "Examination" means an intravenous fluid therapy compe-
21 tency examination approved by the board.

22 (4) "Supervision" means provision of guidance by a qualified
23 nurse for the accomplishment of a nursing task or activity with
24 initial direction of the task or activity and periodic inspection of
25 the actual act of accomplishing the task or activity.

26 (b) A licensed practical nurse may perform a limited scope of
27 intravenous fluid therapy, ~~as defined by rules and regulations of the~~
28 ~~board,~~ under the supervision of a registered professional nurse.

29 (c) A licensed practical nurse may perform an expanded scope of
30 intravenous fluid therapy, ~~as defined by rules and regulations of the~~
31 ~~board,~~ under the supervision of a registered professional nurse, if
32 the licensed practical nurse:

33 (1) Has had one year of clinical experience and successfully com-
34 pletes an intravenous fluid therapy course given by an approved
35 provider and passes an intravenous fluid therapy examination ad-
36 ministered by an approved provider;

37 (2) has had one year of clinical experience, has performed intra-
38 venous fluid therapy prior to the effective date of this act and has
39 successfully passed an examination; or

40 (3) has had one year of clinical experience, has successfully com-
41 pleted an intravenous fluid therapy course not given by an approved
42 provider and has passed an intravenous fluid therapy examination
43 not administered by an approved provider or approved by the board

Law Review and Bar Journal References:

"Legislative Review of Examining and Licensing Functions of State Boards and Commissions," Stanley D. Eloffson, 7 W.L.J. 307, 311 (1968).

Attorney General's Opinions:

Doctors of chiropractic cannot use the term "chiropractic physician." 87-42.

Persons deemed engaged in practice of chiropractic. 89-91

CASE ANNOTATIONS

1. State recognizes practice of chiropractic as one of the healing arts. *Taylor v. Maxwell*, 197 K. 509, 511, 419 P.2d 822.

2. Acupuncture does not constitute surgery and is not prohibited in the practice of chiropractic. *Acupuncture Society of Kansas v. Kansas Bd. of Healing Arts*, 226 K. 639, 643, 645, 646, 647, 602 P.2d 1311.

3. Chiropractor who intravenously administered laetrile violated healing arts act; license revocation upheld. *Kansas State Board of Healing Arts v. Burwell*, 5 K.A.2d 357, 359, 360, 361, 616 P.2d 1084.

65-2872. Persons not engaged in the practice of the healing arts. The practice of the healing arts shall not be construed to include the following persons:

(a) Persons rendering gratuitous services in the case of an emergency.

(b) Persons gratuitously administering ordinary household remedies.

(c) The members of any church practicing their religious tenets provided they shall not be exempt from complying with all public health regulations of the state.

(d) Students while in actual classroom attendance in an accredited healing arts school who after completing one (1) year's study treat diseases under the supervision of a licensed instructor.

(e) Students upon the completion of at least three (3) years study in an accredited healing arts school and who, as a part of their academic requirements for a degree, serve a preceptorship not to exceed ninety (90) days under the supervision of a licensed practitioner.

(f) Persons who massage for the purpose of relaxation, muscle conditioning, or figure improvement, provided no drugs are used and such persons do not hold themselves out to be physicians or healers.

→ (g) Persons whose professional services are performed under the supervision or by order of or referral from a practitioner who is licensed under this act.

(h) Persons in the general fields of psychology, education and social work, dealing with the social, psychological and moral well-being of individuals and/or groups provided they do not use drugs and do not hold them-

selves out to be the physicians, surgeons, osteopathic physicians or chiropractors.

(i) Practitioners of the healing arts in the United States army, navy, air force, public health service, and coast guard or other military service when acting in the line of duty in this state.

(j) Practitioners of the healing arts licensed in another state when and while incidentally called into this state in consultation with practitioners licensed in this state, or residing on the border of a neighboring state, duly licensed under the laws thereof to practice a branch of the healing arts, but who do not open an office or maintain or appoint a place to regularly meet patients or to receive calls within this state.

(k) Dentists practicing their professions, when licensed and practicing in accordance with the provisions of article 14 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.

(l) Optometrists practicing their professions, when licensed and practicing under and in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.

(m) Nurses practicing their profession when licensed and practicing under and in accordance with the provisions of article 11 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.

(n) Podiatrists practicing their profession, when licensed and practicing under and in accordance with the provisions of article 20 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.

(o) Every act or practice falling in the field of the healing art, not specifically excepted herein, shall constitute the practice thereof.

(p) Pharmacists practicing their profession, when licensed and practicing under and in accordance with the provisions of article 16 of chapter 65 of the Kansas Statutes Annotated, or amendments thereto, and any interpretation thereof by the supreme court of this state.

(q) A dentist licensed in accordance with the provisions of article 14 of chapter 65 of the Kansas Statutes Annotated who administers general and local anesthetics to facilitate medical procedures conducted by a person licensed to practice medicine and surgery if such dentist

(w) The licensee has an adverse judgment, award or settlement against the licensee resulting from a medical liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(x) The licensee has failed to report to the board any adverse judgment, settlement or award against the licensee resulting from a medical malpractice liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section.

(y) The licensee has failed to maintain a policy of professional liability insurance as required by K.S.A. 40-3402 or 40-3403a and amendments thereto.

(z) The licensee has failed to pay the annual premium surcharge as required by K.S.A. 40-3404 and amendments thereto.

(aa) The licensee has knowingly submitted any misleading, deceptive, untrue or fraudulent representation on a claim form, bill or statement.

(bb) The licensee as the responsible physician for a physician's assistant has failed to adequately direct and supervise the physician's assistant in accordance with K.S.A. 65-2896 to 65-2897a, inclusive, and amendments thereto, or rules and regulations adopted under such statutes.

History: L. 1957, ch. 343, § 36; L. 1969, ch. 299, § 10; L. 1972, ch. 231, § 8; L. 1976, ch. 273, § 14; L. 1976, ch. 275, § 1; L. 1979, ch. 198, § 3; L. 1983, ch. 214, § 1; L. 1983, ch. 213, § 7; L. 1984, ch. 236, § 1; L. 1986, ch. 234, § 5; L. 1986, ch. 229, § 41; L. 1986, ch. 239, § 2; L. 1987, ch. 176, § 5; L. 1987, ch. 239, § 3; L. 1987, ch. 242, § 3; L. 1989, ch. 196, § 1; L. 1991, ch. 192, § 2; July 1.

Research and Practice Aids:

Physicians and Surgeons — 11 et seq.

C.J.S. Physicians, Surgeons and Other Health-Care Providers § 35.

Law Review and Bar Journal References:

"The New Malpractice Act: Peer Review," James P. Buchele, 87, No. 9, Kan.Med. 233, 234, 235 (1986).

"New Law Allows Exempt License," Wayne T. Stratton, 88, No. 7, Kan.Med. 232 (1987).

"Malpractice '87: Status and Solutions," M. Martin Halley, M.D., J.D., 88, No. 9, Kan.Med. 261, 263, 264 (1987).

"Expungement: Lies That Can Hurt You in and out of Court," Steven K. O'Hern, 27 W.L.J. 574, 578, 586, 589, 598 (1988).

"Regulation of Medicine: The 57 Commandments," Wayne T. Stratton, 90, No. 5, Kan.Med. 128 (1989).

"The Physician-Patient Relationship: Rights and Obligations," M. Martin Halley, 69 J.K.M.S. 255, 256, 257 (1968).

"Abortion," M. Martin Halley, 69 J.K.M.S. 530, 531, 533 (1968).

"Legislative Review of Examining and Licensing Functions of State Boards and Commissions," Stanley D. Eloffson, 7 W.L.J. 307, 312 (1968).

"The Locality Doctrine and the Standard of Care of a Physician," Bruce W. Kent, 8 W.L.J. 339, 340 (1969).

