

Approved: 3-10-95
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 February 24, 1995 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Buntun, Committee Secretary

Conferees appearing before the committee:

Others attending: See attached list

Action on SB 151 - Licensure of nurses and mental health technicians; information from KBI

Staff briefed the Committee on the balloon amendments to **SB 151**. (Attachment 1) After Committee discussion on the balloon amendments, clarifying that procedure does mean the delegation of the administration of medication and the disclosure issue, Senator Walker made a motion to adopt the balloon amendments with the exception of the provision relating to disclosure on page 4 and 9 of the bill that would only delete the reference to registration, and clarifying the term procedure, seconded by Senator Hardenburger. The motion carried.

Senator Hardenburger made a motion the Committee recommend **SB 151 as amended** favorably for passage, seconded by Senator Papay. The motion carried.

Action on SB 268 - Credentialing of health care personnel definitions

Staff briefed the Committee on the balloon amendments to **SB 268**. (Attachment 2) During Committee discussion it was felt by some members that the bill needed further study and discussion in reference to the scope of practice and fiscal issues. Senator Walker made a motion that **SB 268** be tabled for further study, seconded by Senator Lee. The motion failed. The Chair noted that the bill would be "blessed" and brought back to Committee for further discussion.

Action on SB 267 - Continuing education for cosmetologist licenses

Staff briefed the Committee on the balloon amendment to **SB 267**. (Attachment 3) Senator Langworthy made a motion to adopt the balloon amendment, seconded by Senator Hardenburger. The motion carried.

Senator Walker made a motion that the Committee recommend **SB 267 as amended** favorably for passage, seconded by Senator Langworthy. The motion carried.

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for February 27, 1995.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 2-24-95

NAME	REPRESENTING
John Federico	Pete McMill + Assoc
<i>Steve Glynn</i>	<i>KSBN</i>
Pat Johnson	KSBN
Sandy Strand	KINH
Mike Meacham	NCA-KS
Murray Sosa	Bo. of Cos.
HELBY Smith	KPMA
Chip Wheeler	KS Medical Society
Larry Buning	Bo. of Hearing Aids
Joe Furjanic	KCA
Steve Rosen	KDHE
BOB MAURITZ	KS MEDICAL SOCIETY
Jim Speng	Ks. Athletic Trainers Society
John Peterson	Ks. Governmental Consult

1 standard of care to a degree which constitutes ordinary negligence, as
2 determined by the board; or

3 (3) a pattern of practice or other behavior which demonstrates a man-
4 ifest incapacity or incompetence to practice nursing.

5 (f) *Criminal justice information. The board may receive from the Kan-
6 sas bureau of investigation or other criminal justice agencies such criminal
7 history record information [including arrest and nonconviction data],
8 criminal intelligence information and information relating to criminal and
9 background investigations as necessary for the purpose of determining
10 initial and continuing qualifications of licensees and registrants of and
11 applicants for licensure and registration by the board. [Disclosure or use
12 of any such information received by the board or of any record containing
13 such information, for any purpose other than that provided by this sub-
14 section is a class A misdemeanor and shall constitute grounds for removal
15 from office, termination of employment or denial, revocation or suspen-
16 sion of any license or registration issued under this act. Nothing in this
17 subsection shall be construed to make unlawful the disclosure of any such
18 information by the board in a hearing held pursuant to this act.]*

19 Sec. 3. K.S.A. 1994 Supp. 65-1124 is hereby amended to read as
20 follows: 65-1124. No provisions of this law shall be construed as prohib-
21 iting:

22 (a) Gratuitous nursing by friends or members of the family;

23 (b) the incidental care of the sick by domestic servants or persons
24 primarily employed as housekeepers;

25 (c) caring for the sick in accordance with tenets and practices of any
26 church or religious denomination which teaches reliance upon spiritual
27 means through prayer for healing;

28 (d) nursing assistance in the case of an emergency;

29 (e) the practice of nursing by students enrolled in accredited schools
30 of professional or practical nursing or programs of advanced registered
31 professional nursing approved by the board nor nursing by graduates of
32 such schools or courses pending the results of the first licensure exami-
33 nation scheduled following such graduation but in no case to exceed 90
34 days, whichever comes first;