"Recent Legislation: The Kansas Approach to Medical Malpractice," Nancy Neal Scherer and Robert P. Scherer, 16 W.L.J. 395, 408 (1977).

Judicial review of administrative decisions, 17 W.L.J. 312, 321, 323 (1978).

"Professional Medical Advertising," Howard N. Ward, M.D., J.D., 80 J.K.M.S. 436, 442 (July 1979).

Attorney General's Opinions:

Persons deemed engaged in practice of chiropractic. 89-91.

CASE ANNOTATIONS

1. Declaratory judgment action; validity of act; petition sufficient; plaintiffs entitled to sue for others. State Association of Chiropractors v. Anderson, 186 K. 130, 131, 132, 133, 134, 135, 137, 138, 139, 348 P.2d 1042.

2. Healing arts act held constitutional. Sutherland v. Ferguson, 194 K. 35, 37, 38, 397 P.2d 335.

3. Findings of board supported by substantial evidence; district court may not substitute its judgment for that of the board; revocation of license upheld. Kansas State Board of Healing Arts v. Foote, 200 K. 447, 449, 451, 452, 436 P.2d 828.

4. Intentionally making excessive and unwarranted charges for services is reason for revoking license of healing arts practitioner. Kansas State Board of Healing Arts v. Seasholtz, 210 K. 694, 695, 696, 697, 698, 504 P.2d 576 (1972).

5. Cited in upholding revocation of psychologist's certificate for "wrongful actions." Morra v. State Board of Examiners of Psychologists, 212 K. 103, 112, 510 P.2d 614.

6. Mentioned in determining order suspending license of professional nurse not unprofessional conduct; order unreasonable. Kansas State Board of Nursing v. Burkman, 216 K. 187, 192, 531 P.2d 122.

7. Subsections (b), (d), (e) and (f) construed in declaratory and injunctive relief action by chiropractors seeking to advertise; subsection (e) held unconstitutional so far as it prohibits truthful advertising. Bolton v. Kansas State Bd. of Healing Arts, 473 F.Supp. 728, 730, 731, 732, 734, 736.

8. Terms "immoral" or "dishonorable" conduct not unconstitutionally vague and indefinite; board's decision supported by evidence. Kansas State Board of Healing Arts v. Acker, 228 K. 145, 149, 152, 154, 612 P.2d 610.

9. Chiropractor who intravenously administered laetrile violated healing arts act; license revocation upheld. Kansas State Board of Healing Arts v. Burwell, 5 K.A.2d 357, 359, 616 P.2d 1084.

10. Authority of board to regulate the practice of medicine, review of board's decisions examined. Vakas v. Kansas Bd. of Healing Arts, 248 K. 589, 592, 808 P.2d 1355 (1991).

65-2837. Professional incompetency, unprofessional conduct, false advertisement and advertisement, license and licensee defined.

As used in K.S.A. 65-2836 and amendments thereto and in this section:

(a) "Professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board.

(2) Repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board.

(3) A pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice medicine.

(b) "Unprofessional conduct" means:

(1) Solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee.

(2) Representing to a patient that a manifestly incurable disease, condition or injury can be permanently cured.

(3) Assisting in the care or treatment of a patient without the consent of the patient, the attending physician or the patient's legal representatives.

(4) The use of any letters, words, or terms, as an affix, on stationery, in advertisements, or otherwise indicating that such person is entitled to practice a branch of the healing arts for which such person is not licensed.

(5) Performing, procuring or aiding and abetting in the performance or procurement of a criminal abortion.

(6) Willful betrayal of confidential information.

(7) Advertising professional superiority or the performance of professional services in a superior manner.

(8) Advertising to guarantee any professional service or to perform any operation painlessly.

(9) Participating in any action as a staff member of a medical care facility which is designed to exclude or which results in the exclusion of any person licensed to practice medicine and surgery from the medical staff of a nonprofit medical care facility licensed in this state because of the branch of the healing arts practiced by such person or without just cause.

(10) Failure to effectuate the declaration of a qualified patient as provided in subsection (a) of K.S.A. 65-28,107 and amendments thereto.

(11) Prescribing, ordering, dispensing, administering, selling, supplying or giving any amphetamines or sympathomimetic amines, except as authorized by K.S.A. 65-2837a and amendments thereto.

(12) Conduct likely to deceive, defraud or harm the public.

(13) Making a false or misleading statement regarding the licensee's skill or the efficacy or value of the drug, treatment or remedy prescribed by the licensee or at the licensee's direction in the treatment of any disease or other condition of the body or mind.

(14) Aiding or abetting the practice of the healing arts by an unlicensed, incompetent or impaired person.

(15) Allowing another person or organization to use the licensee's license to practice the healing arts.

(16) Commission of any act of sexual abuse, misconduct or exploitation related to the licensee's professional practice.

(17) The use of any false, fraudulent or deceptive statement in any document connected with the practice of the healing arts including the intentional falsifying or fraudulent altering of a patient or medical care facility record.

(18) Obtaining any fee by fraud, deceit or misrepresentation.

(19) Directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services not actually and personally rendered, other than through the legal functioning of lawful professional partnerships, corporations or associations.

(20) Failure to transfer patient records to another licensee when requested to do so by the subject patient or by such patient's legally designated representative.

(21) Performing unnecessary tests, examinations or services which have no legitimate medical purpose.

(22) Charging an excessive fee for services rendered.

(23) Prescribing, dispensing, administering, distributing a prescription drug or substance, including a controlled substance, in an excessive, improper or inappropriate manner or quantity or not in the course of the licensee's professional practice.

(24) Repeated failure to practice healing arts with that level of care, skill and treatment which is recognized by a reasonably prudent similar practitioner as being acceptable under similar conditions and circumstances.

(25) Failure to keep written medical records which accurately describe the services rendered to the patient, including patient histories, pertinent findings, examination results and test results.

→ (26) Delegating professional responsibilities to a person when the licensee knows or has reason to know that such person is not qualified by training, experience or licensure to perform them.

(27) Using experimental forms of therapy without proper informed patient consent, without conforming to generally accepted criteria or standard protocols, without keeping detailed legible records or without having periodic analysis of the study and results reviewed by a committee or peers.

(28) Prescribing, dispensing, administering or distributing an anabolic steroid or human growth hormone for other than a valid medical purpose. Bodybuilding, muscle enhancement or increasing muscle bulk or strength through the use of an anabolic steroid or human growth hormone by a person who is in good health is not a valid medical purpose.

(c) "False advertisement" means any advertisement which is false, misleading or deceptive in a material respect. In determining whether any advertisement is misleading, there shall be taken into account not only representations made or suggested by statement, word, design, device, sound or any combination thereof, but also the extent to which the advertisement fails to reveal facts material in the light of such representations made.

(d) "Advertisement" means all representations disseminated in any manner or by any means, for the purpose of inducing, or which are likely to induce, directly or indirectly, the purchase of professional services.

(e) "Licensee" for purposes of this section and K.S.A. 65-2836 and amendments thereto shall mean all persons issued a license, permit or special permit pursuant to article 28 of chapter 65 of the Kansas Statutes Annotated.

(f) "License" for purposes of this section and K.S.A. 65-2836 and amendments thereto shall mean any license, permit or special permit granted under article 28 of chapter 65 of the Kansas Statutes Annotated.

History: L. 1957, ch. 343, § 37; L. 1976, ch. 273, § 15; L. 1979, ch. 198, § 4; L. 1979, ch. 200, § 1; L. 1983, ch. 214, § 2; L. 1984, ch. 237, § 2; L. 1986, ch. 229, § 42; L. 1987, ch. 176, § 6; L. 1989, ch. 196, § 2; L. 1991, ch. 192, § 3; July 1.

Research and Practice Aids:

Physicians and Surgeons ⇐ 11.2.