35 (f) the practice of nursing in this state by legally qualified nurses of
36 any of the other states as long as the engagement of any such nurse
37 requires the nurse to accompany and care for a patient temporarily re-
38 siding in this state during the period of one such engagement not to
39 exceed six months in length, and as long as such nurses do not represent
40 or hold themselves out as nurses licensed to practice in this state;

41 (g) the practice by any nurse who is employed by the United States
42 government or any bureau, division or agency thereof, while in the dis-
43 charge of official duties;

delete

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(h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;

(i) the administration of medications to residents of adult care homes or to patients in hospital-based long-term care units, including state operated institutions for the mentally retarded, by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;

(j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;

(k) performance in the school setting of selected nursing procedures, as specified by rules and regulations of the board, necessary for ~~handi-~~ capped students;

~~(l) performance in the school setting of selected nursing procedures, as specified by rules and regulations of the board, necessary to accomplish activities of daily living and which are routinely performed by the student or student's family in the home setting;~~

~~(m) (l) performance of attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 65-6201 and amendments thereto;~~

~~(n) (m) performance of a nursing task by a person when that task is delegated by a licensed nurse, within the reasonable exercise of independent nursing judgment pursuant to a process for delegation as defined by rules and regulations of the board, and is performed with reasonable skill and safety by that person under the supervision of a registered professional nurse or a licensed practical nurse; or~~

~~(o) (n) the practice of nursing by applicants an applicant for Kansas nurse licensure in the supervised clinical portion of a refresher course.~~

Sec. 4. K.S.A. 1994 Supp. 65-4203 is hereby amended to read as follows: 65-4203. (a) Except as is hereinafter provided, an applicant for a license to practice as a mental health technician shall file with the board a written application for such license, on forms prescribed by the board, and shall submit satisfactory evidence that the applicant:

(1) Has been satisfactorily rehabilitated if the applicant has ever been convicted of a felony;

(2) possesses a high school education or its recognized equivalent;

procedure

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(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; or

(3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice mental health technology.

(f) *The board may receive from the Kansas bureau of investigation or other criminal justice agencies such criminal history record information [including arrest and nonconviction data], criminal intelligence information and information relating to criminal [and background] investigations as necessary for the purpose of determining initial and continuing qualifications of licensees and registrants of and applicants for licensure and registration by the board. [Disclosure or use of any such information received by the board or of any record containing such information, for any purpose other than that provided by this subsection is a class A misdemeanor and shall constitute grounds for removal from office, termination of employment or denial, revocation or suspension of any license or registration issued under this act. Nothing in this subsection shall be construed to make unlawful the disclosure of any such information by the board in a hearing held pursuant to this act.]*

(g) All proceedings under this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act. Sec. 7^b K.S.A. 1994 Supp. 65-1117, 65-1120, 65-1124, 65-4203, 65-4205 and 65-4209 are hereby repealed.

Sec. 8^a This act shall take effect and be in force from and after its publication in the statute book.

New Sec. 7. (a) All nursing procedures delegated by a licensed nurse to a designated unlicensed person shall be supervised. The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors which may include:

(1) The health status and mental and physical stability of the individual receiving the nursing care;

(2) the complexity of the procedure to be delegated;

(3) the training and competency of the unlicensed person to whom the procedure is to be delegated; and

(4) the proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.

(b) As used in this section, "supervision" has the meaning ascribed to such term under subsection (a) of K.S.A. 1994 Supp. 65-1136 and amendments thereto.

(c) This section shall be part of and supplemental to the Kansas nurse practice act.

SENATE BILL No. 268

By Committee on Public Health and Welfare

2-9

Credentialing Health Care Personnel

9 AN ACT concerning credentialing of health care personnel; amending
10 K.S.A. 65-5001 and repealing the existing section.

11
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. K.S.A. 65-5001 is hereby amended to read as follows: 65-
14 5001. As used in this act unless the context requires otherwise, the fol-
15 lowing words and phrases shall have the meanings respectively ascribed
16 to them herein:

17 (a) "Credentialing" or "credentialed" means (1) the formal recogni-
18 tion of professional or technical competence through the process of reg-
19 istration, licensure or other statutory regulation; or (2) the formal change
20 in the level of credentialing of a currently credentialed group whether
21 certification, registration, licensure or other statutory regulation; or (3)
22 the formal change in the customary or statutory scope of practice of a
23 currently credentialed group.

of health care personnel

24 (b) "Certification" means the process by which a nongovernmental
25 agency or association or the federal government grants recognition to an
26 individual who has met certain predetermined qualifications specified by
27 the nongovernmental agency or association or the federal government.