C.J.S. Physicians, Surgeons and Other Health-Care Providers §§ 38 to 42.

Law Review and Bar Journal References:

"The Physician-Patient Relationship: Rights and Obligations," M. Martin Halley, 69 J.K.M.S. 255, 256, 257 (1968).

"Abortion," M. Martin Halley, 69 J.K.M.S. 530, 531, 533 (1968).

"Legislative Review of Examining and Licensing Functions of State Boards and Commissions," Stanley D. Elofson, 7 W.L.J. 307, 312 (1968).

"Physician's Assistant and Nurse Practitioner Laws: A Study of Health Law Reform," Philip C. Kissam, 24 K.L.R. 1, 16 (1975).

Administrative decisions, 17 W.L.J. 312, 321, 323 (1978).

"Professional Medical Advertising," Howard N. Ward, M.D., J.D., 80 J.K.M.S. 436, 442 (July 1979).

"Euthanasia: A Medical and Legal Overview," Howard N. Ward, 49 J.B.A.K. 317, 329 (1980).

"Interference with Economic Relations of Attorneys," Martin E. Conrey and Lawrence M. Gurney, 23 W.L.J. 528, 553 (1984).

"Malpractice '87: Status and Solutions," M. Martin Halley, M.D., J.D., 88, No. 9, Kan.Med. 261, 263, 264 (1987).

"Physician Advertising," Wayne T. Stratton, 89, No. 7, Kan.Med. 180 (1988).

"Regulation of Medicine: The 57 Commandments," Wayne T. Stratton, 90, No. 5, Kan.Med. 128 (1989).

Attorney General's Opinions:

Scope of the home health agency act. 86-135.

Physician-patient privileged communication; inmates; physician justified in notifying officials when necessary to protect health of other inmates. 87-139.

Abortion; ability of state to regulate. 91-130.

CASE ANNOTATIONS

1. Findings of board supported by substantial evidence; district court may not substitute its judgment for that of the board; revocation of license upheld. *Kansas State Board of Healing Arts v. Foote*, 200 K. 447, 449, 451, 452, 436 P.2d 828.

2. Cited in upholding revocation of psychologist's certificate for "wrongful actions." *Morra v. State Board of Examiners of Psychologists*, 212 K. 103, 112, 510 P.2d 614.

3. Mentioned in determining order suspending license of professional nurse not unprofessional conduct; order unreasonable. *Kansas State Board of Nursing v. Burkman*, 216 K. 187, 192, 531 P.2d 122.

4. Statute discussed in declaratory and injunctive relief action by chiropractors seeking to advertise; subsections (a), (i) and (o) declared unconstitutional so far as they apply to truthful advertising. *Bolton v. Kansas State Bd. of Healing Arts*, 473 F.Supp. 728, 730, 731, 732, 734, 736.

5. Suspension of license for "dishonorable conduct" upheld. *Kansas State Board of Healing Arts v. Acker*, 228 K. 145, 149, 612 P.2d 610.

6. Cited; legitimate public interest in parent's psychiatric history exists when welfare of children at issue. *Werner v. Kliever*, 238 K. 289, 297, 710 P.2d 1250 (1985).

7. Cited; ambulance services as professional services and exempt from bidding requirements in home rule statute (19-214) examined. *Curtis Ambulance v. Shawnee Cty. Bd. of Cty. Com'rs*, 811 F.2d 1371, 1380 (1987).

1 and, upon application to the board for review and approval of such
 2 course and examination, has had the board determine that such
 3 course and examination meets or exceeds the standards required
 4 under this act for an approved course and approved examination
 5 administered by a provider.

6 (d) The board may adopt rules and regulations:

7 (1) Which define the limited and expanded scope of practice of
 8 intravenous fluid therapy which may be performed by a licensed
 9 practical nurse under the supervision of a registered professional
 10 nurse;

11 (2) which restricts specific intravenous fluid therapy practices;

12 (3) which prescribe standards for an intravenous fluid therapy
 13 course and examination required of an approved provider;

14 (4) which govern provider record requirements;

15 (5) which prescribe the procedure to approve, condition, limit
 16 and withdraw approval as a provider; and

17 (6) which further implement the provisions of this section.

18 (e) An advisory committee of not less than two board members
 19 and five nonboard members shall be established by the board to
 20 advise and assist the board in implementing this section as deter-
 21 mined by the board. The advisory committee shall meet at least
 22 annually. Members of the advisory committee shall receive amounts
 23 provided for in subsection (e) of K.S.A. 75-3223 and amendments
 24 thereto for each day of actual attendance at any meeting of the
 25 advisory committee or any subcommittee meeting of the advisory
 26 committee authorized by the board.

27 (f) On and after July 1, 1995, no licensed practical nurse shall
 28 perform intravenous fluid therapy unless qualified to perform intra-
 29 venous fluid therapy under this section and rules and regulations
 30 adopted by the board.

31 (g) Nothing in this section shall be construed to prohibit the
 32 performance of intravenous fluid therapy by a registered professional
 33 nurse.

34 (h) Nothing in this section shall be construed to prohibit per-
 35 formance of intravenous fluid therapy by a licensed practical nurse
 36 when performed ~~under the order of a person licensed to practice~~
 37 ~~medicine and surgery.~~

38 (h) (i) This section shall be part of and supplemental to the Kansas
 39 nurse practice act.

40 Sec. 2. This act shall take effect and be in force from and after
 41 its publication in the Kansas register.

by delegation

, or dentistry.

1-26



For Further Information Contact:
Terri Roberts J.D., R.N.
Executive Director
Kansas State Nurses Association
700 SW Jackson, Suite 601
Topeka, KS 66603-3731
913-233-8638
Date: March 17, 1994

H.B. 2602 LPN/IV Administration

Senator Praeger and members of the Senate Public Health and Welfare Committee, thank you for this opportunity to speak with you. My name is Terri Roberts J.D., R.N. and I am the Executive Director of the Kansas State Nurses Association.

The Kansas State Nurses Association appreciates the efforts of the other statewide nursing organizations and the Kansas Board of Nursing to reach a unified resolution to the issue of LPNs administering intravenous medications. H.B. 2602 is a compromise on the part of the nursing organizations involved. The KSNA Council on Education and Council on Practice with nurses that represent nursing education and practice have been instrumental in the professional organizations deliberation over the past three years.

We believe the bill will:

- *provide a parameter regarding the administration of intravenous medications within the LPN practice
- *ensure a standard of preparation and competency across the state
- *provide safety for the client
- *give direction to registered professional nurses (RN's) who must supervise LPN's
- *provide limitations for inappropriate employer mandates.

While we are pleased to support H.B. 2602, the association is also extremely committed to ongoing implementation involvement. We will be reviewing the:

- *educational package LPN/IV expectations and functions
- *non-compliance by employers of practice parameters

Kansas State Nurses Association Constituent of The American Nurses Association

700 SW Jackson, Suite 601 * Topeka, Kansas 66603-3731 * (913) 233-8638 * Fax (913) 233-5222
Carolyn Middendorf, M.N., R.N. -- President * Terri Roberts, J.D., R.N. -- Executive Director

Senate PH&W
Attach #2
3-17-94

H.B. 2602 Testimony
March 17, 1994
Page 2

*regulations to ensure that compromises accepted by major nursing organizations which specify the expanded role of functions and limitations are included.

KSNA does have one serious concern about the bill, an amendment was added in the House that was proposed by the Kansas Medical Society (KMS), it appears on page 2, line 34, new (h).

Exempting physicians who delegate to LPNs is in direct conflict with purposes of the unprofessional conduct provision in the healing arts act KSA 65-2837 (26). LPNs will be specifically prohibited from administering certain IVs. They will be disciplined for violating this provision. The exception for physician delegation to LPNs will create two standards.

I have attached a briefing statement which more fully explains the intricacies of these statutes and our objections. We believe that the KMS Amendment is an attempt to circumvent the Nurse Practice Act changes being proposed in H.B. 2602, to undermine the authority of the Board of Nursing to regulate nursing practice, and to avoid the restrictions placed by the legislature in the 1986 amendments to the Healing Arts acts to limit MD/DO delegation.

We strongly recommend that the new (h) be stricken from the bill.

On behalf of the KSNA, I ask your thoughtful support of H.B. 2602 and the proposed amendment.

Thank you for your attention.

a:94legislation/orange/hb2602/la 1-94

The Kansas State Nurses Association (KSNA) urges the Senate Public Health and Welfare Committee to reject the KMS Amendment in HB 2602 LPN/IV Administration

It will create two standards for LPNs:

- 1) Practicing as LPNs, under the Nurse Practice Act (NPA)
- 2) Practicing under Medical Delegation, under the exemption added as new (h)*

The KMS Amendment is an attempt to circumvent the Nurse Practice Act changes being proposed in H.B. 2602, to undermine the authority of the Board of Nursing to regulate nursing practice, and to avoid the restrictions placed by the legislature in the 1986 amendments to the Healing Arts acts to limit MD/DO delegation.

✓'s and Balances

Physicians do not have unlimited delegatory authority.

The Healing Arts Act K.S.A. 65-2872 (g) reads as follows:

Persons not engaged in the practice of the healing arts. The practice of the healing arts shall not be construed to include the following persons:

(g) Persons whose professional services are performed under the supervision or by order of or referral from a practitioner who is licensed under this act.

The check and balance to their delegatory authority was added by the legislature in 1986 during tort reform. It is listed in K.S.A. 65-2837 (26) under the definition of unprofessional conduct and reads:

K.S.A. 65-2837 (a) "Professional incompetency" means:

(26) Delegation of professional responsibilities to a person when the licensee knows or has a reason to know that such person is not qualified by training, experience or licensure to perform them.

This provision was added to establish a standard for what may **NOT** be delegated by physicians.

Problem with KMS Amendment

Exempting physicians who delegate IV administration to LPNs is in direct conflict with the purposes and legislative intent of the "unprofessional conduct" provision of the Healing Arts Act K.S.A. 65-2837(a)(26).

What is the purpose of H.B. 2602

In order to protect the public, LPNs will be required to take a specific course and demonstrate competency in administering IVs. They will also be specifically prohibited from administering certain IV's. They may be disciplined by the Board of Nursing for violating this provision.

Thank you for your support.

*NOTE: KMS Amendment (h) lines 34-37 page 2 of H.B. 2602:

(h) Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy by a licensed practical nurse when performed under the order of a person licensed to practice medicine and surgery.

Kansas State Nurses Association Constituent of The American Nurses Association

700 SW Jackson, Suite 601 * Topeka, Kansas 66603-3731 * (913) 233-8638 * Fax (913) 233-5222
Carolyn Middendorf, M.N., R.N. -- President * Terri Roberts, J.D., R.N. -- Executive Director

2-3

1 and, upon application to the board for review and approval of such
2 course and examination, has had the board determine that such
3 course and examination meets or exceeds the standards required
4 under this act for an approved course and approved examination
5 administered by a provider.

6 (d) The board may adopt rules and regulations:

7 (1) Which define the limited and expanded scope of practice of
8 intravenous fluid therapy which may be performed by a licensed
9 practical nurse under the supervision of a registered professional
10 nurse;

11 (2) which restricts specific intravenous fluid therapy practices;

12 (3) which prescribe standards for an intravenous fluid therapy
13 course and examination required of an approved provider;

14 (4) which govern provider record requirements;

15 (5) which prescribe the procedure to approve, condition, limit
16 and withdraw approval as a provider; and

17 (6) which further implement the provisions of this section.

18 (c) An advisory committee of not less than two board members
19 and five nonboard members shall be established by the board to
20 advise and assist the board in implementing this section as deter-
21 mined by the board. The advisory committee shall meet at least
22 annually. Members of the advisory committee shall receive amounts
23 provided for in subsection (c) of K.S.A. 75-3223 and amendments
24 thereto for each day of actual attendance at any meeting of the
25 advisory committee or any subcommittee meeting of the advisory
26 committee authorized by the board.

27 (f) On and after July 1, 1995, no licensed practical nurse shall
28 perform intravenous fluid therapy unless qualified to perform intra-
29 venous fluid therapy under this section and rules and regulations
30 adopted by the board.

31 (g) Nothing in this section shall be construed to prohibit the
32 performance of intravenous fluid therapy by a registered professional
33 nurse.

34 ~~(h) Nothing in this section shall be construed to prohibit per-~~
35 ~~formance of intravenous fluid therapy by a licensed practical nurse~~
36 ~~when performed under the order of a person licensed to practice~~
37 ~~medicine and surgery.~~

38 (h) (i) This section shall be part of and supplemental to the Kansas
39 nurse practice act.

40 Sec. 2. This act shall take effect and be in force from and after
its publication in the Kansas register.

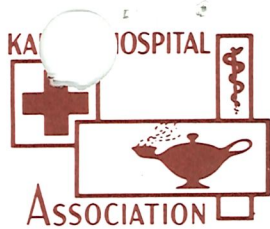
K S N A
the voice of Nursing in Kansas

KANSAS STATE NURSES' ASSOCIATION
700 S.W. JACKSON • SUITE 601
TOPEKA, KS 66603-3731
913-233-8638
FAX 913-233-5222
CAR PHONE 913-224-3714
HOME PHONE 913-354-9303

TERRI ROBERTS, J.D., R.N.
EXECUTIVE DIRECTOR

AMENDMENT:

DELETE ALL OF SECTION (h)



Memorandum

Donald A. Wilson
President

March 17, 1994

TO: Senate Public Health & Welfare Committee
FROM: Kansas Hospital Association
RE: HB 2602

KHA appreciates this opportunity to speak in support of H.B. 2602. This bill sets forth the qualifications of licensed practical nurses, LPNs, to administer intravenous fluid therapy.

We support this bill, as amended, for several reasons. First and foremost, we participated in a consensus building process that alleviated a number of our concerns. The product of that process is not only H.B. 2602, but also a draft of some regulations which the Kansas State Board of Nursing has agreed to at least consider, if the bill is adopted and becomes law. Reaching a consensus on the statutory language and the draft regulations required hours of debate, negotiation and compromise among various groups in the health care community. In the end, we all agreed that H.B. 2602 and the draft regulations, are a reasonable and workable approach to regulating this important area of nursing practice.

Senate PH&W
Attachment #
3-17-94
3

Some of the aspects of this bill which we feel are important are as follows:

KHA supports a standardized course of study as the requirement for LPNs to perform designated IV therapies. The language in this bill clarifies what has been a confusing area of nursing practice. Specifically, who is authorized to perform which IV therapy procedures and what constitutes adequate educational preparation?. H.B. 2602 answers these questions. The answer will be helpful to LPN's, RN's, their employers, as well as the patients they serve.

As a major employer of LPNs, hospitals are concerned that the grandfathering provision in Section 1 (c) work smoothly. In this regard, the Kansas State Board of Nursing has assured us that the IV Therapy Course Guidelines adopted in 1991 and the LPN/IV therapy competency statements prepared by the Kansas State Department of Education, will meet the requirements for expanded scope of practice. We want to emphasize that the Board of Nursing must be prepared to review the influx of applications for approval of IV therapy courses in a timely manner.

Section 1 (d) states that the Board of Nursing may adopt rules and regulations which define the limited and expanded scope of practice of intravenous therapy by a licensed practical nurse under the supervision of a registered professional nurse.