28 (c) "Registration" means the process by which the state identifies and
29 lists on an official roster those persons who meet predetermined quali-
30 fications and who will be the only persons permitted to use a designated
31 title.

32 (d) "Licensure" means a method of regulation by which the state
33 grants permission to persons who meet predetermined qualifications to
34 engage in an occupation or profession, and that to engage in such occu-
35 pation or profession without a license is unlawful.

36 (e) "Health care personnel" means those persons whose principal
37 functions, customarily performed for remuneration, are to render serv-
38 ices, directly or indirectly, to individuals for the purpose of:

- 39 (1) Preventing physical, mental or emotional illness;
 - 40 (2) detecting, diagnosing and treating illness;
 - (3) facilitating recovery from illness; or
 - (4) providing rehabilitative or continuing care following illness; and
- 41 who are qualified by training, education or experience to do so.

(f) "Provider of health care" means an individual:

3 (1) Who is a direct provider of health care (including but not limited
4 to a person licensed to practice medicine and surgery, licensed dentist,
5 registered professional nurse, licensed practical nurse, licensed podiatrist,
6 or physician's assistant) in that the individual's primary current activity is
7 the provision of health care to individuals or the administration of facilities
8 or institutions (including medical care facilities, long-term care facilities,
9 outpatient facilities, and health maintenance organizations) in which such
10 care is provided and, when required by state law, the individual has re-
11 ceived professional training in the provision of such care or in such ad-
12 ministration and is licensed or certified for such provision or administra-
13 tion;

14 (2) who holds a fiduciary position with, or has a fiduciary interest in,
15 any entity described in subsection (f)(3)(B) or subsection (f)(3)(D) other
16 than an entity described in either such subsection which is also an entity
17 described in section 501(c)(3) of the internal revenue code of 1954, as
18 amended and supplemented, and which does not have as its primary
19 purpose the delivery of health care, the conduct of research, the conduct
20 of instruction for health professionals or the production of drugs or arti-
21 cles described in subsection (f)(3)(C);

22 (3) who receives, either directly or through a spouse, more than 1/5
23 of such person's gross annual income from any one or combination of the
24 following:

25 (A) Fees or other compensation for research into or instruction in
26 the provision of health care;

27 (B) entities engaged in the provision of health care or in such research
28 or instruction;

29 (C) producing or supplying drugs or other articles for individuals or
30 entities for use in the provision of or in research into or instruction in the
31 provision of health care; or

32 (D) entities engaged in producing drugs or such other articles;

33 (4) who is a member of the immediate family of an individual de-
34 scribed in subsection (f)(1), (f)(2) or (f)(3); or

35 (5) who is engaged in issuing any policy or contract of individual or
36 group health insurance or hospital or medical service benefits. An indi-
37 vidual shall not be considered a provider of health care solely because
38 the individual is a member of the governing board of an entity described
39 in subsection (f)(3)(B) or subsection (f)(3)(D).

40 (g) "Consumer of health care" means an individual who is not a pro-
41 vider of health care.

(h) "Secretary" means the secretary of health and environment.

Sec. 2. K.S.A. 65-5001 is hereby repealed.

See attached

Amend title and repealer as necessary

2.2

Sec. 2. K.S.A. 65-5002 is hereby amended to read as follows:
 65-5002. (a) (1) If the application is for initial credentialing by the state, health care personnel seeking to be credentialed by the state shall submit a credentialing application to the secretary upon forms approved by the secretary. The application shall be accompanied by an application fee of \$1,000. The secretary shall not accept a credentialing application unless such application is accompanied by the application fee and is signed by 100 or more Kansas resident proponents of credentialing the health care occupation or profession seeking to be credentialed.

(2) If the application is for a change of credentialing for a currently credentialed group of health care personnel, the application shall be submitted by a member or representative of the credentialed group upon forms approved by the secretary of health care personnel. *of environment* The application shall be accompanied by an application fee of \$1,000. In addition, the applicant shall agree to pay the full cost of the requested review as specified by the secretary of health and environment.