We support this section of the bill because it does not contain a "laundry list" of IV therapy medications that LPNs are restricted from administering. We support regulatory limitations as opposed to statutory limitations because (as you legislators know) regulations are more easily changed than statutes. We believe that changes to the IV therapy scope of practice will almost certainly be required in the future. The health care field, especially pharmacology, is changing rapidly. There could be advances in IV therapy that would make currently restricted drugs safe for LPNs to administer. Or, more importantly, new drugs could be developed, which would be inappropriate for LPNs to administer.

We believe that a legal requirement for the advisory committee to meet at least annually is appropriate. In view of the technological advances mentioned earlier, the rules and regulations

which define the "limited" and "expanded" scope of IV therapy practice by a licensed practical nurse must be reviewed on an annual basis. We trust the Board of Nursing will use the advisory committee for this purpose.

In closing, the Kansas Hospital Association wholeheartedly supports H.B. 2602. Thank you for considering our comments. I would be happy to address any questions you may have.

K/Nrsng/test.lpn



Taylor & Associates

A POLITICAL/ASSOCIATION MANAGEMENT COMPANY
933 KANSAS AVENUE
TOPEKA, KANSAS 66612
(913) 354-9900

TESTIMONY PRESENTED ON BEHALF OF
KANSAS FEDERATION OF LICENSED PRACTICAL NURSES

HB 2602
IV THERAPY BY LPNS

March 17, 1994
SENATE PUBLIC HEALTH & WELFARE COMMITTEE

KFLPN representing the Licensed Practical Nurses throughout Kansas has always sought for the fair and efficient use of nurses at all levels of nursing practice. Licensed Practical Nurses have been trained to function under the supervision of the Registered Nurse. This practice has long been tradition and is well accepted by the LPN. Never has the LPN sought any change in this relationship.

Today, we are here to offer our support to HB 2602 which is the result of several years of meetings and negotiations on the issue of LPNs administering IV Therapy. KFLPN has been a part of the negotiating team and strongly supports the measures which are part of this compromise.

It is the position of KFLPN that under the supervision of an RN, any nursing task which the LPN has received proper training for and which the supervising RN believes the LPN is competent to perform, she/he should be allowed to perform. We are excited to now to be moving on to working with the same group of organizations on the criteria for proper training.

As medical, pharmaceutical and nursing technology continues to change, the LPN stands ready and willing to plan its role in providing the best possible health care to our patients.

Testimony respectfully submitted by Elizabeth E. Taylor on behalf of KFLPN.

Senate PHEW
Attachment #4
3-17-94

Senator Praeger
Members of the Senate Committee
on Public Health & Welfare

March 17, 1994

My name is Joan Sevy. I am a member of the Board of Directors for the Kansas Organization of Nurse Executives. I am also a practicing nurse executive, holding the position of Vice President, Patient Care Services, at a hospital here in Topeka. I am here to represent KONE's position on HB 2602 and HB 2603.

As my previous testimony indicates, the Kansas Organization of Nurse Executives fully supports HB 2602 which expands the scope of practice by Licensed Practical Nurses for intravenous therapy. The KONE Board trusts that the Kansas State Board of Nursing will follow through with the proposed rules and regulations developed by the consensus building process facilitated by the Board. Further, we support the amendment which clarifies the term "supervision". Although we continue to fail to see the need for the amendment introduced by the Kansas Medical Society, we do not see any effect it will have on the implementation of the legislation, provided the wording is changed from "order of a physician" to "under the delegation of a physician or dentist". With that change we would have no substantial issue with it at this time.

Our position on HB 2603 remains two-fold as previously stated, ie. one of support for changes affecting the qualifications of applicants and secondly, one of emphatic strong opposition to the proposed removal of language in the exemption clause currently contained in the practice act. I refer to Section 3, KSA 65-1124(e) which refers to graduate nurses.

In previous testimony by Susan Fry, another KONE Board Member,

Senate PH&W
Attachment #5
3-17-94

we outlined our reasons for support in changes affecting the qualifications of applicants. Again, we trust that the Board of Nursing will follow through with their stated intent to utilize nationally recognized standards in evaluating curricula of foreign nursing schools.

Also, in previous testimony, Ms. Fry clearly stated our very strong objections to the removal of the exemption clause for graduate nurses, and our concerns regarding impact this action would have on the new professionals and the citizens of Kansas.

Let me clearly state, again, that the changes in the administration of the licensing exam do not create any new problems for employers of new graduates. The possibility that unlicensed practice may occur, exists right now. As responsible professional nurse executives, we take our accountability to the public seriously and therefore, have in place already appropriate measures to protect our patients from unlicensed nurses. We do this, and would continue to do this, through placing requirements on our employees which are intended to protect the public.

Therefore, we wish to state again our strong support for an amendment to HB 2603 which would modify the proposed language, and permit the practice of nursing by new graduates for 120 days after graduation or until results of the first licensure exam are received, whichever comes first. We are supportive of modifying this amendment to allow a 90 day time frame to be substituted for 120 days.

We ask each of you to support this amendment to HB 2603.
Thank you.

5-2

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551
Topeka, Kansas 66612-1230
913-296-4929
FAX 913-296-3929



Patsy L. Johnson, R.N., M.N.
Executive Administrator
913-296-5752

TO: The Honorable Senator Sandy Praeger, Chairperson
and Members of the Public Health & Welfare Committee

FROM: Patsy L. Johnson, R.N., M.N.
Executive Administrator
Kansas State Board of Nursing

DATE: March 17, 1994

RE: HB 2603

In HB 2603 the Board of Nursing proposes a change to update the Nurse Practice Act.

Licensure Qualifications

In K.S.A. 65-1115 and 65-1116, the major change is to clarify what qualifications must be met before an applicant is eligible for licensure. Last summer over 40 nurses from several different countries applied for R.N. licensure in Kansas. Because of a different interpretation by the Board's Assistant Attorney General on paragraph (a) and (c), the Board had difficulty in licensing the foreign educated nurses. The Board has followed the same procedure in licensing foreign graduates for many years. The revision of Section 1 (a) and (c) continues this licensure process.

➤ In section (2), K.S.A. 65-1116 (a) (2), an amendment has been added which the Board opposes. Logically, if an individual is educated at the R.N. level, then that person should have the knowledge and skill to be licensed at the L.P.N. level. The concern over this amendment is not that the person is not knowledgeable, but how that knowledge will be used. The Board believes

Janette Pucci, R.N., M.S.N.
Education Specialist
296-3782

Patricia McKillip, R.N., Ph.D.
Education Specialist
296-3782

Diane Glynn, R.N., J.D.
Practice Specialist
296-4325

Mark S. Braun, J.D.
Assistant Attorney General
Disciplinary Counsel
296-4325

Senate PH&W
Attachment #6
3-17-94

there could be some role conflict. A person who is educated as a R.N., but licensed and working as a L.P.N., may have difficulty in delineating between the two roles thus possibly practicing beyond the scope of a L.P.N. From the 1994 February R.N. examination, there would be 79 applicants who failed who would now be candidates to take the L.P.N. examination. (Attachment A)

If this amendment is not removed, then a revision of the amendment is suggested.

(Attachment B) The nurse needs to know the difference between the two roles. A compromise would be to require additional education in role delineation before the candidate would be allowed to sit the L.P.N. exam. Such course work could be done through L.P.N. schools or possibly as a self-study program.

New (b) has been added to provide an avenue if an applicant is deficient in some area of education. After the deficiency is corrected, the applicant will be eligible to take the licensure examination. This allows the Board flexibility in dealing with individual applicants.

Refresher Course

New (a)(2) clarifies the requirement of a refresher course if a nurse has been unlicensed for more than five years. In (d), the temporary permit which has been allowed for a person completing the clinical portion of a refresher course has been deleted. A new exemption (o) has been added to K.S.A. 65-1124 to allow for the clinical portion of the refresher course.