(b) All credentialing applications accepted by the secretary shall be referred to the technical committee for review and recommendation in accordance with the provisions of this act and rules and regulations adopted by the secretary. The application fee established under this subsection (a) shall apply to every group of health care personnel which submits a credentialing application to the secretary on and after the effective date of

~~this--act--and--to--every--group--of--health--care--personnel--which--has
not--filed--both--a--notice--of--intention--and--a--fully--answered
application--before--the--effective--date--of--this--act.~~

(b) (c) The secretary shall remit all moneys received from fees under this section to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury to the credit of the state general fund.

Sec. 3. K.S.A. 65-5003 is hereby amended to read as follows:
65-5003. (a) A technical committee shall be appointed by the secretary to examine and investigate each credentialing application referred by the secretary. Seven persons shall be appointed to each technical committee and such persons shall be appointed for a term of one year. Within 120 days after the expiration of such term, the secretary shall appoint a successor to fill such vacancy. The chairperson of the technical committee shall be designated by the secretary. Three members of the technical committee shall be health care personnel currently credentialed under the laws of this state. Four members of the technical committee shall be consumers of health care who are not also providers of health care. No member of the technical committee shall have a direct economic or personal interest in the credentialing or, noncredentialing, level of credentialing or change in the statutory scope of practice of health care personnel whose application for credentialing will be reviewed by the technical committee. If a member of the technical committee

has a direct economic or personal interest in the credentialing or, noncredentialing, level of credentialing or change in the statutory scope of practice of health care personnel whose application for credentialing will be reviewed by the technical committee or otherwise has a conflict of interest concerning the credentialing or, noncredentialing, level of credentialing or change in the statutory scope of practice of health care personnel whose application for credentialing will be reviewed by the technical committee, the secretary shall replace such member on the technical committee by appointing a new member to the technical committee. The new member shall serve for the remainder of the term of the original member. A vacancy on the technical committee shall be filled by appointment within 120 days after such vacancy by the secretary for the remainder of the unexpired term of the vacant position.

(b) Each technical committee, as soon as possible after appointment of the members thereof, shall organize and review any credentialing application assigned to such committee by the secretary. The technical committee shall conduct fact-finding hearings and shall otherwise investigate the credentialing application.

(c) The technical committee shall attempt to obtain evidence and testimony from persons in support of the application and from persons opposed to the application, but evidence and testimony shall not be limited only to such persons. All interested persons shall have an opportunity to give evidence and testimony

subject to such reasonable conditions as may be established by the technical committee in the conduct of the hearing and subject to applicable rules and regulations established under this act. A notice of all meetings of the technical committee shall be published in the Kansas register at least 30 days prior to the day of the meeting. The notice shall state the time and place of the meeting.

(d) The technical committee shall make findings in an objective, unbiased manner based on the criteria established in K.S.A. 65-5006 and amendments thereto. Credentialing applicants shall have the burden of bringing forth evidence upon which findings may be made and shall have the burden of proving by clear and convincing evidence that the health care provider occupation or profession should be credentialed by the state, that a change should be made in the level of credentialing of a currently credentialed group of health care personnel or that a change should be made in the statutory scope of practice of a currently credentialed group of health care personnel. The evidence required to sustain this burden of proof shall be more than hypothetical examples or testimonials. The technical committee shall detail its findings in a report and shall file the report with the secretary. The technical committee shall complete hearings and shall file a report for any applicant group of health care personnel that has begun the process.

(e) If the technical committee determines after consideration of the evidence and testimony that all the criteria

established by law or by rules and regulations for credentialing have not been met and that credentialing is not appropriate, the technical committee shall recommend that an application for credentialing be denied. If the technical committee determines after consideration of the evidence and testimony that clear and convincing evidence has been presented that an occupational or professional group of health care personnel has met all the criteria established by law or by rules and regulations for the credentialing applied for and that the credentialing by-the-state applied for is appropriate, the technical committee shall recommend the application for credentialing be approved. If the technical committee recommends that the application for credentialing of health care personnel not currently credentialed be approved, there shall be included in the committee's report a recommendation of the level or levels of credentialing, and such recommendation shall be based upon a finding by the technical committee, stated in the report, that all criteria established by law or by rules and regulations for the recommended level or levels of credentialing have been met. ~~This recommendation~~ If the technical committee recommends that the application for a formal change in the level of credentialing of a currently credentialed group of health care personnel be approved, there shall be included in the committee's report a recommendation of the level or levels of credentialing, and such recommendation shall be based upon a finding by the technical committee, stated in the report, that all applicable criteria established by law or by

rules and regulations for the recommended level or levels of credentialing have been met. If the technical committee recommends that the application for a formal change in the statutory scope of practice of a currently credentialed group of health care personnel be approved, there shall be included in the committee's report a recommendation of the change in the statutory scope of practice, and such recommendation shall be based upon a finding by the technical committee, stated in the report, that all applicable criteria established by law or by rules and regulations for the recommended statutory scope of practice have been met. These recommendations shall be based on the criteria established in K.S.A. 65-5007 and amendments thereto.