Exemption for Unlicensed Practice

→ The Board is opposed to the amendment in section 3, K.S.A. 65-1124 (e) which allows a 120 day exemption for graduate nurses to practice as licensed nurses until the results of the first licensure examination. After April 1, all professional and practical national licensure examinations will be administered per computer. Instead of one date when the examination is administered to all candidates, each candidate will schedule an appointment to take the exam. Because a candidate can test immediately after finishing school, the Board expects that everyone

can be tested and licensed within 30-45 days. Because it takes so little time to get a license, the Board believes an exemption is not needed.

In addition to the time factor, there are other reasons for no exemption. Because orientation of a new graduate costs over \$4,000, employers are waiting and hiring only new graduates who have passed the licensure examination. Candidates can start orientation programs while awaiting to take the exam, so there is little employment time lost. Also, because candidates will test at different times, the Board anticipates that employers are going to have a more difficult time tracking licensure thus a greater incidence of unlicensed practice. Each year there is six or seven occurrences of unlicensed practice when graduates fail the exam.

Currently many states are in legislative session to change the law with regard to graduate practice. Using E-mail to gather information from other states, the Board has received the following data:

Number of States	
No permit or exemption	8
60 day exemption	5
90 day exemption	6
Longer than 90 days	2
Total	21

The Board prefers the exemption for graduate practice be removed totally, but would consider a compromise of a 60 or 90 day exemption. The 120 days is too long and could possibly allow some graduates to take the examination twice during that time. The graduate who fails can now retake the examination in 91 days. If graduates do not notify employers of exam dates, then periods of unlicensed practice could occur.

Fiscal Note

The Board believes the two amendments which have been inserted in the bill will increase the workload in the disciplinary department. Since July, 1992, there has been a total of 101 cases of unlicensed practice with over \$11,000 being collected for the General Fund. Without understanding the role, professional nurse graduates who become licensed as L.P.N.'s may practice beyond their scope. Directors of Nursing may also be disciplined since they are allowing the unlicensed practice or delegating inappropriately to the L.P.N. who was educated in a professional school of nursing. The Board has had 600 cases to investigate each of the last two years and has an on-going back log. With any increase in cases, a full or part-time investigator will be needed.

Summary

The Board is opposed to the two amendments added to the bill. The Board would prefer the amendments be removed but has offered compromise language.

The Board asks you to pass HB 2603 without the two amendments. ✓

Thank you.

I would be glad to answer questions.

Attachment A

February 1994 R.N. Licensure Examination

First time takers

	BSN Programs	ADN Programs
Total graduates	137	136
Total failed	18	4
No. L.P.N.'s	1	0
Eligible for exam	17	4

Repeat takers

	BSN Programs	ADN Programs	Diploma
Total graduates	53	80	7
Total failed	45	14	5
No. L.P.N.'s	9	7	0
Eligible for exam	36	7	5

Foreign

	Pass	Fail
First time	3	3
Repeat	3	7
Eligible for exam		10

Already L.P.N.'s - 17
Total eligible for L.P.N. exam - 79

(Note: more may be eligible who did not take the February R.N. examination)

more than five years or for licensure in this state from another state if the applicant has not been engaged in practice of nursing for five years preceeding application. The 180-day temporary permit may be renewed by the board for one additional period not to exceed 180 days.

Sec. 2. K.S.A. 1993 Supp. 65-1116 is hereby amended to read as follows: 65-1116. (a) *Qualification*. An applicant for a license to practice as a licensed practical nurse shall file with the board a written application for a license and submit to the board satisfactory proof that the applicant: (1) Has graduated from a high school accredited by the appropriate legal accrediting agency or has obtained the equivalent of a high school education, as determined by the state department of education; (2) ~~has successfully completed the prescribed curriculum in an accredited school of practical nursing and holds evidence of graduation from the an accredited school of practical nursing or professional nursing in the United States or its territories or has successfully completed the prescribed curriculum in an accredited from a school of practical nursing located outside this state which maintains standards at least equal to schools of practical nursing which are accredited by the board and holds evidence of graduation from the school or professional nursing in a foreign country which is approved by the board as defined in rules and regulations; and (3) has obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation.~~

(b) *If the board finds in evaluating any applicant that such applicant is deficient in qualification or in the quality of such applicant's educational experience, the board may require such applicant to fulfill such remedial or other requirements as the board may prescribe.*

(c) *License*. (1) *By Examination*. The applicant shall be required to pass an examination in such subjects as the board may prescribe. Each examination may be supplemented by an oral or practical examination. Upon successfully passing such examinations, the board shall issue to the applicant a license to practice as a licensed practical nurse. (2) *Without examination*. The board may issue a license to practice as a licensed practical nurse without examination to any applicant who has been duly licensed or registered by examination as a licensed practical nurse or a person entitled to perform similar services under a different title under the laws of any other state, territory or foreign country if, in the opinion of the board, the applicant meets the requirements for licensed practical nurses in this state. *Refresher course*. Not-

(3)

holds evidence of graduation from an accredited school of professional nursing in the United States or its territories or from a school of professional nursing in a foreign country which is approved by the board as defined in rules and regulations and has successfully completed a course in role delineation as approved by the board



FOR MORE INFORMATION CONTACT:
Terri Roberts R.N., J.D.
Executive Director
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731
913-233-8638
Date: March 17, 1994

H.B. 2603 Nurse Practice Act Changes Foreign Nurse Application and Graduate Nurse Practice Issue

Senator Praeger and members of the Senate Public Health and Welfare Committee, my name is Terri Roberts J.D., R.N. and I am the Executive Director of the Kansas State Nurses Association.

FOREIGN NURSE APPLICANTS PROCESSING

The Kansas State Nurses Association supports H.B. 2603 as it relates to addressing the review and processing of foreign applicants for licensure.

REFRESHER COURSE

We also support the accommodation made for nurses taking refresher courses. This exception appears on page 6, line 3 with the addition of new (o) which reads:

"the practice of nursing by applicants in the supervised clinical portion of a refresher course."

GRADUATES OF RN PROGRAMS ELIGIBILITY TO WRITE LPN LICENSURE EXAM

An amendment was added in the House to permit graduates of RN programs to be eligible to apply for the LPN exam.

The current nurse practice act specifically states that to be eligible to write the exam for licensure as a LPN, you must graduate from a licensed practical nursing program.

There are students who have completed professional nursing (RN) courses in the U.S. and foreign countries who would be able to take the LPN exam if this language in the NPA was changed to include graduating from either a Licensed Practical Nursing Program, or a Professional Nursing Program. Ten (10) percent of GNS fail the exam for RN licensure, and this would permit these individuals to avail themselves of the LPN

Kansas State Nurses Association Constituent of The American Nurses Association

700 SW Jackson, Suite 601 * Topeka, Kansas 66603-3731 * (913) 233-8638 * Fax (913) 233-5222
Carolyn Middendorf, M.N., R.N. -- President * Terri Roberts, J.D., R.N. -- Executive Director

Senate PH&W
Attachment #7
3-17-94

licensure status while waiting to retake the RN licensure exam. Foreign students, who are having difficulty passing the RN exam would also be able to write the LPN exam for licensure.

HOW WILL THIS WORK

If a RN candidate is notified on Monday that she failed the CAT exam the previous Wednesday, she would complete a form from the Board of Nursing, pay a second fee for licensing and the LPN CAT exam and return this form to the Board of Nursing. The Board already confirm eligibility for the RN exam, so the paperwork from the schools, etc. would already have been processed. This second request would be a paperwork formality only. The time frames, if the Board of Nursing is correct, would be about one week before the candidate was notified by the testing center that they were eligible to make an appointment for the LPN exam. About 48 hours after taking the LPN CAT exam, the candidate would know her result. If she passes she would be eligible to work as a licensed practical nurse, while continuing to study for her retake of the RN CAT exam three months after the first one she failed.