Sec. 4. K.S.A. 65-5005 is hereby amended to read as follows:
65-5005. (a) Within 120 days after receiving the report and recommendations of the technical committee relating to a credentialing application, the secretary shall prepare a final report for the legislature. In preparing the final report, the secretary shall apply the criteria established by K.S.A. 65-5006 and 65-5007 and amendments to these sections as applicable to the credentialing application. The final report shall be submitted to the speaker of the house of representatives, to the president of the senate and to the chairpersons of the committees on public health and welfare for consideration by their respective committees. The secretary shall include the report of the technical committee in the final report prepared for submission

to the legislature. The secretary need not be bound by the recommendations of a technical committee.

(b) If the secretary determines after consideration of the report of the technical committee and the evidence and testimony presented to the technical committee that all criteria established by law or by rules and regulations for credentialing have not been met and that credentialing is not appropriate, the secretary shall recommend that no legislative action be taken on a credentialing application. If the secretary determines that clear and convincing evidence which was more than hypothetical examples or testimonials was presented to the technical committee that the applicant occupational or professional group of health care personnel should be credentialed by-the-state as requested in the application, that the applicant occupational or professional group of health care personnel has met all the criteria established by law or by rules and regulations for credentialing as requested in the application and that credentialing by-the-state as requested in the application is appropriate, the secretary shall recommend that the occupational or professional group of health care personnel be credentialed as requested in the application. If the secretary recommends that an occupational or professional group of health care personnel not currently credentialed be credentialed, the secretary shall recommend: (1) The level or levels of credentialing, and such recommendation shall be based upon a finding by the secretary, stated in the report, that all criteria established by law or by

rules and regulations concerning the recommended level or levels of credentialing have been met; (2) an agency to be responsible for the credentialing process and the level or levels of credentialing; and (3) such matters as the secretary deems appropriate for possible inclusion in legislation relating to the recommendation for credentialing. If the secretary recommends that the application for a formal change in the level of credentialing of a currently credentialed group of health care personnel be approved, there shall be included in the secretary's report a recommendation of the level or levels of credentialing, and such recommendation shall be based upon a finding by the secretary, stated in the report, that all applicable criteria established by law or by rules and regulations for the recommended level or levels of credentialing have been met. If the secretary recommends that the application for a formal change in the statutory scope of practice of a currently credentialed group of health care personnel be approved, there shall be included in the secretary's report a recommendation of the change in the statutory scope of practice, and such recommendation shall be based upon a finding by the secretary, stated in the report, that all applicable criteria established by law or by rules and regulations for the recommended statutory scope of practice have been met. The secretary shall also include in the report such matters as the secretary deems appropriate for possible inclusion in legislation relating to the recommendation on the credentialing application.

(c) No group of health care personnel shall be credentialed except by an act of the legislature. The final report of the secretary and the report and recommendations of the technical committee shall constitute recommendations to the legislature and shall not be binding upon the legislature. The legislature may dispose of such recommendations and reports as it deems appropriate.

Sec. 5. K.S.A. 65-5006 is hereby amended to read as follows:
65-5006. (a) The technical committee appointed pursuant to K.S.A. 65-5003 and amendments thereto and the secretary shall apply the following criteria to each credentialing application:

(1) The unregulated practice of the occupation or profession can harm or endanger the health, safety or welfare of the public and the potential for such harm is recognizable and not remote;

(2) the practice of the occupation or profession requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability;

(3) if the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures;

(4) the public is not effectively protected from harm by certification of members of the occupation or profession or by

means other than credentialing;

(5) the effect of credentialing of the occupation or profession on the cost of health care to the public is minimal;

(6) the effect of credentialing of the occupation or profession on the availability of health care personnel providing services provided by such occupation or profession is minimal;

(7) the scope of practice of the occupation or profession is identifiable;

(8) the effect of credentialing of the occupation or profession on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal; and

(9) nationally recognized standards of education or training exist for the practice of the occupation or profession and are identifiable.

(b) Reports of the technical committee, and the secretary shall include specific findings on the criteria set forth in subsection (a). No report of the technical committee or the secretary shall recommend credentialing or a change in credentialing of any occupational or professional group of health care personnel unless all the criteria set forth in subsection (a) and applicable to the credentialing application have been met.

Sec. 6. K.S.A. 65-5007 is hereby amended to read as follows: 65-5007. (a) All recommendations of the technical committee and the secretary which relate to the level or levels of

credentialing regulation of a particular group of health care personnel shall be consistent with the policy that the least regulatory means of assuring the protection of the public is preferred and shall be based on alternatives which include, from least regulatory to most regulatory, the following:

(1) Statutory regulation, other than registration or licensure, by the creation or extension of statutory causes of civil action, the creation or extension of criminal prohibitions or the creation or extension of injunctive remedies is the appropriate level when this level will adequately protect the public's health, safety or welfare.

(2) Registration is the appropriate level when statutory regulation under paragraph (a)(1) is not adequate to protect the public's health, safety or welfare and when registration will adequately protect the public health, safety or welfare by identifying practitioners who possess certain minimum occupational or professional skills so that members of the public may have a substantial basis for relying on the services of such practitioners.

(3) Licensure is the appropriate level when statutory regulation under paragraph (a)(1) and registration under paragraph (a)(2) is not adequate to protect the public's health, safety or welfare and when the occupational or professional groups of health care personnel to be licensed perform functions not ordinarily performed by persons in other occupations or professions.

(b) For credentialing applications for initial credentialing of a group of health care personnel or for a formal change in the level of credentialing of a currently credentialed group of health care personnel, reports of the technical committee and the secretary shall include specific findings on the criteria set forth in subsection (a). No report of the technical committee or the secretary shall recommend the level or levels of credentialing of any occupational or professional group of health care personnel unless all the criteria set forth in subsection (a) for the recommended level or levels of credentialing have been met.

requirements established by the rules and regulations of the board for such continuing education offerings. Initial applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. Qualification as an approved provider of continuing education offerings shall expire five years after the granting of such approval by the board. An approved provider of continuing education offerings shall submit annually to the board the continuing education program approval fee established by rules and regulations, along with an annual report of its educational programs for the previous fiscal year. Applications for renewal as an approved provider of continuing education offerings and annual reports shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(3) The board shall establish an inactive license category and may waive the continuing education requirements for the renewal of a license and place a licensee on inactive status if a licensee is not engaged in or has retired from practice or has become temporarily or permanently disabled and the licensee files with the board a certificate stating either of the following:

- (1) A retiring licensee certifies to the board that the licensee:
 - (A) Has retired from the active practice of cosmetology service, or
 - (B) is not engaged in the provision of any cosmetology service as defined by the statutes of the state of Kansas, or

(2) a disabled licensee certifies to the board that such licensee is no longer engaged in the provision of any cosmetology service as defined by the statutes of the state of Kansas by reason of any physical disability, whether permanent or temporary, and shall describe the nature of such disability. The waiver of continuing education under this subsection shall continue so long as the retirement or physical disability exists. In the event the licensee returns to the practice for which such person is licensed, the requirement for continuing education shall be reimposed commencing with and continuing after the date the licensee returns to such active practice. The performance of any cosmetology service shall be deemed the resumption of such service. The board shall establish by rules and regulations a procedure to activate an inactive license.

(e) (f) The board is hereby authorized to adopt rules and regulations fixing the amount of fees for the following items and to charge and collect the amounts so fixed, subject to the following limitations:

Active cosmetologist license or renewal, for two years — not more than	\$100
Inactive cosmetologist license or renewal, for two years — not more than	30
Delinquent cosmetologist license	4

Cosmetology Inactive License

Prior to returning to active practice for which a person holds an inactive license, such person shall complete 20 clock hours of continuing education approved by the board in the license category in which the licensee holds a license or if the licensee holds a license in more than one category, in the category specified by rules and regulations of the board for licensees holding more than one license. The board shall establish by rules and regulations a procedure to activate an inactive license.