The Board of Nursing is suggesting that a course be required by the GN for role delineation as an LPN. We recognize that this may be of concern, but cannot support the concept of requiring attendance at a course. The availability and location of such a course would be a major barrier to the intent of this amendment. If the Board of Nursing believes that these individuals will need information about LPN practice parameters, as opposed to the RN scope of practice, we recommend that a self-study exam and attestation be developed, similar to the drivers license exam/booklet. The attestation would state that the applicant has read and understands the Nurse Practice Act related to LPN practice. This would reinforce the significance of practicing in the role licensed, but would not hinder the application and testing timeframe.

EFFECTIVE DATE

We would further recommend that in light of this provision that the implementation date for H.B. 2603 (page 6, line 14) be changed to publication in the Kansas register. This would permit the Board of Nursing to develop the attestation/application and be prepared for GNs failing the exam in June 94.

GN PRACTICE

In the House Committee the Kansas State Nurses Association asked that H.B. 2603 be amended to permit GNs to practice for 120 days following graduation. This amendment was supported by a number of nursing organizations and does appear in the bill you have before you (page 5, line 5). We had studied the proposal submitted by the Board of Nursing that

H.B 2603 Testimony
March 17, 1994
Page 3

would prohibit Graduate Nurses and Graduate Practical Nurses from practicing prior to receiving results of their first licensure exam, and could not support that concept.

Dianne Koerner, a nurse educator from Fort Hays State University will address the committee with supporting statements.

Thank you.

a:94legislation/orange/hb2603/la 2-94

1 behalf of an individual in need of in-home care as the terms "at-
2 tendant care services" and "individual in need of in-home care" are
3 defined under K.S.A. 65-6201 and amendments thereto; or

4 (n) performance of a nursing task by a person when that task is
5 delegated by a licensed nurse, within the reasonable exercise of
6 independent nursing judgment, and is performed with reasonable
7 skill and safety by that person under the supervision of a registered
8 professional nurse or a licensed practical nurse; or

9 (o) *the practice of nursing by applicants in the supervised clinical*
10 *portion of a refresher course.*

11 Sec. 4. K.S.A. 65-1124 and K.S.A. 1993 Supp. 65-1115 and 65-
12 1116 are hereby repealed.

13 Sec. 5. This act shall take effect and be in force from and after
14 its publication in the ~~statute book~~-----

AMENDMENT:

----- Kansas register.

6-2

For More Information Contact:
Terri Roberts J.D., R.N.
Executive Director
Kansas State Nurses Association
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731
913-233-8638
Date: March 17, 1994

H.B. 2603 Nurse Practice Act Graduate Nurse Practice Issue

Senator Praeger and members of the Senate Public Health and Welfare Committee, my name is Dianna Koerner. I am currently a nurse educator at Fort Hays State University where I teach medical/surgical nursing. I have been in nursing education for 18 years.

I currently serve on the Kansas State Nurses Association Council on Education which is responsible for reviewing trends and recommending changes in nursing education on behalf of the professional organization.

In the clinical rotations that I supervise, students are observed and evaluated closely as they care for patients (clients) in a variety of acute and long term care settings. We have many clinical check-offs and competency exams that each student must pass before they can pass to the next level and graduate from nursing school.

The Kansas State Nurses Association offered the amendment to H.B. 2603 that would provide an incentive to sign up for the CAT Exam, a 120 day time limit, but retain the ability of GN's and GPN's to practice pending the results of the first computer test they take.

The following was our rationale for the amendment:

*GNs and GPNs solidify their formal education during the time that they practice immediately following graduation. Not permitting them to practice immediately after graduation may result in lower passing rates and decreased confidence and competency depending on the span of time that they must wait to take the examination and get board results.

*GNs and GPNs understand the legal ramifications of practicing once they have been denied licensure for failing to pass the exam. Nurse executives also understand the significance of this and currently have procedures in place to monitor the

Kansas State Nurses Association Constituent of The American Nurses Association

700 SW Jackson, Suite 601 * Topeka, Kansas 66603-3731 * (913) 233-8638 * Fax (913) 233-5222
Carolyn Middendorf, M.N., R.N. -- President * Terri Roberts, J.D., R.N. -- Executive Director

Senate PH&W
Attachment #8
3-17-94

licensure status of not only the GNs/GPNs who work at their institutions, but all of the LICENSED nurses on their staff.

*GNs and GPNs have provided nursing care to patients and have helped fill the shortage of RNs and LPNs in hospitals and nursing homes during the past 40 plus years during which the current "exceptions clause" was allowed. There exists no documentation that there has been a problem with the quality of health care services delivered during this time frame. Because we are changing the way we test new graduates and NOT the way we educate nursing students, we should see no change from what we have experienced in the practice setting.

*Many nursing students struggle economically to complete their education. Most take GN or GPN positions immediately after graduation and depend on the higher rate of pay to help pay bills and living expenses and begin paying back educational loans.

*This amendment decreases potential recruitment of our graduates across state lines. Missouri and Colorado, are going to permit new graduates to practice nursing as GNs and GPNs. Outward migration of graduates for financial reasons is a real concern in border communities such as Kansas City, Pittsburg, and Liberal.

The reason we selected 120 days as the time limit is because that is the time frame that exists now for a majority of the candidates who graduate, both RN candidates and LPN candidates. There have been four exams per year in the past. GNs graduating May 15 have received their results around September 10 (115 days).

As a nurse educator and a representative of the nursing profession, I strongly encourage your support of this version of H.B. 2603 to permit GNs/GPNs to practice during the time prior to the results of their first licensure exam.

Thank you for this opportunity to address you.

NOTE:

GN/RN Exams

			<u>Days</u>
December 15 Grads	Test in February	Results March 20	(95)
May 15 Grads	Test in July	Results Sept. 1	(110)

GN/LPN Exams

			<u>Days</u>
December 15 Grads	Test in April	Results May 15	(150)
June 30 Grads	Test in October	Results November 15	(145)

Dear Senators:

My name is Debra Hatesohl and I am a senior nursing student at Washburn University School of Nursing. I am here today on behalf of another senior nursing student, Shannon Bonesteel.

I respectfully ask your indulgence as I deliver her testimony. She regrettably could not be here today as she had planned.

Shannon Bonesteel
1803 West Blanchard
South Hutchinson, KS 67505

March 17, 1994
H.B. 2603

Senator Praeger and members of the Senate Public Health and Welfare Committee. My name is Shannon Bonesteel, and I am a senior in the nursing program at the Hutchinson Community College. I was born and raised in Hutchinson and I have been working at the Hutchinson Hospital as a Certified Nursing Assistant for over three years.

I began considering the nursing profession shortly after my grandmother died in the spring of 1990. I had been touched by the nurses from the local Hospice that had been there for my family and I during that hard time. I decided right then that I wanted to touch people's lives in that special way also.

Over the past two and a half years I have worked harder than I ever have in my life to get to where I am today, a few months away from being a graduate nurse. My fellow students and I have strived day after day to become competent, trustworthy, and caring professionals.

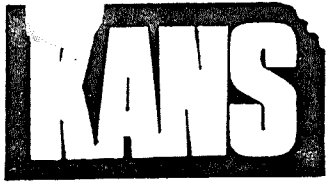
I plan to begin working at Hutchinson Hospital on the medical surgical floor. This hospital has helped graduate nurses like myself to begin advancing in their careers for many years. I am looking forward to perfecting my skills and daily tasks that I will perform for every one of my patients.

X I am extremely concerned about this proposal that restricts graduate nurses from working. After two and a half years of hard work, I dread being held back from all of the knowledge and experience that I can gain in the weeks following my graduation. I have worked closely with many graduate nurses in the past few years, and I could see them growing into new people right before my eyes. They were finally out there applying all they had learned in their years of education. They were able to master their skills and knowledge they had worked so hard to achieve.

Now, it is finally my turn to become a graduate nurse and begin on my dreams and ambitions. I know that I will continue putting forth every effort I have to maintain the integrity, wisdom, and caring spirit that I have worked so hard to achieve. For myself and the hundreds of other graduate nurses counting on this proposal to begin their journeys of life, please continue to let us work as part of the health care team.

Thank you.

*Senate PH&W
Attachment #9
3-17-94*



KANSAS ASSOCIATION OF NURSING STUDENTS

Georgenia Bowling
1905 McFarland Road
Junction City, KS 66441
(913) 238-3458

President

Georgenia Bowling
1905 McFarland Rd.
Junction City, KS 66441
(Washburn University)
(913) 238-3458

Vice-President Parliamentary

James D. Bloomer
2116 S.W. Meadow Ln.
Topeka, KS 66614
(Washburn University)
(913) 272-4028

Vice-President Convention

Jeanette Hawkins
11450 Grant Drive
Overland Park, KS 66210
(Kansas University)
(913) 345-2403

Treasurer

Joan Steffey
Rt. 1, Box 124
Altoona, KS 66710
(Pittsburg State)
(316) 839-5864

Secretary

Jill Chalfain
206 Lawrence Ave.
Lawrence, KS 66044
(Baker University)
(913) 749-4658

Projects Chairperson

Dania Murphy
1701 S. Pine, Apt. C
Pittsburg, KS 66767
(Pittsburg State)
(316) 232-8644

Legislative Chairperson

Cindi Tedder
1014 Burns
Emporia, KS 66801
(Emporia State Univ.)
(316) 343-7794

Newsletter Editor

Janet Caple
P. O. Box 429
Parsons, KS 67357
(Pittsburg State)
(316) 784-5360

Membership Chairperson

Darla Easter
Rt. 2, Box 442
Pittsburg, KS 66262
(Pittsburg State)
(316) 232-7920

Consultant

James E. Seitz, R.N.
4801 S.W. 17th
Topeka, KS 66604
(Veterans Administration: Topeka)
(913) 272-9445

H.B. 2603 Nurse Practice Act As Amended by House Committee Graduate Nurse Practice Issue

Chairperson Praeger and members of the Senate Public Health and Welfare Committee, my name is Georgenia Bowling and I am the immediate past president of the Kansas Association of Nursing Students, K.A.N.S. The Kansas Association of Nursing Students represents over 3,000 nursing students throughout the state of Kansas. I am also a senior at Washburn University School of Nursing and commute from my home in Junction City, KS.

The Kansas Association of Nursing Students supports H.B. 2603 as amended by House Committee. This amended version provides an incentive for new graduates to sign up for the Computerized Adaptive Testing (CAT) Exam, but still retains the ability of graduate nurses (GN's) and graduate practical nurses (GPN's) to practice, for a maximum of 120 days following graduation, pending the results of the first computer test candidates take.

The following is our rationale for supporting the amendment:

As GNs and GPNs we will receive notification approximately two weeks after our respective schools of nursing verify our graduation to the Board of Nursing that we are eligible to take the exam. When we call the Sylvan Learning Center they must provide a testing time within 30 days of our initial call. Following the test, the Board of Nursing will be notified within 48 hours by Sylvan Learning Centers of pass/fail status. The Board of Nursing would then in turn notify candidates of licensure status based on the exam results. Assuming that all the time elements I have discussed are accurate, and that is giving the yet to be tested

*Senate PH&W
Attachment # 10
3-17-94*

system the benefit of the doubt, potentially 44 or more days will be gone. We feel valuable professional experiences will be lost to us as we wait to take the exam. In talking with prior GNs they have stated that the time they were allowed to work as GNs after graduation was a time that they increased their confidence and knowledge level. A time when they also increased their competency while working under supervision. This period of time is a window of opportunity to apply theoretical knowledge into practice. Many GNs will be working in rural areas of Kansas and have plans to start working immediately after graduation.

You can be assured that as GNs we understand the legal ramifications of practicing once we have been denied licensure for failing to pass the exam. As student nurses our behavior exemplifies honor.

I am only one of many student nurses who have received a scholarship from the Kansas Board of Regents to pursue nursing as a field of study and to practice nursing in Kansas with an emphasis on underserved rural areas. My future employer, Geary Community Hospital in Junction City, KS, has requested I start work as soon as possible after graduation on May 14, 1994. I want to honor that request and start serving the community that sponsored me with scholarships. Personally, I am planning to pass my board exam, but in the event I do not, I can assure you I would not attempt to practice and misrepresent this information to my employer.

For many of us the loss of income while we wait for the CAT Exam will be an economic hardship. We come from all walks of life, single mothers, independent students who have put themselves through college, or like myself, a wife, and mother of two children. I quit work after 15 years to pursue a lifetime dream. We live on extremely tight budgets.

The loss of income for 6 to 8 weeks for GN's practicing in rural Kansas range from \$2700 to \$3600. This amount is based on a 40 hour work week in Geary County. While I choose to practice in a rural area, many may choose to cross the state lines into Kansas City, Missouri and neighboring Colorado where GN's are allowed to practice. It would be sad for the state of Kansas to educate

excellent nurses, then see them leave the state of Kansas to seek employment once they graduate.

We, as student nurses in Kansas, appreciate your consideration and hope that you will support the privilege of new graduates to work. The experience, knowledge and wages that would be lost during the proposed wait could be and should be avoided.

We are more than college students seeking a degree. We are nursing students entering a profession striving to make a difference in the lives of people in Kansas!

Thank you for this opportunity to address you.



Memorandum

Donald A. Wilson
President

March 17, 1994

TO: Senate Public Health & Welfare Committee

FROM: Kansas Hospital Association

RE: HB 2603

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of HB 2603, dealing with amendments to the Nurse Practice Act.

First, we support the thrust of Sections 1 and 2 which is to clarify the eligibility of foreign trained nurses to practice in Kansas. We are aware that in the past some Kansas hospitals have been faced with the potential loss of much needed nursing personnel because it was felt there was insufficient flexibility under current law to deal with the situation. HB 2603 clarifies the guidelines to be used and we think it will have a favorable impact.

We also support the amendment in Section 3 which continues to allow the practice of nursing by graduates pending the results of their licensure exam. From the hospital perspective, the original language of Section 3 of HB 2603 represented the potential of the loss of thousands of hours of nursing services across the state. In areas where nurses are in short supply, this type of policy would exacerbate existing problems.

We are also in support of the amendment to HB 2603 to permit RNs who fail the licensure exam to take the LPN licensure exam. The current Nurse Practice Act specifically states that to be eligible to write the exam for licensure as a LPN, you must graduate from a licensed practical nursing program.

There are students who have completed professional nursing (RN) courses in the U.S. and foreign countries who would be able to take the LPN exam if this language was changed to include graduating from either a Licensed Practical Nursing Program, or a Professional Nursing Program. Ten (10 percent) of graduate nurses fail the exam for RN licensure, and

Senate P H & W
Attachment #11

this would permit these individuals to avail themselves of the LPN licensure status while preparing to retake the RN licensure exam.

This amendment gives nurses an alternative to continue to deliver health care services in the manner in which they are trained. In addition, it allows hospitals and other health care institutions to have increased access to LPNs who can pass some medications and be more directly involved in patient care.

This approach is not unprecedented. There are other states, such as Colorado and Missouri, that allow it. It is also logical because the entire scope of practice of an LPN is within the scope of practice of an RN. Indeed, current policy recognizes this logic because those persons who are enrolled in two year associate degree nurse programs are eligible to take the LPN exam after one year.

Thank you for your consideration of our comments.

TLB / pc